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THE

MEDICAL AND SURGICAL REPORTER:

A WEEKLY JOURNAL.

(ESTABLISHED IN 1853, BY S. W. BUTLER, M. D.)

EDITED BY

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AND

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JANUARY—JULY, 1886.

VOL. LIV.

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PHILADELPHIA:
NO. 115 SOUTH SEVENTH STREET.
1886.

CONTRIBUTORS.

AGNEW, D. HAYES, 257, 396, 479
ASHHURST, J., 72, 248.

BARTHOLOW, R., 292, 663
BAER, R. F., 521.
BEAUMETZ, P., 129, 161
BEAVER, D. B. D., 645.
BELFIELD, W. T., 401
BERNARDY, L. P., 547
BLACKWELL, E. T., 292.
BODLE, A. J., 189.
BONHAM, L. F., 49.
BROSE, T. D., 103.
BROWER, D. R., 142.
BRUNS, L. T., 163.

CARRELL, J. B., 281.
CASPER, L., 28.
CHALFANT, C. D., 582.
CLIPPINGER, H. G., 559.
COHEN, L. H., 188.
COLVIN, D., 348, 508.
CORNING, J. L., 71.
CRONE, E. B., 440.
CROTHERS, T. D., 771.
CUNNINGHAM, H. S., 370.

DA COSTA, J. M., 49, 97, 199, 641.
DAVIS, L. S., 218, 476.
DE ARMOND, J. A., 152
DE WOLFE, W. L., 253.
DRAPER, W. H., 675.

GARRETT, MARY S., 757.
GASTON, J. McF., 749
GEYER, J. L., 124, 145.
GOODELL, W., Clinic, 9, 92.
GRAHAM, G. G., 264.

HAMMOND, W. A., 6, 13.
HAPPEL, T. J., 705.
HARRISON, C. T., 685.
HAY, W., 1.
HIRSH, A. B., 418.
HOFFMAN, W. J., 167.
HOLSTON, D. B., 788
HOLLISTER, C. G., 682
HUDDLESTON, J. F., 657.
HOOD, G., 469
HUTCHINSON, I. H., 193, 20

JOHNSON, J. H., 369, 545, 751.

KEATING, J. M., 389.
KEEN, W. W., 289.
KELLY, C. P., 264
KINGS, C. H., 316

LAWSON, M., 264
LAWRENCE, J., 513
LIDDELL, G., 385
LUSK, GRACE H. M., 93, 95

MACKEY, A. W., 196
MACLAREN, A., 385
MARSHALL, CHAS. F., 193
MARKLE, E., 1057

McMECHAN, J. C., 38.
McSHERRY, H. C., 199.
MARSHALL, J. S., 389.
MATTESON, D. E., 573.
MAYS, THOMAS J., 580, 614
MICHAEL, J. E., 421, 425.
MILLS, C. K., 33, 65, 609.
MILLER, N. C., 603.
MILLIKIN, D., 2.
MITCHELL, W. F., 381.
MORRIS, J., 197, 255.
MORRISON, W. H., 33, 65, 257, 609.
MORTON, T. G., 45.
MUNDE, P. F., 71.
MYERS, S. N., 58, 762.

NEALE, L. E., 198.
NELSON, C. E., 59.

PACKARD, J. H., 329.
PALMER, C. D., 289.
PARCELS, W. H., 801.
PARISH, W. H., 39, 74, 167.
PARVIN, T., 11, 25, 136, 168, 267, 422.
PEPPER, W., 9, 257.
PRATT, E., 413.

RANSOHOFF, J., 260.
RILEY, H. A., 28, 450, 454, 675.

SAFFIN, W., 573.
SAMS, C., 347.
SENN, N., 193, 227, 481.
SHADLE, J. E., 135.
SHEETS, J. W., 348.
SHOEMAKER, J. V., 413
SMITH, G. W., 348, 698
SMITH, J. T., 676, 711.
SMITH, T. C., 642, 743.
SMITH, W. E., 227.
SOZINSKEY, T. S., 487.
SPAYD, C. W., 477.
STEINBACH, L. W., 295.
STEWART, M., 583.
STILLMAN, W. O., 413.

THAYER, C. C., 520, 550.
THOMAS, T. G., 7.
THOMSON, W., 139.
TRENT, I. N., 285.
TURNBULL, L., 67, 120, 295.

WALKER, J. B., 98.
WALLACE, G. C., 316.
WARING, G. E., 325, 358.
WHARTON, H. R., 513, 769.
WHITE, J. W., 40.
WHITFORD, W., 481.
WIGHT, J. S., 545, 577.
WILSON, H. P. C., 709, 743.
WOODBURY, F., 515.
WOOD, H. C., 104.
WOODS, H., 188.
WYLIE, J. A., 93

ZINKE, L. G., 678

THE

MEDICAL AND SURGICAL REPORTER.

No. 1505.] PHILADELPHIA, JANUARY 2, 1886. [Vol. LIV.—No. 1.

Original Department.

Clinical Lecture.

BY WALTER HAY, M. D., LL. D.,

Of Chicago,

Professor of Nervous and Mental Diseases and of Mental Jurisprudence.

Reported by William Whitford.

NEURITIS.

This patient is 49 years of age, and from the nature of his occupation not exposed to atmospheric conditions, but pursues his business in a uniform temperature. Two weeks ago, we are informed, he went to bed, laid on the right side, and awoke in the morning with severe pain in the right arm, which has been continuous. It is, as you notice, aggravated by linear pressure. He winces sharply when I press upon the painful spot.

Now this condition may be the result of proliferation of connective tissue cells from the blood-vessels, compression of nerve fibres and sensory tracts. Had we seen the case within a few hours after its inception, I should have administered quinine internally. However, we will prescribe him the following:

℞.	Iodine,	1 gram.
	Iodide of potass.,	5 grams.
	Water,	25 grams.

Sig.—Take ten drops in a glass of water every six hours.

I would suggest in addition the application of the galvanic current, which will expedite things very materially. I have a case under treatment almost identical with this. The patient has yielded slightly to galvanism after having persisted for nearly a year.

HEMICHOREA.

Here we have an example of probable retention in the blood of excrementitious matter—uric acid—under the combined influence of dampness and cold. The child is 11 years old, and very delicate. There is pain together with hyperæsthesia about the right shoulder-joint, and the integument surrounding the joint. Observe the coincidence of the pain and hyperæsthesia, and remember that, under certain conditions, we have pain without hyperæsthesia. For example, in neuralgia we rarely have hyperæsthesia; we have pain accompanied with hyperæsthesia, but the hyperæsthesia is of a linear character, it is not diffused over the surface.

We can get but little information regarding the condition of the urine in this case. We have no history of any change in its color, nor of contour of the tissues about the joints, such as redness and swelling, which might readily exist to some extent. The occurrence of coördinate spasm involving one-half of the body, and at times the entire muscular apparatus of that half, indicates clearly the nature of the original malady, and usually supplies the evidence wanting in the history of such cases.

There is a sub-acute rheumatic inflammation about the joints—a poisoning of the motor ganglion cells in the brain, with increased irritability and development of coordinate spasm.

The conditions of this case being almost identical with those of the case we had before us some four weeks ago, I shall direct the same treatment, namely:

℞ Sodium salicylate, 15 grams.
Water, 60 grams.
Sig.—Take a teaspoonful three times a day.

Another feature in connection with this case is that there are frequent attacks of suppurating tonsillitis, and just exactly what relation that bears to the hemichorea cannot be defined very clearly. In cases of blood-poisoning arising from defective elimination of excrementitious matters, I have for a number of years refrained from administering narcotics, for the simple reason that nearly all of them tend to diminish glandular activity, arrest elimination, and retard the depurating process of the blood. I always endeavor to remove the irritating agent from the blood, and, if possible, secure a tranquil condition of the brain. I find this mode of procedure more prompt and satisfactory.

NEURALGIA.

Our next patient is a typical case of neuralgia. She has had no chill; no fever. We have the negative evidence, which is characteristic of it, that is, absence of adequate constitutional disturbance. There is no history of pain, either rheumatic, neuralgic, or otherwise. I might say, it is a pure, uncomplicated case of neuralgia, without a taint of any sort.

I am very glad to exhibit this case, because it presents the characteristics, both positive and negative, in the restriction of the body, its constant recurrence, appearance and disappearance, its lancinating and severe character. We have also the negative evidence of the absence of any corresponding constitutional disturbance. This woman has never been sick, and she only contracts this trouble after a hard day's work. During the day she is exposed to cold and dampness, with additional fatigue at night. With nerve-force reduced, she is in a condition of instability (the correlative of debility) favorable for the operation of such depressing and irritating influences.

You will perceive, also, that the least appreciable pressure causes pain. She tells us that she cannot touch her head because it is so sore, and, at the same time, it makes it feel easy, which enables us to distinguish the condition of the neuralgic nerve itself from those of the sensory nerves contiguous. The neuralgia is associated with contiguous hyperæsthesia, but they are distinct from each other. The hyperæsthesia is revealed at a slight touch of the side of the head, while the neuralgia is controlled by firm pressure upon the painful nerve. This is very frequently the case. Patient will actually complain of the touch of the bed-clothes, and the slightest pressure upon the tenderly-affected part will give relief.

To afford relief and, if possible, cure the case, I recommend the following: Two parts of chloroform, two of olive oil, twenty-five cubic centimetres of the tincture of aconite, and fifty of kerosene oil, to be rubbed on the head, covered with a cotton bandage. Mark this distinctly, because it might be mistaken for some remedy taken internally, and it would be a dangerous dose for any one. It prevents a too rapid evaporation of the chloroform, and at the same time protects the painful parts; it prevents the irritable nerves from atmospheric changes, and a recurrence of the attack. Also make a solution of strychnia $\frac{1}{20}$ grain to three ounces of water, and add to it a little acetic acid, the acetic acid being used to complete the solution of strychnia. Sig.—Take two tablespoonfuls three times a day.

COMMUNICATIONS.

SOME OBSTETRICAL HERESIES.*

BY DAN'L MILLIKIN, M. D.,
Of Hamilton, Ohio,
Lecturer on Medical Jurisprudence and Hygiene, Miami Medical College, Cincinnati.

If I hold to any heretical obstetric

* Read before the Cincinnati Medical Society, December 15, 1885.

opinions, it is with regard to the constricted parts and the means of dilatation.

Now, first, as to the upper constriction at the os uteri. How shall it be safely and quickly dilated? The force of traditional doctrine is such as to breed in us a great reverence for the membranes which enclose the child and the fluid about it. We are taught that the hydraulic pressure exerted by the enclosed amniotic fluid is equal in all directions, and it is therefore the best possible dilator for the uterine mouth. A physicist might be inclined to inquire why the pressure is needed in all directions, since, to accomplish dilatation, there is only needed pressure in that plane in which the os uteri lies.

One with a theoretical knowledge of labor, knowing the position of the uterus at full term, would be inclined to say that the amniotic membranes, when they begin to pout forth from the os uteri, will expend their force chiefly on the mother's sacrum, and that the direct thrust of the membranes does not tend to open the os at all. Only indirectly—only after the bag of waters is actually engaged in the mouth of the uterus—does the lateral pressure exert any dilating influence.

But even when the bag of waters, seeking the direction of least resistance, has crept through the os and into the vagina, its dilating power does not seem to be great. I fully believe that most practitioners, like myself, lose all patience at this stage of the game, rupture the membranes, and terminate the labor without the help of the bag of waters; but I recall one case, though I have seen others similar, in which I found the bag pressing on the perineum, and, on examination, I found only a small os. When the waters were evacuated, this thick and firm os was exposed to the tension of my fingers and the direct pressure of the child's head, and quickly softened and stretched to the last degree. I learned from this case how perfectly inefficient this bag of waters was to accomplish any efficient stretching of the os. I learned that it was at least possible for a great amount of amniotic water, enclosed within a great amount of membranes, to be forced through a very small and distensible os, and yet cause no great amount of dilatation, when subsequent manipulation proved it to be not very hard to dilate.

The truth is, that the membranes lack the strength to make them efficient dilators. If they are nature's own dilators, then nature must be prejudiced in favor of a very rotten piece of apparatus. No mechanician—no obstetrician—would for a moment accept a set of dilators made of such flimsy stuff.

Then comes the question as to whether, the membranes being intact, it may not be better that the child should receive the unavoidable pressure of the uterus equally transmitted by hydraulic pressure on every part of its surface. It is claimed that a child may be injuriously compressed by the uterus, but who ever saw a case reported?

Aside from these questions of blood-pressure, we are told by all the traditions that it is not proper to rupture the membranes early, because the child's presenting part is liable to be thrust against the maternal bones, and so be bruised. Now, can any teacher tell us how the child's presenting part can be expelled without being rudely thrust against the mother's pelvic bones? In the first place, in many cases, the presenting part is actually forced into the superior strait, and not very gently. Then, at the inferior strait, the child's head is absolutely racked out of shape, or, as the books euphemistically say, it is "moulded," and it is oftentimes still further distorted. And, last of all, in passing through a tough, resisting perineum, it often meets with the severest constriction, as from a firm elastic band slipped down from the occiput to the chin. All of this being inevitable in a first labor of a plump woman with a moderately large pelvis, and much of it being inevitable in all labors, what folly for us to be timid or squeamish about the lesser degree of compression against the bones at the brim of the pelvis in the earliest stage of labor! Granting that, by a careful saving of the membranes, we can, without otherwise impeding labor, save the child from this lesser degree of compression at the brim, what's the use of it?

The more I turn this matter over, the

more I become convinced that the membranes have no relation to normal labor whatever. Their function has been performed when labor has begun. They maintained the water-bath during the feeble, earlier existence of the child, but when labor is at hand, the hour has come when the child must surrender its water-bath. It is then forth to come against harder structures, not alone during the processes of parturition, but for threescore and ten years.

It follows that, if the attendant is certain that labor has actually begun, and that the presentation of the child is a natural one, so that no turning operation will be needed, he had better evacuate the waters at once. In coming to a conclusion as to whether labor has actually begun, I would, of course regard the state of the cervix and os. There should be no cervix appreciable, for, so long as it remains, there must be some small element of doubt as to whether labor has actually begun, notwithstanding all that we may be able to learn of the duration of pregnancy by other means. As to the os, I would not ordinarily rupture the membranes unless its margins were somewhat soft and distensible; not because I believed that the bag of waters was needed to dilate its margins, but because I would doubt whether labor had actually begun until there was a certain degree of physiological softening.

With these provisos—labor actually begun, no turning operation needed, the cervix inappreciable, the margins of the os becoming soft—the sooner the membranes are ruptured the better.

And why? I might answer this question by the formula which Fortenelle declared had produced more wisdom than any other, *Why not?* The membranes are fœtal structures: the fœtus is about to become a child; a child needs no membranes.

By evacuating the uterus we shorten its fibres, and thus stimulate powerful contractions.

I offer no sort of excuses for advocating an expedient which will abbreviate labor. Other things being equal, a short labor is a good labor. It is better for a woman to have one hundred sharp pains than two hundred; it is better for her to have fifty than one hundred; and the most beautiful labors I have witnessed in four hundred have been those with only fifteen or twenty hard pains.

It cannot be conceived that women of refinement and luxury have the endurance of women who lived the lives of peasants or of pioneers. Nor do I think that the women of this country, which is fast becoming an old country, have the patience that belonged to their mothers or grandmothers. They are absolutely fretted to death by a long labor in many cases, and the accoucheur should give them a short labor if he can.

Then it is not to be believed that the present generation of women can endure pain as did the women of the past. For all child-bearing women of the present time have been born since the skillful use of opiates, of chloroform, of chloral, of ether, and of the hypodermic syringe, have been common; and now comes the hydrochlorate of cocaine to be freely applied in domestic practice to all little cuts and hurts, so that the ministry of pain, educating men and women to endure pain, is almost at an end. This ability of endurance is likely to be still further lowered in the next generation.

After a careful review of my obstetric cases, I can deliberately say that the parturient canal is as well lubricated when there are no waters as when there are waters oozing during the whole period of expulsion. The vagina is fully lubricated during the ordinary sexual orgasm, and on short notice; the same vaginal and uterine glands seldom fail us in labor.

Returning to the proper mode of dilatation of the os uteri, let me appeal to the practice of all obstetricians when they wish to accomplish the dilatation from below, in case of induced labor at or before term. They do not in any case use anything to be compared with the bag of waters. They use the dilators that act like glove-stretchers. Then they use the finger. Possibly, at some stage of the game, they use tents. After the finger they use two fingers. Then they use more fingers, until they have all the dilatation that they need. The rubber dilators

are in no wise comparable to the bag of waters.

The application of the narrow forceps to the head of the child is one of the very best expedients of modern obstetrics.

And now, sir, suffer me a few words as regarding the dilatation of the lower end of the parturient canal. The traditions of the fathers tell us nothing of the value of the membranes in dilating this portion of the canal. The reason is perfectly obvious. So frail are the membranes, that it is not the lot of many practitioners of medicine to have ever seen them projected so far. If of use at the upper end of the canal, they ought to be of use also at the lower; and nature is guilty of a serious blunder in not having them made strong enough to endure until they could dilate the tough sphincter structure of the vaginal opening.

The traditions say nothing about the perineal structures until the head has reached them. Then, when the head of the child has borne heavily upon these structures, a most astonishing performance is resorted to and recommended to you and me. This manœuver is called the support of the perineum.

Let us clearly bear in mind one of the first principles of obstetrics. We cannot pass a head measuring thirteen inches through a hole measuring one whit less than thirteen inches. The perineum must stretch to the full size of the head, whatever it be, unless we deliver it through the rectum. Nothing can save it from such stretching, though I do firmly believe that there are many men who, by faithfully pressing upon the poor woman's bottom for a season, imagine that they have saved the perineum from a certain amount of dilatation that would have been inevitable otherwise.

We may lay a napkin over the hand and support the perineum in the most approved manner; but by that act, through a circuitous route, we are really goading the uterus on to expel the child, and in spite of our protestations and commands, the woman will co-operate. The man who thinks he can retard the expulsion of a child by pressing against its head through the perineum is, I am fully convinced, deceived. He is like one pressing the button to stop the ringing of an electric bell; he is tugging at the throttle of an engine to check its speed; he tries to flog a runaway horse into good behavior.

Not so with the obstetrician who thinks that by pressure he can do something to alter the physiological state of the perineal structures, and fit them for the enormous dilatation to which they must presently submit, as the head passes into the world. But when we find him at his work, we may fitly ask him why he does violence to the perineum from the outside. Seeing that it must presently stretch, why not begin to stretch from the inside? It has been my practice for about two hundred labors to drag down on the perineum with two fingers, and sometimes with three, just before the descending head has begun to impinge upon it, and I have friends and neighbors who have resorted to the same procedure during the management of at least two hundred labors more. We are well assured that, if the labor does not approach the precipitate character—that is, if there are ten to twenty pains during which we may make traction in advance of the head—there is, without any additional suffering to the woman, a very decided alteration in the perineal structure, and in many cases we find it fully prepared for the passage of the head before the head is perfectly free from the pelvis. This may and must be done with reasonable force and synchronously with the expulsive efforts of the woman, so that no addition is made to her sufferings. Indeed, when I have cautiously resorted to this tension, I have often seen my patient brighten up and say, "Now I feel like I was working for something!"

But you may ask, "What's to be done when the head is absolutely distending the perineum?" I can only say that if at the supreme moment you have any little bit or scrap of a prayer about you, you may say it, but you can't help the poor woman by tinkering with her. The perineum must stretch until the vulvar circumference is precisely as great as the circumference of the child's

head. The time for stretching has come, and you can't avert it.

Unless pressure on the outside of the perineum can in some mysterious way save the perineum from stretching, it is, in my humble opinion, a superfluous annoyance to a poor creature who ought not to be annoyed.

Let us hear the conclusion of the whole matter: *The fingers and the presenting part of the child form the only efficient dilators of the constricted parts of the parturient canal.*

UNILATERAL HALLUCINATIONS.*

BY WILLIAM A. HAMMOND, M. D.,

Of New York.

The fact that hallucinations of sight and of hearing might be unilateral, that is, discerned by one visual or auditory centre only, had long been known, though it had not, even at this day, attracted the degree of attention which Dr. Hammond thought it deserved. Several authors had considered the matter from a more or less philosophical standpoint, and had brought forward interesting cases in support of their views. The first reference to the fact that hallucinations might be one-sided which had come under his notice was made by Calmet, it being a case of hallucination coming from the left ear. Baillarger cited two cases of hallucinations of hearing occurring in but one ear; other writers who had contributed to the subject, and cited by Dr. Hammond, were, Michia, Schroeder Von der Kolk, Alexander Robertson, E. Regis, Dumont Pallier; erroneous impressions, of different character, occurring on either side, had received attention at the Medical Congress at Rouen in 1883.

Dr. Hammond then gave the histories of several cases of unilateral hallucinations which had come under his own observation. The first was that of a gentleman in good general health, who contracted the illusion that the ticking of a clock on the mantelpiece consisted of articulate words, which, after a time seemed to sound like human speech, and appeared to give commands, such as not to eat of soup, not to drink wine, etc. It was learned that these illusions came only through the left ear, and never through the right; but hearing in other respects was not the least impaired in either ear. The patient did not allow himself to be deceived into the idea of accepting these commands as realities; yet he was influenced by them in his actions. This case and the one next mentioned were referred to in Dr. Hammond's work on insanity.

Case 2. A young lady, of good mental development, but of delicate physical organization, was for several months almost constantly troubled with apparitions of various kinds of faces. A few weeks before they first appeared she had looked at engravings of Greek and Roman masks, which had made a strong impression upon her. If she closed either eye, about half of the faces would disappear, and if she closed both eyes all would disappear, but would return again in a little while, although less distinctly. By imitating the experiment of Sir David Brewster, pressing on the outside of the globe of either eye so as to produce temporary strabismus, the patient could make any face appear double which had been visible for several minutes. There was no impairment of vision of any other kind, and no abnormal ophthalmoscopical appearances. The peculiar features of this case were, that the hallucinating images were divided between the two eyes, part being seen in the one and part in the other, showing therefore the distinctness and divisibility of the action of the two visual centres, and the fact that the stimulus of a strong light was necessary in order that they should be developed.

Case 3. A young man received a blow just above the left ear. A few weeks subsequently, while engaged as a salesman, he saw a large black cat sitting on the floor immediately before him. He had no doubt of the reality of the occurrence, until he walked toward the animal, when it receded as far as it was when he first saw it. After this the cat seemed to follow him wherever he went, but his sense of touch was never deceived. The image was largest and most distinct in the evening, and during the paroxysms of pain at the seat of the injury

* Abstract of a paper read before the New York Neurological Society.

on the head, which returned several times a day. He discovered on shutting his eyes alternately, that the vision occurred only on the side corresponding to the injury. There were no abnormal ophthalmoscopical appearances nor impairment of vision in other respects than mentioned. That there was serious brain lesion, involving probably the left optic thalamus. Dr. Hammond said he had no doubt. He had also been of opinion that there had been fracture of the inner table of the skull at the point at which the blow had been received, and he proposed trephining, which was not consented to.

Case 4. A lady, about fifty years of age, became subject to most malignant persecutions through anonymous letters, the sender of which she did not know. Thinking of who the person could be that sent the anonymous letters, she happened to look out of the bay-window and saw a man and woman standing in the opening. For a moment she did not doubt the reality of the appearance, but when she arose, they gradually faded from view. Afterward they reappeared several times in the month, and finally ceased to appear altogether. The interesting feature of the case was that the man was always seen with the right eye and the woman with the left; if she closed the right eye she saw only the woman, but if she closed the left eye she would see only the man. The vision could be brought on by lying down with the head low. Dr. Hammond thought nothing could be more confirmatory of the idea of the independent action of the two visual centres than such hallucinations; indeed, he thought they were strong evidence of the duality of the brain. None of the cases which Dr. Hammond had cited went to support the view that unilateral hallucinations were due to disease or derangement of the organ of special sense involved. Indeed, it was difficult to conceive what connection could exist between disease of the eyes or ears and a hallucination existing in the corresponding side, for if such disease caused a unilateral hallucination, we should expect bilateral hallucinations to be the result of disease of both eyes and ears. Dr. Hammond thought hallucinations were produced by disease or disorder of the central organ of perception, probably of the optic thalamus, and that such erroneous sensorial impressions, when limited to one side, were evidence that the visual, auditory, or other sensorial centre of the corresponding side was the starting point.

VAGINAL AND VULVAR ENTEROCELE.*

BY T. GAILLARD THOMAS, M. D.,
Of New York.

For practical purposes hernia into the vagina and vulva could be divided into the following five varieties: 1, Cystocele; 2, Rectocele; 3, Vaginal Enterocele; 4, Pudendal Enterocele; 5, Perinaal Enterocele. There were other exceptional forms. Hernia of the bladder and of the anterior wall of the rectum were merely mentioned. The author confined his remarks chiefly to descent of the intestine through the pelvic roof, with protrusion into the labium major, vagina or perineum. While the condition was very generally ignored in systematic works on gynæcology, it was one of great importance, because, being rare, it was liable not to be correctly diagnosticated and to lead to serious results from mistreatment. A few authors, however, had contributed valuable information regarding the subject. Vaginal enterocele had been graphically described by John Hunter as early as 1804. One of the possible dangers in vaginal enterocele was illustrated in a case which Dr. Thomas saw in consultation with two other physicians, one of whom, in order to convince himself of the exact condition present, insisted upon inserting his whole hand into the vaginal canal. In doing this he ruptured the vaginal wall of the hernia, and the gut escaped. Dr. Thomas sewed up the rent, and the patient came near losing her life from an attack of acute peritonitis, and the physician was sued for malpractice. There had been another case in which a similar accident arose from the use of tents. The rent was closed with silver wire, and the patient recovered.

* Abstract of paper read before the New York Academy of Medicine.

Dr. Thomas related a remarkable case of extreme vaginal hernia, which illustrated some new and interesting features. The patient was thirty-nine years of age. About six years ago she noticed a tumor in the right vulva, and she began to suffer from frequent micturition, pains in the back, nervousness, etc. During the past six years the tumor had steadily increased in size until it had come down to the middle of the thigh on the right side. The patient was greatly emaciated, suffered severely from the symptoms enumerated, and was willing to undergo any treatment for relief. If she reduced the tumor, the interference with the functions of the bladder and rectum was such that she would have to voluntarily force it down again. Dr. Thomas found a pinkish-colored tumor, extending to the middle of the thigh, with all the appearances of a huge cystocele, but which it seemed evident, on further examination, was an enterocele. It was utterly impossible to retain it in the pelvic cavity, because of its large size and because of its interference with the functions of the bladder and rectum. As relief was urgently demanded, he proposed the following operation: To do laparotomy, have an assistant keep the hernial sac well up with his hand in the vagina; empty the sac of its contents, seize it at its most dependent part, drag it up into the abdominal wound, fasten it there by suture, sustaining the heavy sac by means of two knitting-needles passed through and lying flat on the abdominal integument. Drs. Bozeman and Emmet saw the patient, confirmed the diagnosis, and endorsed the proposed operation. As the operation was proceeded with, Dr. Thomas was surprised to find apparently a soft fibrous tumor pushed up from below on a level with the symphysis pubis, very movable, covered by peritoneum, disconnected with the uterus and bladder. Being entirely at a loss as to its nature, he decided to remove it. The peritoneal covering was split, the tumor removed, the sac drained by a glass tube; the sac was fastened into the abdominal wound as had been proposed. The operation was done more than five years ago, and the patient had made a good recovery; there had been no return of the hernia.

His explanation was that this very movable tumor had originally pushed the vagina before it by entering the pelvic cavity behind the broad ligament on the right side, and, the intestines pressing down upon it, the tumor and the gut made up the contents of the sac.

The question then arose, what was the nature of the tumor? The microscopical examination was made by Dr. H. C. Coe, who reported as follows: The measurements are, 22 by 15 centimetres; average thickness, 1½ to 2 centimetres. The growth is covered in some places by peritoneum, in places being torn, marking adhesions. The interior is bloodless. On section there are no signs of a cyst, nothing but softened, œdematous fibrous tissus, easily separated by the fingers, so as to form pseudo-cavities; there are no true cavities. Varying color at different points. Microscopically, the growth consists of ordinary fibro-muscular tissue, similar to that found in uterine fibro-myoma. Dr. Coe drew the following inferences: 1. This is not an organ, that is, the bladder. 2. It is not an ovarian cyst. 3. It is not composed, at least to any great extent, of inflammatory tissue. What is it? I submit two theories, both of which are merely theories, namely: 1. The growth is a local hypertrophy of pelvic connective tissue. 2. It is a sub-peritoneal uterine fibroid which has become thoroughly œdematous. Dr. Coe gave his reasons for inclining toward the former view. Dr. Thomas was also disposed to accept the view that the tumor belonged to one of the rare and curious classes of pelvic growths which have been described by some European writers.

Regarding the treatment of the class of hernia under consideration, only one form, namely, inguinal pudendocele, offered relief from mechanical appliances. Should strangulation occur in any of the forms, the indications would be the same as in ordinary inguinal hernia, namely, to cut the constricting band by means of a probe-pointed bistoury. Dr. Thomas said that if another case of large vaginal hernia should present

itself, he should feel inclined to adopt the procedure proposed and partially carried out in the case related, namely, to perform laparotomy, drag up the sac, and fasten it into the abdominal wound.

Hospital Reports.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

Service of Dr. William Goodell.

Ruptured Perineum.

I want to show you, gentlemen, a case that I operated upon three weeks ago; one week ago I removed the stitches, and I have union everywhere, with a thick, strong perineum, save one little point, which I will touch with the solid caustic to hasten union. All operations on the perineum are very successful, save where the sphincter is torn, and then there is a certain percentage of failures, though even under these circumstances it is very successful. This womb, that formerly measured five inches, is now a trifle over two and a half.

Fibroid of the Uterus.

This woman, 27 years old, is married, and has had two children, the last labor being instrumental, and she has never been well since. She complains of vertical and sacral pain, leucorrhœa and difficult menses. We would suppose either that there had been a laceration and sub-involution, or the latter alone, with probably an intra-uterine growth. The uterus, being a constructive organ, is very vascular, and emotions acting through the ovaries will invite still more blood to it; thus, when you remove the ovaries you cure fibroids. This nutritive energy has, no doubt, in this case, caused soft warts to form within the uterus—sort of fungus vegetations. This is a disease of old maids and of women who have ceased to bear children. This womb measures four inches, and there has been a tear of the neck. This is very large unless there is a fibroid; it is very unusual to find a womb so large unless there is a polypus inside or a fibroid in the wall. She is fat, and this makes it difficult to feel a fibroid by external manipulation. I will scrape or curette these vegetations. There are two curettes, one sharp and one dull; I prefer the sharp instrument, as being more radical, but it is also more dangerous, and you must handle it very gently. I do not find as many vegetations as I had expected, and I am strongly inclined to think there is a fibroid here. In such cases the hemorrhage is sometimes maintained by the vegetations, and when we scrape them away it ceases; but remember that a uterus with a fibroid is a very vulnerable organ, and must be handled gingerly. After the vegetations are removed I apply iodine to make the parts aseptic, and to destroy those which have been bruised but not removed. If the cervical canal is not large enough to admit the curette, I dilate it. I will give this woman ten minims of the fluid extract of ergot before each meal, and ten grains of chloride of ammonium thrice daily. The combination is a good one for bleeding wombs from any cause, save when there is cancer.

Service of Dr. William Pepper.

Perihepatitis and Thrombosis of the Portal Vein, with Ascites.

This man is a laborer, 36 years old, and exceedingly intemperate. He always takes at least three large drinks of raw spirits, usually on an empty stomach, daily, and frequently goes on protracted sprees. Such has been his habit for twenty years. We gather an uncertain history concerning syphilis; he has had gonorrhœa and some venereal sores, but they were apparently non-infecting, at least, he has never had secondary manifestations. His family history is bad; his father, like himself, was a drunkard, and died of delirium tremens, and one brother has died of phthisis. His own constitution must have been very strong, for in spite of his self abuse, he has been in the main strong and healthy. Two years ago he had pneumonia, and at eighteen years of age had pleurisy. In the beginning of December he started on one of his protracted sprees, and soon began to feel chilly and dull, but had no distinct chill. The next day he noticed that it required less whisky than usual to affect him. On the fourth of December he became very drunk, and while so, fell, striking his belly. He was momentarily unconscious, and began at once to experience most excruciating lancinating pains in his belly, which were aggravated by movements, but not by the movements of respiration; there was no cough; his abdomen was sore all over, and for three days he passed no urine; the catheter, however, brought away a small quantity of dark brown urine that contained no blood. His stomach was irritable, and the abdominal pain was very severe for three or four days, passing off and leaving a feeling of soreness. A week later his abdomen was still sensitive

and he had much hiccough. The belly now began to swell, and there was pain and oppression in the chest. His urine was more free. He entered the hospital on the 14th, when he seemed to be fairly well nourished, his face a little drawn and haggard as we see in peritoneal troubles, the breathing hurried, tongue coated, costive, belly enormously distended, and marked fluctuation. The veins in the sides of the abdomen were distended, and along the margins of the ribs the capillaries were dilated. As he turned in bed, the fluid gravitated, changing the level of dullness, and there was a little liquid in the left pleural sac. The pulse was dicrotic and moderately full, but there was a peculiar murmur (possibly a blood murmur) over the point of the heart. The urine was scanty and contained albumen; there was no jaundice nor general œdema. Here was wonderfully rapid ascites, brought on by an injury, in an intemperate man. There could be no doubt of the presence of ascites, because of the uniform distribution of the enlargement, the marked fluctuation, and the change, with change of position, of the level of dullness. The next question was as to the cause. There might be two causes. It might have come from the liver, for any cause of portal obstruction (most usually cirrhosis) would produce it. In this case, we had a right to suspect cirrhosis, from the man's habit, for the consumption of raw spirits on an empty stomach is the most prolific cause; but it came on so abruptly, which is not the rule with cirrhotic ascites—it appeared, you see, between the receipt of the injury on the fourth, and the eleventh. It was necessary to tap him, and we drew off more than eight pints.

Again, apart from the dropsy, the only evidence of cirrhosis was the zone of distended capillaries about the base of the chest, which demonstrated some obstruction to the abdominal circulation; but there were no hemorrhoids, nor marked gastric disorder, as is common in cirrhosis. The liver is sometimes enlarged throughout the whole course of cirrhosis, but usually it is contracted in the more advanced stages. Since he was tapped, we can make out the liver, which is about normal in size; this does not, however, disprove cirrhosis, though it does make me unwilling to accept it as the sole cause of the ascites. If there exists a certain degree of cirrhosis, a little more acute obstruction would cause ascites. Simple thrombosis or inflammation of the portal vein, leading to secondary thrombosis, would cause it; but such cases are very rare. The symptoms are acute pain, tenderness over the fissure of the liver, moderate febrile disturbance, and in inflammatory thrombosis a septic process, maybe pyemia, distended belly, and ascites. Such an obstruction may be complete and permanent, causing recurring ascites, the portal vein becoming obliterated, forming a fibrous cord, or it may not be absolute, or it may be subsequently absorbed, when the dropsy will subside, or, at least, will not recur so rapidly. The causes of thrombosis are often traumatic, as a blow, a heavy fall, pressure from certain occupations, where the abdomen is pressed against the side of a table; this case suggests that an injury to the portal vein has been the cause. You must remember that peritonitis, in all its forms, is accompanied by effusion; but in this case we cannot entertain the idea of a general peritonitis; his condition has been too good. But in some cases you will find it necessary to resort to the crucial test, and to make a chemical and microscopical examination of the ascitic fluid. We did that here, and found a brown liquid, containing a small amount of albumen, with a trace of sugar, urea, chlorides, and some indican; no shreds of lymph, some red blood globules, and some pus corpuscles. In ascitic fluid from peritonitis there is usually a great deal of albumen, urea, and chlorides; the fluid is clear, transparent, and you will usually find a few cells from the peritoneal surface, and possibly a few leucocytes. Indican has no clinical significance, so far as we know as yet, though I am making some observations with reference to it that will determine whether it has any value or not. If there were general peritonitis, the fluid would be thicker, and there would be shreds of lymph. It might be the same color, but it would contain more leucocytes. So that from all points —the pulse was never over 100—we conclude that there was not general peritonitis.

Again, if there were, there would be some adhesions which would interfere with the complete change of the level of dullness on movement, which was complete in this case. I have seen cases where an injury to the abdomen has been soon followed by enlargement, with a firm and unilateral swelling and subsequent ascites, which has recurred and resulted in a general thickened condition over one side. Here there has been an effusion of blood, exudation of serum from it, absorption, with the permanent deposition of layers of thickened fibrin. In this case I think there has been some change in the liver from his habits of excess, some cirrho-

sis, but not enough to cause the ascites which was superinduced by the fall, which caused a local peritonitis near the portal vein, with inflammation of its coats and obstruction. The test for indican is to mix the liquid with an equal amount of hydrochloric acid, and add a little chloroform, when we get a bluish-purple color. On December 15 he was given sulphate of soda, which moved the bowels, but the ascites increased. He was then given ½ gr. elaterium, and ¼ gr. extract belladonna, with some oil of cajuput to prevent griping. The elaterium was repeated, and he had copious watery stools, but the oppression so increased that he was tapped, as stated. Now, thirty-six hours after the operation, the belly is apparently filling again. The prognosis is a doubtful one. If he was perfectly healthy I would have great hopes; but I am satisfied from his history, and from the condition of the capillaries, that the liver is at least engorged, and very likely in the stage of incipient cirrhosis. But if the channel of the portal vein is not entirely occluded, he will make a slow recovery. The treatment must consist in long-continued counter-irritation, a blister three inches square over the fissure of the liver, opium for pain, and the mild chloride of mercury. Cinchona sulph., by enema, eight grains twice daily, and ½ grain powdered opium, and ½ grain of the mild chloride thrice daily, to be continued for some time. I am an earnest advocate of early paracentesis. I very much prefer small and frequent tappings, to waiting until life has been rendered miserable by enormous distension. This man's diet will be skimmed milk and broths. I will not rely on purgatives to get rid of the fluid, but I will not hesitate to tap as often as may be necessary. Dr. Packard has recently invented a most convenient glass tube, which can be left in, with a fine tube attached; it will not rust; it is pure and antiseptic.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

SERVICE OF DR. PARVIN.

Lacerated Perineum and Hypertrophy of the Neck of the Uterus.

I show you a case upon which I operated four or five weeks ago. I amputated the hypertrophied neck of the uterus and sewed up the perineum. The perineum healed up all but a small space, which I foolishly tried to pare from the inside and stitch together: that procedure, I am glad to say, was a failure, for I never should have tried it. I now cut out a small ring of tissue surrounding this orifice, and bring the edges together. For half an hour before this woman was brought into the room, I applied a five per cent. solution of cocaine. Either it has had a marked anæsthetic effect, or the woman is very heroic, for you observe that she does not flinch. We will order hot water injections, and give ergot with nux vomica to procure contraction of this womb, which is still quite large, though the amputation has reduced it from five to three inches.

Epithelioma of the Uterus.

This woman has had several lacerations, but the case illustrates the fact that lacerations are not the cause of epithelioma, as some contend; the disease has occurred independently of them. As a guide to prognosis in these operations, I would state that in twenty-four out of every one hundred operations there is no return up to within one year after the operation. I will here use the galvano-cautery knife in preference to the wire, because with the latter I could only make a transverse incision, while here the disease extends well up on the anterior lip, and a transverse incision would not remove it. If you hurry with the galvano-cautery, you are sure to have hemorrhage. The stream of electricity must be intermitted every couple of minutes, when you will syringe out the vagina with cold water, as a protection.

MEDICAL SOCIETIES.

BALTIMORE ACADEMY OF MEDICINE.

Stated meeting held December 1, 1885.

The president, Dr. J. J. Chisolm, in the chair.

After the regular order of business, the following cases were related:

Evisceration of Eye-ball by the New Method.

Dr. J. J Chisolm related a case of evisceration of the eye-ball after the plan recently recommended. The operation consists in completely excising the cornea by means of a circular incision around its margin. The contents of the ball are then to be entirely removed, leaving the sclerotic intact. The advantage claimed for the operation is that the socket tissues are not disturbed, neither is the muscular apparatus of the eye interfered with; besides, the stump

left after cicatrization leaves an admirable seat upon which to locate the artificial eye. The operation itself is a very simple one, and can be performed much more expeditiously than can complete enucleation, but convalescence is so very tedious, and at times gives rise to such painful and alarming symptoms, as occurred in his case, that in future he will confine himself to the old plan of complete enucleation.

Dr. Chisolm said that it was his usual custom to allow a patient to go about his affairs very soon after the operation, at the outside, twenty-four hours; but in the evisceration operation, even up to the fourth day and later, there was such œdema and pain that he could not think of allowing the patient to be from under his observation. He had never had such an experience with the old method.

Dr. S. C. Chew wished to know if sufficient anæsthesia could be produced by the use of cocaine to enable one to perform this operation without painful sensations on the part of the patient.

Dr. Chisolm thought not.

Paralysis the Result of a Fall.

Dr. A. B. Arnold related a case which occurred at Bay View Asylum a year ago. It occurred in a woman five months pregnant. She fell from the second-story window, striking upon the head; when picked up she was senseless, and remained so for three days. Among the consequences of the fall abortion was brought on. At present she has paralysis of both lower extremities, complete anæsthesia on right side, is deaf and also blind on this side.

She evidently had some spinal trouble, as she complains of that sensation so common to these troubles, "as if a belt were being drawn about the waist;" also has some enfeeblement of the sphincters of bladder and rectum. In addition, there is a peculiar nervous jerking about the head, which has continued for one year.

Dr. Arnold thinks the lesion is located about the inferior third of the internal capsule, extending up and involving the optic and auditory nerves at the point of crossing, and also does he take the nerves of sensation which come off at this point to be affected. He thinks the symptoms justify this conclusion. The pupils responded normally to light. She had never had any trouble previous to the fall.

Dr. Chisolm asked if any ophthalmoscopic examination had been made. He said he was prompted to ask this question by a case which recently came under his observation. It occurred in a man who had received a severe beating, and among the results loss of vision began after about six weeks.

He examined him, and found anæsthesia of the fifth nerve, the hearing involved, and several small retinal hemorrhages around the point of entrance of optic nerve.

Dr. S. C. Chew related an interesting

Case of Empyema.

He had been called in consultation to see a case which occurred in a patient who for several days past had suffered from severe dyspnœa. The night before he saw the patient he had had copious expectoration of matter, the nature of which he could not describe as it was not saved. This was followed by immediate relief from the difficulty of respiration.

Upon physical examination of the chest, the left pleura was found to be about two-thirds filled with fluid. Shortly after his visit the patient suddenly died, with profuse vomiting of purulent matter, as well as the passage of quantities of it from the bowels. From such symptoms, he thinks it highly probable that perforation took place through the diaphragm into the stomach, and that the fluid was discharged in both directions, through the œsophagus and through the intestines. He had searched the literature on the subject, and had found no case terminating in this manner recorded. Physical examination of chest made before the first expectoration of matter showed the pleural cavity to be entirely filled with fluid. More recently he had seen a patient at the Baltimore Infirmary, whose physiognomy was indicative of pulmonary trouble. Percussion over right side of chest gave decided resonance both anteriorly and posteriorly. On auscultation on same side there was pronounced *Hippocratic Succussion*. Shaking the patient while the ear was still on the chest gave a sound very similar to that heard when one shakes a jug partly filled with water. No discomfort at all was noticed, neither pain nor dyspnœa. He thought the absence of dyspnœa could be explained on the ground that the air probably distended the pleura (and this compressed the lung) so gradually that this lung as well as the healthy one had sufficient time to accustom themselves to their abnormal relations. Whether perforation was due to ulceration outward through the pleura, from the wall of the cavity in the lung, or whether it was due to a loss of substance occasioned by a point of inflammation upon the visceral

pleura, and thus perforation taking place in the reverse direction, he could not say, although symptoms sufficiently marked were present to point to either mode.

In his opinion, surgical interference should be resorted to as soon as the condition of empyema is made out.

Dr. Arnold has seen a case of empyema in a child. It occurred on the right side, ulcerated through the diaphragm, and discharged its contents into the abdominal cavity. The child died from shock. He considered it somewhat remarkable how rarely phthisical patients showed any signs of discomfort from interference with respiration, even though their lungs might be riddled with cavities.

Dr. Chew looked upon this as due to the slowness of the pathological process, this enabling that portion of the lung which is healthy to increase its physiological activity. He also thought, in view of the fact that cavities so frequently form near the pleura, that it was singular that we so rarely found perforations from them.

Dr. Chisolm said serous sacs resisted perforation.

The Cocaine Habit.

Dr. J. C. Thomas said since he had been told that in some of our principal cities the cocaine habit was largely being acquired, he would like to ask if any member had ever seen a case of it?—and if the report is true, did not the gentlemen think that the medical profession should take some steps to prevent the reckless prescription of this seductive drug?

Dr. Chisolm related two cases in which decided loquacity was produced by the introduction of cocaine into a cavity in a decayed tooth. In speaking of *cocaine tablets*, he referred to a condition amounting almost to a slough, that was produced on the buccal surface of his own cheek from the application of one of these tablets to the gum and allowing it to remain until dissolved. From this, he hardly considered them the thing to use in nasal catarrh.

NEW YORK NEUROLOGICAL SOCIETY.

Discussion on Dr. Hammond's Paper. (*See page* 6.)

Dr. Leonard Weber related a case which he thought would interest Dr. Hammond, as going to support the view which he seemed to entertain, that unilateral hallucinations were not associated with disease of the special sense concerned, but with an affection of central origin. The man came under his observation in 1879, at which time he was 37 years of age, strong, healthy, very active in business, but in consequence of domestic trouble and mental strain, he began to lose sleep, was sensitive to strong light, loud noises, etc., and from 1879 to 1881 was subject to hallucinations connected with the left ear. On going to bed he would be unable to sleep for two or three hours, because of whispering noises, growing louder and louder, heard in the left ear, and of two kinds, one soothing and another demandatory. A careful examination by himself and by a specialist in diseases of the ear, failed to reveal anything wrong connected with the auditory apparatus. When the patient's circumstances changed, and he was enabled to lead a peaceful life, the hallucinations disappeared, and had not returned.

Dr. E. C. Spitzka had not heard the entire paper, but being familiar with the author's views regarding the function of the optic thalamus, he was somewhat surprised that he had not tried to harmonize his observed facts with the anatomical and physiological facts which had been incontestably established during the past decade. Lewes, upon whom Dr. Hammond probably rested chiefly for support of his views, expressed his ideas regarding the functions of the optic thalamus as many as twenty-five years ago, and what he wrote was mere guesswork. If he had been supported in part by recent accurate methods of research, such as the atrophy and other methods, it was a mere coincidence. Dr. Spitzka said his own views regarding hallucinations were directly opposed to those of Dr. Hammond. He believed that hallucinations had their seat in the cortex, and not in the optic thalamus or any of the lower ganglia. The optic tract and thalamus might have undergone secondary atrophy, following enucleation of both eye-balls, yet the person would be capable of having hallucinations, showing that hallucinations had not their seat in the optic thalamus. The case cited by Dr. Hammond in which, during her hallucinations, the patient saw the figure of a man and woman, showed the exercise of mental qualities which could have their seat nowhere else than in the cerebral cortex. Dr. Hammond had asked whether he did not believe a hallucination to be something which had been previously registered in the memory, and which was projected outward. He would reply that, without quibbling with terms, that was precisely what he meant by a hallucination.

Dr. M. A. Starr related the facts in a case reported by Vetter, in which a patient having a right hemianopsia imagined that she saw people sitting at her right side, which was the blind field of vision. By a process of exclusion it was shown that the lesion could not have existed in the optic thalamus, but must have existed in the occipital lobe. Dr. Starr thought that in all probability the source of the hallucination in this case was cortical irritation. Certainly in a great many cases cortical irritation would produce hallucinations. This was observable in meningitis in which the optic thalamus was not implicated.

Dr. W. M. Leszynsky recalled the case of a woman in an insane asylum, fifty years of age, suffering from mania, who was in the habit of sitting hours at a time with the left ear inclined toward a table, sending, she said, and receiving telegraphic communications. She did not receive the telegraphic communications with the right ear, which she said was only for general use. Hearing seemed to be normal; perhaps that in the left ear was a little more acute than that in the right ear.

Dr. Sachs referred to a case of hemiplegia with tumors in the optic thalamus, reported by Minot, and asked Dr. Spitzka whether he could imagine an excitation of the cerebral cortex, giving rise to an image of hallucination, the revival of such image not being due to an antecedent peripheral irritation.

Dr. L. J. Corning asked why hallucinations which might be produced by impressions coming from the peripheral nerves might not also be produced by an irritation at any point in that peripheral tract, as in the thalamus. We would all admit that the higher forms of conception took place in the cerebral cortex.

Dr. C. L. Dana would like to hear the subject discussed which Dr. Hammond probably wished to bring before the Society, namely, the duality of the brain. So far as the mechanism of hallucinations was concerned, he thought all would agree with Dr. Spitzka, that it was essentially in the cerebral cortex, but the exciting cause might be a peripheral irritation acting upon the psychopathic centres.

As to the duality of the brain, he thought there were many more arguments against the proposition than for it; but the subject was one of great reach, and could hardly be discussed at this hour. The cases of hallucination cited did not, it seemed to him, prove much, because only a small part of the psychical mechanism was involved. On the other hand, the experiments of Dumont Pare proved little, because hypnotized subjects could be led to do almost anything by slight suggestion. But pathological observations, the results of hemi-atrophies, of tumors on one side of the brain, studies regarding language, etc., all went to show that the two cerebral hemispheres had certain distinct functions, and that there were not two halves of the brain each having about the same function.

Dr. Charles Heitzman said that although he was not a specialist in this department, he had given considerably study to it; and he had received the impression that neurologists were not entirely clear in their ideas concerning the seat of irritation which caused hallucinations. Let the physiological fact be remembered that an impression upon our senses can be brought forward at any time in the shape of a protracted sensation or hallucination. Thus a peculiar sound might be heard which was merely the image of a real sound, and constituted a hallucination. Everything which we have learned is deposited in the brain, especially in the gray substance. In the case of the black cat, could the man have had a hallucination of a black cat if he had never seen a black cat? I doubt it. Wherever the centre for the image of the black cat may be, if any portion of the nerve tract leading from the retina to that centre be disturbed, it will be likely to excite that centre, and the image of the black cat will be revived. The special point of interest connected with the cases related was that they were unilateral. He asked if that might not be explained on the supposition that the irritation being upon one side led to the centre for the given image upon that side only.

Dr. Spitzka said, with regard to the quality of mind, that there could be little difference of opinion regarding the following facts: First, that the two cerebral hemispheres were alike in structure, the variations being no greater than in other symmetrical organs, if allowance be made for a higher type of development; the hemispheres were united by a symmetrical commissure; they had corresponding peripheral tracts; they had about the same distribution of retinal fields. Post-mortem examinations on the insane went to prove that the hemispheres were symmetrical. One hemisphere might be practically destroyed, and yet the individual retain power to exercise the several faculties of the mind, as reasoning, memory, judgment, etc., not, however, that

there would be no paralyses or other symptoms. But it was a different matter entirely when it was suggested that unilateral hallucinations could exist when the corresponding hemisphere was perfectly healthy.

Dr. Hammond, in closing the discussion, said it was not his object in reading the paper to discuss specially the function of the optic thalamus. He might say, however, that he believed a person could have hallucinations without an optic thalamus at all, provided he had a cortex; but he believed, also, that he could have hallucinations without any cortex, provided he had an optic thalamus. In the former case, the hallucinations would be due to revival of past impressions; in the latter case, they would be original, having nothing to do with former associations. A man without an optic thalamus could have an idea of a cat in the abstract, but he could not have a hallucination of a particular cat unless he had an optic thalamus. He believed that ideation resided in the cortex. With regard to the duality of the mind, many arguments might be brought forward, but time would not permit.

Editorial Department.

Periscope.

Sarcoma after Injury.

In connection with the case of sarcoma which we recently reported from the clinic of Dr. Agnew, the following, which we take from the *Brit. Med. Jour.*, November 28, will be read with interest:

Before the Medical Society of London, a paper on the development of sarcoma shortly after injury, founded on three cases recently observed, was read by Mr. A. Pearce Gould. The first was that of a girl aged 16, who, three months after she had struck her forearm, noticed a swelling of the upper end of the radius, which enlarged rapidly under observation till it involved the upper third of the bone. Puncture of a fluctuating area with an aspirating needle resulted in the withdrawal of some bloody fluid. The patient made a good recovery. The tumor was found to consist in great part of a large blood-cyst. On microscopic examination, its structure was seen to be that of a myeloid sarcoma. The second case occurred in a woman aged 26, who, three months previously, had struck her thigh. Two months later, a swelling was apparent, and steadily increased, so that, when first seen, the whole bone was involved, and the tumor had attained a large size. The tumor was situated on the outer side of the bone, but, on section, was seen to extend into the medullary canal. It contained several blood-cysts, and was in part ossified. The limb was amputated by a modification of Mr. Furneaux Jordan's method. Soon after amputation of the thigh, recurrence of the growth occurred in the groin. The secondary tumor was excised, but the disease had recurred in the stump. The third patient was a man aged 70, who, on October 29, 1884, struck his arm and elbow. He was admitted into Hackney Infirmary, and treated for contusion. On November 18 he was discharged, but was readmitted in February on account of pain and swelling of the arm. The humerus was greatly enlarged and broken. It was put up in splints; but the swelling rapidly increased, and the limb was amputated. Mr. Gould quoted a considerable number of cases where sarcoma appeared soon after injury, recorded by various writers. It was important, he said, to class separately those cases in which growths followed, not after repeated slight injuries (irritation), but a single injury. He confined his remarks to the first class of cases, and observed, in the first place, that the relation between the injury and the growth was not accidental, though the injury itself was not the all-sufficing cause. To state that the patients were predisposed to the growth of such tumor, did not account for the fact that such patients had previously received many injuries—perhaps in the very same part—without the development of a tumor. The cases occurred most frequently between twenty and forty years of age, an age when injury was most frequent, and in those bones which were most exposed to injury.

Mr. Harrison Cripps referred to three cases already recorded, where sarcomatous growth followed directly on injury; in all the cases there was bruising, and he thought that bruising of the tissues was an invariable antecedent of the development of tumor in

these cases. He thought that pyæmia afforded an analogy to these circumstances; the most striking clinical difference was the greater length of these cases of so-called traumatic malignancy; the most striking pathological difference was that, in pyæmia, the new cells being rapidly formed broke down, whereas, in sarcoma, the newly-formed material did not break down, but was more or less organized. He suggested that in these cases of malignant traumatic sarcoma, an infective organism might play some part in the origin and dissemination of the disease.

Mr. Davies-Colley related the case of a boy, aged 15, who sustained a fracture of the thigh; two months later, a swelling appeared and the union of the bone was found to be imperfect. As the swelling was fluctuating, it was incised; bleeding continued for some time; the limb was amputated, but the patient succumbed. The amount of new growth was very small in the bone and the muscles around, but there were secondary growths in the lungs and kidneys. He praised Mr. Furneaux Jordan's method of amputation.

Mr. Geo. Lawson said that injury was a frequent antecedent of new growths, and he made no doubt that sarcoma, scirrhus, and epithelioma might follow directly on injury.

Mr. Barwell said he believed he was the first to apply the term traumatic malignancy to this class of cases. He had seen six cases in which there was an extreme tendency to keloid growth, in connection with acne punctata, and quoted one in which one of these small keloid tumors enlarged rapidly, and was found on removal to be sarcoma. He adopted the theory of the existence of tumor diathesis, or predisposition to the formation of new growths. He thought Mr. Furneaux Jordan's method of amputation gave good results.

Mr. R. W. Parker considered that Mr. Furneaux Jordan's method of amputation was very advantageous in children. He thought that in the causation of these cases of sarcoma after injury, the existence of a predisposition must be admitted. He had frequently observed the development of sarcoma in connection with blood-clot, and suggested that the growth might have its origin in the leucocytes of the blood-clot.

Mr. Boyes Bell dwelt on the difficulty of diagnosis. He quoted several cases where mistakes had been made. Sir Joseph Lister's method of amputating by a long oval incision was a very satisfactory operation, though rather tedious.

Mr. J. Bland Sutton related a case where sarcoma of the tibia occurred ten years after an injury inflicted by a spent cannon-ball, and observed that it was only in cases where there was some special circumstance serving to fix the injury in mind, that the connection could be ascertained. Sarcoma was very frequent in animals, from fish to men; the situation in which the growth occurred in various species varied with the species, but always occupied a position which, in that species, was peculiarly liable to injury. The clot formed after contusion might organize perfectly or imperfectly, or remain ill-formed tissue to the end, or it might act as what Cohnheim called a tumor-germ, and might be the starting-point of a generalization.

Mr. Gould, in reply, said that his method of amputation differed from Mr. Furneaux Jordan's, in that he made a circular incision as for amputation through the upper third of the thigh, and tied the vessels; then he made an incision upwards to the trochanter, and enucleated the head of the bone.

Malignant Nasal Polypus Treated by Furneaux Jordan's Operation; Remarks.

This case is reported in the *Lancet*, November 28, 1885:

D. B——, aged sixteen, came to the out-patient room on August 11, 1885, with a fleshy, highly-vascular growth protruding from the anterior nares, and bulging outwardly the right nostril. He had only noticed it for a fortnight. Mr. Fowler removed what he could with a snare, and controlled the copious hemorrhage that followed by plugging the anterior nares with cotton-wool.

On September 18, Mr. Fowler saw him again. The growth had recurred, and was larger than before. It could not be felt in the pharynx. It had begun to grow a fortnight after removal, and the boy had suffered from repeated attacks of epistaxis. The first growth, examined microscopically, showed the structure of an alveolar sarcoma. The tumor being thus both clinically and structurally of a sarcomatous nature, and probably growing from the roof of the nasal cavity, Mr. Fowler decided to perform the operation recently described by Mr. Furneaux Jordan. His colleague, Mr. Wilders, put one of his beds at his disposal.

On September 24, the patient being under chloroform, a sharp-pointed curved bistoury was carried under the upper lip into the affected nostril, and made to cut its way out. The soft part of the nose was similarly

transfixed, and divided just externally to the median line in a line with the cut in the lip. A few touches with a scalpel allowed the triangular flap thus formed to be turned well outwards, so as to completely expose the bony orifice of the nasal cavity. The hemorrhage being controlled, the projecting portions of the growth were torn away. With the index finger it was then possible to explore the whole of the roof of the naso-pharynx, and scrape away with the nail the attachments of the growth from the roof of the nasal fossa, leaving it perfectly clear. The nose and lip were then carefully and accurately readjusted with fourteen fine silver wire sutures.

The patient was discharged from the hospital six days after the operation. He was seen on October 7. There had been no recurrence of the growth, and the site of the incision was denoted by a very narrow linear scar of a delicate pink color.

Remarks by Mr. Fowler.—Of course, it is yet too soon to speak of a permanent cure. I have brought forward this case, not so much for its clinical aspects as for a testimony to the usefulness of the operation. I decided on this method from faith in the advice of my friend and colleague, Mr. Furneaux Jordan; and I must confess that from the memories of my anatomical skull, I fully expected to have to enlarge my opening by snipping away the nasal bone. I was surprised and gratified, however, to find that I had plenty of room. Being able to thoroughly explore the roof of the naso-pharynx with one's forefinger is no doubt due to the bulging of the cavity that occurs in these growths; and also in this individual case to a deep erosion of the middle turbinated bone. I can thoroughly recommend this operation to my brother surgeons, as being, in Mr. Furneaux Jordan's own words, "efficient, simple, and followed by but little scarring."

Hemorrhagic Amblyopia Cured by Dilatation of the Sphincter Ani.

Dr. Robert N. Hartley thus writes in the *London Med. Times*, November 28:

The following case seems to me to well illustrate two points, first, the serious amount of amblyopia liable to be produced by frequently recurring hemorrhages, extending over a long period of time; and second, the value of the surgical procedure of free dilatation of the sphincter ani under ether. A man holding a responsible position in one of the large leather factories of this town consulted me in June last on account of a gradual loss of sight. He thought he was "going blind," and that he should be obliged to resign his situation. As a matter of fact, there was very serious visual defect, the distant vision of each eye being only equal to $\frac{20}{70}$, while no type smaller than No. 14 Jaeger could be read. There was nothing in the appearances of the eyes (ophthalmoscopic or other) to account for so much defect, except a slight pallor of the discs. From his appearance, I suspected that he might be suffering from loss of blood in some way, and a little close questioning elicited the following facts:

For *ten years* he had suffered from repeated bleeding of the anus. The bowels were *never* moved without great pain, and seldom without bleeding, sometimes slight, but often profuse, and the last three months he had frequently to leave his work and go home on account of severe bleeding, which saturated his clothes, etc. He was constantly taking either purgatives or astringents. Introduction of the finger into the bowel caused such intense pain that a thorough examination was impossible without an anæsthetic. I told him that I thought the failure of sight was due to the bleeding, and advised that this should be treated. Accordingly, in a few days, he was put under ether, and I found an enormously powerful sphincter ani, the internal fibres being especially marked as rigid rings extending for some distance up the bowel. I freely and thoroughly stretched with the fore and middle fingers of each hand the rigid sphincter until all sense of resistance had ceased, and all the fingers of one hand, in the form of a cone, could be easily pushed into the rectum. The congested and swollen mucous membrane now protruded, and the surface of it was seen to be here and there marked by irregular ulcerated patches, which had no doubt been a chief source of the hemorrhages. Nothing more was done except the swabbing of the parts with carbolized glycerine. After three days' rest in bed, the bowels moved spontaneously for the first time since the operation, with little or no pain, and with no bleeding.

Six weeks afterwards he came into my consulting-room, and said: "I feel a new man; I have never bled *once* since I had the ether; I have never had a dose of medicine, and my bowels act every morning without pain or difficulty."

He still remains (October, 1885,) in the same happy condition, and his acuity of vision is now perfectly normal—$\frac{20}{20}$ and J. 1.

The Effects of Cold Saline and Fresh Water Baths on Fever.

The *Lancet* (Dec. 5th) says that the treatment of fevers by baths, of which a good deal has been heard during the last few years, is of course by no means novel, being mentioned by Hippocrates, Galen, Celsus, and other classical writers. Currie, in 1787, obtained excellent results by treating "typhus" in this way, and several continental physicians shortly afterwards followed Currie's example. Within the last five-and-twenty years, many careful observations have been made with the assistance of modern instruments of precision, as the clinical thermometer and the sphygmograph, on the effect of cold baths—that is to say, baths considerably below the temperature of the body—in cases of fever, and especially of typhoid, both of an ordinary kind and where the temperature was abnormally high; and papers on the subject have been published by Brand, Ziemssen, Wilson Fox, Bartels, Jurgensen, Hagenbach, Liebermeister, Mosler, Treskoff, Chesnokoff, Nikolski, Krukenberg, Stöhr, Ringer, Bradbury, and others. Senator added to the water of the bath, two pounds of potash and half a pound of soda, but did not, however, find that these materially improved the results. He then applied a sinapism before putting patients in the bath, and obtained better results. Winternitz then tried the effect of rubbing the surface pretty energetically just before the bath, and showed, by means of comparative experiments, that while after a simple bath the temperature of a patient was lowered to 0.2° C., after a bath of similar temperature and duration preceded by friction it was lowered 0.8° C. Last year Dr. Liskus, of St. Petersburg, published the results of observations on thirty "parallel baths at 20° R. (87° F.)" with and without friction, showing that the temperature, both in the rectum and axilla, was more distinctly lowered and for a longer time where friction preceded the bath than where it was not employed. Quite recently Dr. Rabinovich has published the results of some very extensive investigations made in the Nicholaevesky Military Hospital on the comparative effects of salt and fresh water baths on the temperature, pulse, respiration, and muscular power of twenty-six typhoid fever patients to whom he gave 141 baths. He finds that saline baths have more effect in lowering the temperature than fresh water ones, the average difference being rather more than a tenth. It is especially great during the first half-hour after the bath, but is perceptible for fully three hours. Evening baths, both saline and fresh, produced a greater reduction than those given in the morning. Saline baths produced a more marked effect on both pulse and temperature than fresh water ones. The augmentation of the muscular force as tested by the dynamometer was also greater with the former class of baths.

Theory of Cancerous Inheritance.

In a paper before the West London Medico-Chirurgical Society, Mr. Dunn combated the alleged heredity of cancer. Beyond the consecutive appearance of the disease in certain families, cancer fulfilled, in no sense, the characters of an hereditary malady. It included no physiognomic aspect, diathesis, or general condition, seen in true hereditary diseases, as gout, syphilis, and tubercle. There was no such thing as a cancerous stomach, a cancerous neuralgia, a cancerous ache or pain, without local objective cancer, and no patient was cancerous till he had the local and tangible symptoms of primary cancer. In these points, cancer entirely differs from hereditary diseases.

Mr. Butlin, after expressing the interest with which he had listened to the papers of Dr. Alderson and Mr. Dunn, stated that the memorandum which he (Mr. Butlin) had drawn out for the Collective Investigation Committee, in which, among other things, certain questions were asked in regard to the inheritance of cancer, was not intended to convey the expression of any decided opinion upon the matter. It was merely for the purpose of eliciting facts. Of course, he had his own views upon the subject. Speaking personally, he did not agree with the adoption of the hereditary theory of cancer. Amongst the upper classes, it was looked upon as a great calamity if a case of cancer occurred in the family. He was of opinion that the locality in which the person resided was most important, and that residence had a most powerful influence over the disease; but he also considered that there were other factors of great moment which predisposed to cancer, such as, amongst others, smoking, diet (good or bad), anxiety or worry, that it was from a combination of these rather than from any single cause that predisposition arose. In addition to the above influences, he would also mention that important factor in health, namely, the soil of the locality, and the way in which it was drained and manured.

Mr. Keetley said that, in the investigation

of cancer as to its causation, hereditary or otherwise, great care was required, as it was an exceedingly complex question. In a collective investigation of the predisposing causes of cancer, he considered that an inquiry in each district and in each neighborhood should be considered separately.

Mr. Lloyd was of opinion that locality was an important factor in the causation of the affection under discussion.

Dr. Alderson, in reply, said that he thought that the importance of the heredity of cancer was considerably overrated, inasmuch as, whilst many families were undoubtedly tainted with the disease, it nevertheless occasionally never manifested itself in any way. It was of the utmost importance that the predisposing causes should be fully investigated.

Fatal Case of Pemphigus.

Dr. T. G. Parrott thus writes in the *Brit. Med. Jour.*, November 28, 1885:

Ambrose B., aged thirty-three, a Spanish-American and man of color, was seen at his home on August 15th. He had been under the care of a homœopathic practitioner for three weeks. His condition was as follows: There were numerous sores, covered with scabs, on his face and scalp; each eyelid was occupied by a sore with free discharge; his neck, chest, thighs, legs, and arms were covered with bullæ in various stages; one long narrow bulla on the left forearm looked as if caused by the application of a hot bar to the skin. The majority of the bullæ were rather smaller than a threepenny piece, of dark red color, and contained some discolored serum; they were situated on very slighty inflamed bases; others had burst and formed scabs. The friends said that the bullæ had appeared in successive crops. The eruption began first on the inner and upper part of the thighs. The whole of the back was raw, large bullæ having been formed and burst. The attack was preceded by rigors and vomiting. The pulse was 124, and temperature 99.4° Fahr., and the patient was in a very weak state. The following day he was removed to the hospital, and placed on a warm bed, the sores being dressed with boracic ointment, and a mixture was given containing iodide of potassium, liquor arsenicalis, and bark. On the 17th he said he felt better, though much troubled with flatulence. Temperature, morning, 101.6° Fahr.; evening, 102.4° Fahr. On the 18th he had rather severe diarrhœa, the stools being copious, pultaceous, and light colored, resembling those of typhoid fever. Temperature, morning, 102° Fahr.; evening, 101.6° Fahr. At midnight, a change for the worse took place; his pulse became irregular, fluttering, and too quick for counting, but after a dose of brandy it was 136. The bowels continued freely open; he gradually sank, and died at 5 a. m. on August 19. No post-mortem examination was allowed. He was said to have suffered from disease of the lungs, but no examination of them could be made in the state in which he was. There was some cough.

Remarks.—This case seemed to be one of acute pemphigus of very severe character, with typhoid symptoms at the last. There had been a case of typhoid fever in the same house at the time he was taken ill, and therefore the blood-poisoning was probably of a typhoid nature. There was no history of syphilis.

Lagophthalmus Due to Dental Irritation.

At the November meeting of the Odontological Society of Great Britain, Mr. S. J. Hutchinson related the following interesting case of reflex nervous disturbance caused by dental irritation. The patient, a lady, was sent to him by Dr. Gowers, in October, 1883, with a request that he would examine her teeth, and see if he could discover any probable cause for a spasm of the left eyelid, from which she had suffered for several months. The eyelid was drawn up by a constant spasmodic contraction of the levator palpebræ in such a manner that not only the whole of the iris, but also a considerable amount of the white round it, was always visible. Mr. Hutchinson found the patient's teeth in a bad state. The left second and third molars, both upper and lower, were much decayed, and Mr. Hutchinson extracted all four; but, though the patient no longer suffered from neuralgia, as she had before, the spasm of the eyelid was not in the least diminished. There did not appear to be anything amiss with the other teeth on that side, except that the upper first molar contained a large amalgam stopping; but, as the tooth had never given her any pain, the patient would not consent to its being interfered with. She then returned to her home in the country, and Mr. Hutchinson saw nothing of her for more than a year. When she again presented herself, the eye was in the same condition, and Mr. Hutchinson again failed to find anything in the mouth likely to be a source of irritation except the amalgam stopping in the left up-

per first molar. After some persuasion, the patient allowed Mr. Hutchinson to remove this, and he then found a minute exposure of the pulp on which the filling had evidently pressed. Mr. Hutchinson advised the removal of the tooth, and the result was most satisfactory. The patient's appearance at once began to improve, and, at the end of six months, the difference between the two eyes was so slight that it would not be noticed by a casual observer. It was evident, therefore, that in this case reflex irritation of the third nerve had been caused by irritation of a branch of the fifth, and this in the absence of any symptoms referable to the tooth.

Rupture of the Vagina.

Dr. George E. Thompson thus writes in the *Med. News*, Dec. 19:

I wish to report, in addition to those mentioned recently in the *Medical News*, another case of vaginal rupture which occurred in a girl nineteen years of age, as the result of coitus. The same man had had intercourse with her once before and, with the exception of considerable pain, without any bad result. This time, however, the pain was very severe, and the act was followed by a profuse hemorrhage, which still continued when I saw her eighteen hours after. I found her in a bed which was soaked in blood. She was very anæmic, much exhausted, and had a weak, rapid pulse. On examination, I found no bleeding at the hymen, but about an inch beyond, on either side, were several longitudinal fissures, from half an inch to an inch in length, from which the blood was oozing at the rate of a teaspoonful in two minutes (vaginal distention by the speculum probably increased the flow to some extent). The bleeding was stopped by packing the vagina with tampons saturated with liq. ferri subsulphatis.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The employment of bromide of ethyl or hydrobromic ether as an anæsthetic is discussed by Dr. Lawrence Turnbull in a reprint before us. It is probable that there is no person in our country who can speak on this subject from a wider and more intelligent observation. The conclusions at which he arrives are not unlike those which he announced as far back as 1870, and may be briefly summed up in his own words as follows:

"Bromide of ethyl should never have taken the place of chloroform or sulphuric ether where any tedious operations are to be performed; but there is no reason why this useful anæsthetic should not be employed in all operations in minor surgery and in those on the eye, ear, throat and nose, having everything ready in advance so that the patient shall be as short a time as possible exposed to the evil effect of an anæsthetic."

——Mr. Reginald Harrison, F. R. C. S., of Liverpool, has reprinted from the *British Medical Journal* the description of a method of treating urethral stricture by combining internal and external urethrotomy. The plan is ingenious, and appears to have met with success.

——Dr. D. W. Cathell, of Baltimore, sends us a reprint setting forth in warm terms the advantages of medication by the rectum over that by the mouth in many cases. He is certainly quite right in his position that this convenient and efficient method is too much neglected, and we hope this article will call more attention to it.

——Dr. Donald MacLean, President of the State Medical Society of Michigan, at the last meeting of that society delivered an address on the mutual relations of the medical profession and the state, which has been printed by the society. It is a thoughtful production, and merits careful reading by all interested in the important questions it broaches.

BOOK NOTICES.

Clinical Notes on Uterine Surgery, with Special Reference to the Management of the Sterile Condition. By J. Marion Sims, M. D., etc. 8vo., pp. 401. Price, $1.00. Wm. Wood & Co., New York, 1886.

This is the same work which was published in 1873, and is apparently printed from the same plates, the title-page bearing the date just named. It is, however, issued in paper at a reduced price as a "memorial edition." Undoubtedly it is one of the most characteristic and original of Sims' productions, his management of sterility being much more his own than his operation for vesico-vaginal fistula. Many physicians will be glad of adding this treatise to their library at the moderate sum asked for it.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

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THE

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OF

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THE NEW YEAR.

It is occasionally a pleasant pastime to forecast the future, to wit., when there are good grounds for taking a cheerful view of it. Certainly that is now the case for the general business interests of the United States. Merchants in this city who have the best means to acquaint themselves with the movement of values, tell us that the volume of business, taking the whole country over, is greater now than at any previous period in its history. True, they add, the percentage of profit is less than in years gone by, but to the cautious citizen this is rather matter of congratulation than otherwise, as the facility of getting rich quickly is, in the long run, an injury to society.

This general condition is reflected in the status of the medical profession. Never before were there so many thoroughly educated physicians among us; never was the standard of our medical schools so high; never were our hospitals, sanitary institutions, and boards of health, so numerous, so well supported, and so efficient.

Perhaps we are too much given to underrate our progress in these directions. Comparing ourselves with some of the much smaller and much older countries of Europe, still more, comparing ourselves with our own ideals of perfection in these respects, we may be tempted frequently to speak with something like contempt or despair of our advancement. It is a decided error of fact so to do. Any intelligent physician who has had the advantage of some public position bringing him largely into contact with his professional brethren for the last quarter of a century, cannot fail to acknowledge the enormous, the surprising advance that has been recorded.

This growth will not cease nor diminish. On the contrary, it will become more marked year by year, and the year on which we are now entering bears every promise of adding not a little to the general sum of professional improvement. We trust that all the profession, and especially all our readers, will have cause to acknowledge the truth of our forecast, when the year 1886 draws to a close.

THE PRACTICAL VALUE OF ESTIMATING THE AMOUNT OF UREA PASSED DAILY.

We have often wondered when we read clinical reports and witnessed eminent clinicians make examinations, why more note was not made of the amount of urea passed by the patient. It is the retention of this product of retrograde metamorphosis that works the mischief in Bright's disease, and the detection of casts and the presence of albumen do not indicate to us how well or how poorly the kidneys may be doing their work.

By their presence we simply know that there is a congestion and a degeneration of the kidney, which we assume hampers its function, but we do not thus learn how serious or how slight may be this hindrance. Therefore do we note with pleasure the article in the *Brit. Med. Jour.*, Dec. 5th, by Dr. W. E. Green, wherein he insists upon the importance of estimating the amount of urea passed daily. Dr. G. says:

"Having made these preliminary remarks, I will now show you Dr. Squibb's apparatus for the approximate estimation of urea in urine, and describe the method of using it. Several methods of estimating the amount of urea are in use, but the one known as the hypochlorite process is most convenient for clinical use. It depends on the fact that a solution of hypochlorite will decompose urea, and liberate its nitrogen in the free state. This nitrogen being collected and measured will, by calculation, give the amount of urea present. To save trouble, a table is supplied with the apparatus, which shows the percentage of urea, and the quantity contained in a sixteen-ounce pint, thus simplifying the calculations.

"The urine should be collected for twenty-four hours as follows: Commence at any hour by emptying the bladder and throwing the urine away. The whole urine passed during the next twenty-four hours evacuating the bladder at the same hour, should then be mixed together, measured, and a sample sent for examination, with a statement of the exact quantity of the product.

"When a fall in the excretion of urea is disturbing the system, it is well, first, to cut down the albuminoid elements of food; secondly, to increase renal excretion; thirdly, to act upon the bowels and skin. But the only way to ascertain this fall in the excretion of urea, is to test the urine in the manner described daily, or at any rate frequently, in all suspicious cases."

"Defective action of the kidneys can be compensated by rousing the skin and if the bowels, become constipated in renal inadequacy, they should be promptly acted upon. At the same time, it is well to stimulate the sudoriferous glands of the skin.

CLINICAL LECTURERS.

We have had occasion before to call attention to the dereliction of clinical teachers in coming late to their clinics and thus *forcing* the students unwillingly to lose a portion of their valuable time. Recently we attended two prominent hospitals on the same day. The first lecturer was fifteen minutes, the second ten, and the third (at the second hospital) ten minutes late, thus, in three hours, causing a loss of thirty-five minutes of valuable time to the students.

Clinical teachers should recognize that they owe a duty to the students; the advantages of clinical teaching are reciprocal, the benefit is not entirely derived by the student, for these lecturers are advertising themselves to the future physicians who will be sending their difficult cases to "city doctors," and this dereliction will cause an unconscious black mark against their names in the minds of these embryo physicians. *A word to the wise is sufficient.*

"CONSUMMATUS EST."

As we intimated in our last issue, the Board of Guardians of the Poor of this city have displaced Dr. Richardson from his position of physician-in-chief of the Insane Department of Blockley, and have elected in his stead a man without experience as an alienist.

This action can only be characterized as OUTRAGEOUS. It was the direct result of political wire-pulling, and is a disgrace to the charity of our city. It is a crying shame that our *insane paupers* should be placed at the mercy of a lot of huckstering politicians, and it looks very much as though the affairs of Blockley again required the investigating hand of the Committee of One Hundred.

We cannot recall that we have ever been called upon to record a more flagrant injustice. Dr. Richardson was eminently capable, *but he was not a politician*, and he had to go. This is the plain English of it. Let the visiting staff take note, whose turn will come next!

THE MEDICAL RECORD.

The New York *Medical Record* takes exception to our editorial in the issue of December 19, in which we speak of that journal as "the organ of the New York Circle," and denies the charge.

Without wishing to injure any one, we would merely call the attention of the *Record* and the profession to two questions, the answers to which, we feel, will sustain our position.

1. Who started the revolution against the New York County, the New York State, and The American Medical Associations, some three years ago?

2. What journal supported those who started this revolution?

There can be but one answer to these question. The revolution was started by the New York Specialists, who desired more freedom of consultation, and the revolutionists were supported by the *Medical Record*.

MUSHROOM POISONING.

Every physician should carefullly read the article on "Amanitine," by Mr. Charles McIlvaine, in two recent issues, and should store away in some handy recess of the brain the cases so well reported by Dr. Shadle.

Cases of mushroom poisoning are not very common, yet they are just the cases to which we are called at a moment's notice, and which we are obliged to treat at once. The literature of the subject is not very extensive, while the field is amply covered in the article in question.

Notes and Comments.

The Physicians' Clinical Record as a Gift!

All subscribers who remit for the full year 1886, before the 15th of January, will be entitled to a copy of the *Physicians' Clinical Record*. This is a very convenient memorandum book, adapted to contain the clinical record of one hundred cases of disease. It is neatly bound, and suitable for carrying on the person.

In all cases, the remittance must be made for the full year, and direct to this office. Subscriptions sent through agencies will not be entitled to the gift.

Hysterical Hemianæsthesia.

It is true that our text-books have comparatively little to say on this subject, and it is to be regretted, since in these days of steam, æstheticism, progress, worry, abortions, and conjugal frauds, the hysterical element, particularly in women, plays a very important role in disease. Hence is it well that we note some points from Dr. F. C. Fernald's paper in the *N. Y. Med. Jour.*, November 7. While most commonly observed in young women, this affection is not limited to any sex or age. The left side is most often affected, the anæsthesia, beginning exactly in the median line, being, in marked cases, absolute. Not only is the sense of touch gone but also are the special senses on the affected side. The skin is paler and cooler, and bleeds but slightly, if at all, when pricked or cut. Typical cases are rare, and there may be every degree of variation. The attack may come on suddenly or gradually, and may last for days, months, or years. Its departure may also be sudden or gradual. There is also often involvement of motion.

Hysterical hemianæsthesia has one striking peculiarity in the fact that the patient is usually unaware of its existence, and that the physician himself is apt to overlook it unless he makes his examination in a thorough and methodical manner. To avoid deception, it is essential that the patient should have his eyes closed during the testing of the cutaneous sensibility, and it is best that he should also not know beforehand what is to be done. The test is made by pricking with pin, by the electric brush, by small bottles of water at different temperatures, and by other means that readily suggest themselves. The examination of the skin should be the first test in the examination of the patient, because, if any anæsthesia is found, it gives the key to the affected side, and knowing this we can avoid being deceived while testing the special senses. Always try the special senses of the suspected side first; otherwise the patient may be self-deceived by mistaking what we may call the

"after-images" of the impressions that have been made upon the well side for genuine impressions on the affected side.

Be always on your guard for malingering.

Mental and moral influences and *time* are the best *curative* agents.

A Case in which Four Tapeworms Co-existed in one Person.

Dr. T. A. Palm reports the following somewhat peculiar case in the *Lancet*, Nov. 28:

A German gentleman residing in Niigata, Japan, had suffered from tapeworm for more than twelve years, and had undergone a variety of treatment without avail, having at one time eaten a large plateful of boiled pomegranate-root. He prescribed for him eighty minims of the ethereal extract of male fern, to be taken on awakening in the morning, after fasting from noon of the previous day. It was taken in milk, in three portions, at short intervals, and the recumbent position was maintained till nausea had passed away. He had explained to him the importance of finding the head, and described what it was like. Later in the day he brought in triumph two heads in a small phial, and a large quantity of tapeworm. Upon arranging this around a large tray in lengths, he found that there was more than could be accounted for by two tapeworms, there being an array of the narrow segments near the head, beside those belonging to the two heads already evacuated. He was somewhat incredulous when informed that he had another left in him. After some weeks, however, he paid a further visit, as he was again passing proglottides. The male fern was administered as before, bringing away one head and a considerable length of the worm. Upon examining this, and carefully putting it together on a tray, he again found that there were two lengths of the narrow upper portion of the parasite, which evidently belonged to separate worms. The patient delayed treatment until there was indisputable evidence that he was not cured, and then a third dose of the same remedy brought away the fourth and last head. His health did not appear in any way to suffer from the presence of the four tapeworms. His appetite was somewhat improved by the presence of the four guests whom he entertained, but this was a symptom of which he did not complain. He sought relief from the annoying consciousness of being the victim of a repulsive parasite.

Retention of Broken Glass in the Vagina for Seven Months.

Dr. J. A. Angus thus writes in the *Brit. Med. Jour.*, November 28, 1885:

On October 19, I was called in to see Mrs. F., aged forty-seven, who informed me that about five years ago, when in London, she consulted a physician, who told her that some displacement of the womb existed; but, under the treatment adopted then, relief was soon obtained.

Menstruation having ceased for the last six months, and some slight return of the old symptoms being felt, she requested me to make the necessary examination. On introducing the forefinger of right hand into the vagina, it came upon a hard round body lying to the right and posterior side of the cervix uteri. It felt firmly fixed, but, after some patient manipulation, became dislodged, and, to my astonishment, proved to be the broad perforated end of a broken glass female syringe.

The patient was amazed, and, upon my questioning her with regard to it, said that, about seven months ago, she broke a syringe when using a vaginal injection, but, hearing her husband coming upstairs, put the fragments into the chamber utensil, and thought no more about it.

Copulation has been performed many times since then, the husband complaining of feeling some obstruction. The position of the foreign body had become exactly reversed, as the sharp point was lying upwards in the posterior vaginal wall, the convex blunt end of the syringe with its numerous perforations downwards, and, as mentioned before, being moulded to the right posterior side of the cervix. How such a sharp-pointed body became reversed and worn so long without injury to the vagina, and comparatively little discomfort, is most singular.

Iodol.

A foreign exchange says: To the progress of synthetical chemistry we owe an addition to our present list of local antiseptics which, if on further trial it be found to bear out the promises made for it by its discoverers, bids fair to take the place of iodoform altogether. Iodol, the substance referred to, is a dark powder obtained from "Dippel's animal oil." It has but little smell, and is soluble in 3 parts of absolute alcohol, but only in 5,000 parts of water. More than two hundred observations on various diseases have been made with it in the Royal Surgical Institute in Rome. It was used in sub-

stance, suspended in glycerine, dissolved in alcohol with glycerine, and as ointment. Chancres were washed with distilled water, very carefully dried, and sprinkled with iodol in powder, and covered with silk protective, the dressing being changed daily. In six days' time the base of the chancres began to granulate, and the edges to show signs of commencing cicatrization. Similar treatment was adopted in the case of open buboes, which very soon began to exhibit a healthy appearance, and in a short time healed up. In many cases of simple indolent ulcers iodol was equally valuable, the whole character of the sore becoming changed after a few applications. Neither erysipelas nor diphtheritis was ever observed in cases treated with iodol.

A Case of Poisoning by Datura Stramonium.

Dr. Roth László, in *Nagy-Bajom* (Somogy), in Ungaria, reports the following interesting case in the *Wiener Med. Blatter*, September 11, 1885:

A girl, aged four, had eaten a large quantity of the seed, flowers, and leaves of datura stramonium. The most intense symptoms of poisoning, very similar to those which, as well known, occur after intoxication by belladonna, rapidly developed themselves, and notwithstanding the immediate and liberal use of emetics and the other remedies generally employed in these cases, no improvement set in, and the prognosis appeared exceedingly grave. While examining the little patient, Dr. L. noticed the great dryness of the skin, so characteristic of poisoning by stramonium or belladonna. This fact suggested to him the administration of muriate of pilocarpia, and as the case seemed hopeless, a considerable quantity of a one per cent. solution of this drug was hypodermically applied. About one grain of the remedy—a very large dose, considering the age of the girl—was thus injected, improvement suddenly set in, and continued so rapidly that ten minutes later, after the last injection, which brought the dose of the pilocarpia up to one grain, the child had completely recovered, without leaving any trace of the poison or evincing any morbid symptom which could have been ascribed to the effect of the pilocarpia.

An Instructive Case.

How a diathesis of the blood may often give rise to obscure symptoms, which it is at times almost impossible at once to recognize as regards their true meaning, we have often shown in these pages by the report of cases. The following, published by Verneuil, in the *Gaz. Hebd.*, 1885, 31, is specially instructive:

To Dr. V. a washerwoman, æt. 31, was brought, who had a small wound made by a knife in her left breast. Twenty-four hours later an incessant cough developed, unamenable to treatment, and the patient also complained of severe pains in the region of the left hypochondrium. Revulsives and narcotics were of no avail. Then the suspicion of the presence of malarial poison in the system was awakened. Sulphate of quinia was administered, and one day later the patient was discharged cured. For nine days after this, and after the little wound had long since completely healed, the symptoms suddenly returned, and once more yielded rapidly to quinine, the cure this time proving permanent. V. had first considered the symptoms to be due to hysteria, until he heard that the patient, when 13 years old, had suffered for over a year from intermittent fever. The case was specially complicated by the remains of an old pleurisy on the same side as the wound and the pain, so that nothing appeared more plausible than to ascribe the symptoms to the affection within the chest caused by the injury, and only the want of effect of treatment induced V. to make further inquiry.

Pichi, a Chilian Remedy for Cystitis.

The *London Med. Times* says that a Chilian plant, called by the natives Pichi (*Fabiana Imbricata*), has long enjoyed a great local reputation in the treatment of urinary diseases, having even been supposed to cure renal and vesical calculi. Although, doubtless, its virtues have been exaggerated, it is believed by a writer in the *Diario Medico-Farmaceutico*, A. Rodiguez, of Buenos Ayres, to be very efficacious in certain maladies of the urinary organs and of the liver. He finds that it is especially valuable in vesical catarrh produced by the mechanical irritation of gravel, calculi, or due to a uric acid diathesis. It allays the irritation, lessens the secretion, and favors the expulsion of the gravel and of calculi which are sufficiently small to pass through the urethra. Its effect on hepatic disorders appears to be due to its climatic action. It has been found useful in Rio de Janeiro in several cases of jaundice, dropsy, and dyspepsia, due to deficient biliary secretion. A fluid extract of the plant is prepared, containing 20

grammes to each tablespoonful, and of this from four to six tablespoonfuls are given *per diem* in either hot or cold water. Dr. Demarchi has examined pichi chemically, and finds in it,

1. An essential highly aromatic oil.
2. A resin; and,
3. A fluorescent substance resembling esculin, paviin, and fraxin, which crystallizes in needles.

Injection of Defibrinated Blood Hypodermically.

Dr. Oscar Silbermann, of Breslau, has published an account of two cases of severe anæmia which he treated successfully by the subcutaneous injection of defibrinated human blood. The first case was that of a little boy of eight, who after measles and whooping-cough became very anæmic, there being a systolic mitral murmur, vomiting, and fainting fits. Iron and other drugs were tried and proved useless, so forty grammes of defibrinated human blood were injected under the skin of the thigh, and a rapid improvement resulted. The injections were therefore repeated, and the child was completely cured. The second case was that of a girl of eleven, who had been reduced to a highly anæmic condition by profuse bleeding from a rectal polypus. There were in her case, as in that of the boy, a systolic mitral murmur, vomiting, and fainting fits. Fifty grammes of defibrinated human blood were injected subcutaneously into the thigh, and rapidly brought about a cure. The author remarks that the greatest care must be taken to disinfect the hands, the instrument, and the cutaneous surface, both of the patient and of the person who gives the blood. The blood must be completely defibrinated, and kept at a temperature of 39° C.; also, during and after the injection, the surface should be rubbed or stroked in an upward direction.

Hypodermic Injections of Salicylate of Cocaine in Neuralgia.

The *Lancet*, Oct. 17, says that Dr. Max Schneider has successfully employed subcutaneous injections of 0.4 gramme (about a quarter of a grain) of salicylate of cocaine in the case of a woman suffering from a third attack of severe neuralgia affecting the second and third divisions of the fifth nerve. Her first attack, which occurred five years previously, had been cured by large doses of quinine. The second attack lasted for nearly six months, and was quite unaffected by quinine, but ultimately yielded to morphia and iron. The third attack had already lasted for four weeks, when the author commenced the use of the cocaine. He injected it into the right cheek eight times in six days, the punctures giving no pain, and being followed by no unpleasant effect. This was followed up by the employment of the constant current, the anode being applied to the painful spots, which corresponded with the points of exit of the branches of the nerve, and the cathode to the neck. The relief from pain and from the consequent insomnia afforded by the cocaine was remarkable, and Dr. Max Schneider thinks that this method of relieving neuralgia is well worth further trial.

Theine.

After writing on the analgesic qualities of this drug, in the *Med. News*, December 12, Dr. Thomas J. Mays thus concludes:

"From the results of the action of theine in these cases, it will be seen that it is a powerful anodyne without producing any intoxication of the higher nerve centres, which is so common with morphia and all other agents belonging to this class. Its influence is both quick and persistent, and it manifests an almost exclusive affinity for the sensory nerves. It relieves pain by acting from the centre toward the periphery, and showing its effects but very seldom above the seat of injection. This is precisely in harmony with what was found in the experiments on the lower animals. In $\frac{1}{10}$, $\frac{1}{5}$, and even $\frac{1}{3}$ grain doses it is entirely free from dangerous consequences—the only inconvenience which it causes is a slight, but transient burning at the point of introduction. I use a one per cent. watery solution of Merck's preparation—ten minims of which equal one-fifth of a grain of theine. Larger doses are required in some individuals in order to bring out its characteristic action."

Comparison of Packing and Hot Baths in the Treatment of Nephritis.

A considerable number of observations have been made by Dr. Gess, of St. Petersburg, with the object of determining the relative effects of wet-packing and hot-air and hot-water baths as diaphoretic agents in the treatment of nephritis. He finds that the temperature is raised by all these methods of treatment, the greatest elevation being produced by the hot-water baths, and the least by the packs. The effect of the

packs, too, is the more transient, as twenty minutes afterwards the temperature falls, whereas it remains high for fully an hour after the hot-water baths. The same difference is observed in the increase of the pulse and respiration by the three methods of treatment. The diaphoretic action appeared to follow the same law, being greatest after hot-water baths and least after packing; the effects of the hot-air baths appearing, as in the foregoing cases, to be intermediate between the hot-water baths and the packs. He therefore thinks that hot-water baths offer a mode of treatment preferable to the others.

Recovery of Speech.

In the *Epworth Bells* of October 31, a remarkable case is recorded in which an old man of seventy-three years of age, who had been dumb since he was fifty-three years old, suddenly recovered his speech. Although about the same time that speech was lost he also became deaf, it is quite obvious that he did not become dumb in consequence of loss of hearing; for although after adult life has been reached, in those cases where hearing is completely and suddenly lost, the voice undergoes considerable alteration in tone, the power of modulating it being absent, the ability to speak in the language that has been acquired remains. This is, of course, quite a different state of things from what happens in early life, where words which are not constantly heard are very rapidly forgotten. When the loss of speech in children succeeds deafness, the loss is gradual; but in this instance of the old man, both the loss of speech and its recovery were equally sudden, thus pointing to an intracranial lesion, and not depending on the deafness.

Lagophthalmos in Diabetes.

Facial paralysis has not had much attention drawn to it in diabetics. Dr. Fienzal, in the *Bulletin de la Clinique National Ophthalmologique de l'Hospice des Quinze Vingts*, of September, 1885, relates three cases of the facial paralysis under the title of "paralytic lagophthalmos in diabetes." The first case was that of a man in whom the right side of the face became paralyzed suddenly; corneal ulcers developed; the duration of the paralysis was three months, and ended in complete recovery. A year later the left side of the face was paralyzed for four months. There was no history or evidence of syphilis, and none of rheumatism, but the urine was loaded with sugar. The treatment was simply that used for diabetes, together with some galvanic stimulation of the muscles. The history of the other two cases was practically of the same kind as the one we have briefly sketched.

Correspondence.

BERLIN CORRESPONDENCE.

Ichthyol and its Uses.

Eds. Med. and Surg. Reporter:

Ichthyol, in the opinion of Dr. Lorenz, who speaks from experience, is an admirable, in some points unequalled remedy against inflammation; for on the one hand its effects are quicker than other remedies, and besides it can be used, especially in war, on the upper parts of the body without disabling the patient. Dr. Lorenz gives a few cases in which he has proved its efficiency as follows:

Mrs. M., 63 years old suffered for ten years from irritation and burning of the entire skin; she states that this had been the case even in childhood, but only for the last ten years had it been so unbearable that for weeks she was unable to sleep—patient said she had been treated unsuccessfully by four physicians. Dr. Lorenz, on examination, found the picture of prurigo—the recipes shown to him proved that all the remedies generally used had been prescribed; he therefore tried ichthyol (recommended by Dr. von Hebra) with water (30:100). On the following day the patient, who, after a warm bath, had used it twice, declared that she felt only slight irritation, and was able to sleep. She used it two weeks longer, and up to the present, although three months have passed, has felt no irritation.

In pruritus, especially in obstinate cases of vulvitis and pruritus, a solution of ichthyol and water has also done splendid service. In burns it has proved efficient, almost instantaneously relieving the pain, and, when used immediately, preventing the formation of blisters.

Patient 53 years old had severely burnt his right hand; the entire back of the hand was a granulating ulcer, the fingers and back of the forearm covered with blisters. After opening and partially emptying them a 10% watery solution of ichthyol was poured over the hand, and a linen bandage soaked in oil enwrapped it. The healing was remarkably quick.

Dr. Lorenz has tried the 10% solution in

cases of badly healing sores and ulcers of the anus, and has always found it excellent.

Internally the Doctor has used ichthyol chiefly in chronic cases of catarrh of the stomach, and its taste not being agreeable, although not so disagreeable as chinin, for example, the Doctor gives it to females in capsules; males have no difficulty in taking the one per cent. solution (4 to 6 tablespoonfuls pro die).

Patient M. had suffered several years with catarrh of the stomach; had been troubled by vomitus, not only in the morning but also afternoon. Bism. subnitr., with morphine, gave partial relief during severe attacks; other remedies had failed in giving even relief, not to mention cure.

Dr. Lorenz tried ichthyol-natron capsules (a 0.25 grammes). After sixteen capsules had been taken the vomitus had ceased; patient felt himself in excellent health, with strong appetite, which had previously been very weak.

The New Hygienic Institute in Berlin.

In the beginning of December Professor Koch had his first lecture in the lecture hall of the Hygienic Institute. The audience was composed of many students, younger and older physicians, some pupils of Koch, Dr. Frobenius, of Munich, and several foreign physicians from Spain, Italy, France, etc., all eagerly waiting to greet the new professor.

Prof. Koch, who is gifted with a sonorous, agreeable voice, commenced in a simple and clear manner by a historical review of the development and importance of hygiene, as being that science which seeks to preserve health.

While physicians have been learning to cure diseases, they are now learning how to prevent them. The first instigation to this rational view of the cultivation of health, was given by the cholera epidemic of 1830, which showed the helplessness of the physicians. It was only afterwards that the high sanitary worth of cleanliness, good drainage, etc., began to be understood. In the opinion of the lecturer, Pettenkofer, of Munich, was the first founder of exact scientific hygiene. He first pointed out the dependence of cholera to the soil, was the first to begin experimental researches on the causes of diseases, and in the Hygienic Institute of Munich gave the first instruction in hygiene. Since then hygienic institutes have been added to other universities, to the University of Berlin among others, and it is creditable to the present Minister, that in spite of many obstacles, he has done justice to the claims of science.

Prof. Koch then spoke of the efficiency and capability of hygiene as illustrated, for example, in vaccination, cholera-prophylaxis, etc. The high value which England, for example, gives to the rational cultivation of health is shown hereby, that more than £27,000,000 are annually given to hygienic purposes. This sum appears enormous, but more than its equivalent is reached by so many lives being preserved, and so many causes of disease being removed.

In his next lecture Prof. Koch will speak on the "Special Aims of Hygiene."

Berlin, 6, 12, '85. DR. L. CASPER.

News and Miscellany.

NOTES ON MEDICO-LEGAL MATTERS.

BY HENRY A. RILEY, ESQ., NEW YORK.

Adulteration of Food Products.

The subject of the adulteration of food products is rapidly acquiring a prominent place among economic questions, and more stringent laws are urged. In the case of oleomargarine, however, the most stringent laws have been declared in New York by the Court of Appeals to be unconstitutional. The law was absolutely prohibitory there, and was vigorously carried out until the highest court in the State decided that the manufacture and sale of oleomargarine could not be prohibited, as when properly prepared it was not unhealthy. This position must be accepted as sound, but in effect it permits the sale of oleomargarine for genuine butter, as imitation butter is never sold for what it really is, but always for the genuine article.

In Pennsylvania a test case is pending, and a decision similar to that in New York is very likely to be rendered. The manufacture of oleomargarine is assuming gigantic proportions, and at the recent National Butter, Cheese, and Egg Convention, held at Chicago, this was the principal topic of discussion. Most of the speakers thought that the only remedy was in a uniform law to be enacted by Congress.

A Curious Bastardy Case.

A curious case in medical jurisprudence occurred recently in Wisconsin in a bastardy case. The design of the prosecution was to

prove that a certain person was the father of the bastard child and liable for its support. With this view, the child was offered in evidence, with the intention of showing the personal likeness between the two. This was objected to, and the general question considered of the propriety of such evidence, with the result that the child was excluded from the witness-box. The court quoted with approval the following opinion from Beck's "Medical Jurisprudence:" "It has been suggested that the resemblance of a child to the supposed father might aid in deciding doubtful cases. This, however, is a very uncertain source of reliance. We daily observe the most striking differences in physical traits between parent and child, while individuals born in different parts of the globe have been mistaken for each other. And even as to malformations, although some remarkable resemblances in this respect have been noticed between father and child, yet we should act unwisely in relying too much on them. There is, however, a circumstance connected with this, which, when present, should certainly defeat the presumption that the husband or paramour is the father of the child, and that is when the appearance of the child evidently proves that its father must have been of a different race from the husband or paramour, as when a mulatto is born of a white woman whose husband is also white, or of a black woman whose husband is a negro."

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Testimony in Insanity Cases.

A recent case in Pennsylvania states some rules as to testimony in insanity cases which will be of interest. Witnesses by general study and experience may acquire such skill as will qualify them to give an opinion as experts in matters relating to insanity. Witnesses may also possess such special knowledge of a particular person as to qualify them, though not properly experts, to express an opinion as to that person's mental unsoundness; such an opinion, however, must be based upon facts testified to.

Witnesses not shown to be experts and not having testified to facts tending to show mental unsoundness, are not competent to express an opinion in regard thereto. The facts which they have testified to need not, however, be excluded. The burden of proof of insanity is upon the party alleging it, and may be supported by proof of a general mental unsoundness during a prolonged period, or of a particular unsoundness at a precise period; if the proof shows a general mental unsoundness during a prolonged period, the burden of proof is shifted upon the other party to show that any act in such period was performed during a lucid interval.

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Compulsory Vaccination.

The question of compulsory vaccination was discussed at a recent meeting of the Society of Medical Jurisprudence in New York, and the general opinion was expressed that a law would be desirable which should make vaccination a necessity. It was not thought, however, that the adoption of such a law would be politic now, before the community had been educated up to stronger belief in the efficacy of vaccination.

Dr. Taylor, of the Board of Health, gave some statistics which showed that the opposition among people living in the poorer districts was very much less than it formerly was.

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The Treatment of Hysteria.

A prominent physician of Paterson, N. J., was arrested a short time since under very curious and amusing circumstances. The physician was summoned to attend a person who was said to be suffering from cramps, and the following is the statement made subsequently to the Police Justice by the patient of the treatment he received: "When the doctor arrived, I was on the lounge in great misery. He felt my pulse, and then began to cuff me, first on one side of the head and then on the other. Then he hit me in the eye and knocked me off the lounge and wiped the floor with me. I want him arrested."

"Perhaps it was some sort of treatment the doctor was giving you," suggested Recorder Greaves.

"What! knock a man on the head and hit him in the eye for a pain at the pit of the stomach? No, I guess not! I want him arrested."

The warrant was, after a while, issued, and the doctor, in his turn, made a statement of the affair: "Why," said he, "I found the man suffering from hysteria. His pulse and condition showed that he really had no such cramps as he described. No doubt he thought he had, but it was a purely nervous trouble. I tried to engage his thoughts and get them off the apparent seat of pain, but being unable to do so in any other way, I had recourse to the old-fashioned method of making him angry; I slapped his cheeks and rubbed his ears. As soon as he got angry he experienced a change of the current of his thought, and the attack of hysterics was

over. That ended the pain. That is a frequent remedy in a hypochondriacal attack."

What the result of the arrest was does not appear, but the physician was probably discharged.

The Medical Staff in Germany.

Our Berlin correspondent writes that the general increase of members of the learned professions is also noticeable in the medical profession. In 1866 Prussia contained 7,846 physicians; in 1876 there were 8,161; in 1878 8,372; in 1881, 8,439; in 1882, 8,553; in 1883, 8,693; in 1884, 8,808, and in 1885, 9,018, an increase in one year of 210, or 2.7 per cent.

The increased number of medical students at the German universities portends a still greater additional growth of the medical profession for the future. The distribution of physicians throughout the kingdom is unequal. Apart from the city district, Berlin, which has 1056 physicians, the gubernatorial districts of Dusseldorf and Breslau contain the largest number of medical men, these having 543 and 528 respectively; then come Weisbaden with 431, Schleswig with 399, Potsdam with 392, and Cologne with 382, whilst Stralsund contains but 95, C slin 90, Aurich 85, and Stade 82. The greatest increase since last year, an addition of 54 (5.4 per cent.) falls to Berlin, next comes Breslau, with additional 14 medical men, Oppeln 12, Dusseldorf 11, Liegnitz 10, Königsburg also 10. The districts Posen, Stade, Coblenz, Osnabruck, and Schleswig have fewer physicians than last year. The decrease was greatest (7) in Schleswig. Comparing the number of physicians with the number of the population according to the census of 1880, we find 3,025 inhabitants for every one medical man; but assuming, according to the latest information of the Royal Statistical Bureau, the present population of Prussia to be at least 28,750,000, there would be one physician for every 3,188 inhabitants. In the several districts the number of inhabitants to one physician is very different. On an average there are far fewer medical men in the eastern parts of the kingdom than in the western. In Wiesbaden there is one physician to 1,700 inhabitants, in Cologne one to 1,892, in Bromberg the rate is one to 5,678, Oppeln one to 5,748, Marienwerder 6,108, Cöslin 6,512, and Gumbinnen one for 7,413 inhabitants. Among cities, apart from Berlin, which contains 1,056 physicians, Breslau has the largest number, 258—the same number as last year—then follows Cologne with 148, Königsberg with 137, Frankfort-on-the-Main with 124, Hannover with 194, Weisbaden with 90, Bonn with 71, and Danzig with 70. In comparison with the number of inhabitants, the university towns, the watering places, and then those cities whose population numbers above 100,000, have the largest number of physicians. In Bonn, there are but 440 inhabitants to one physician, in Wiesbaden 558, in Cologne 970, and in Berlin 1,063. In the smaller towns the number of physicians diminishes, and there are in Prussia 72 towns, or market places, which contain neither physician nor apothecary, 19 which contain one and even two physicians, and 15 which boast of an apothecary but no physician. Comparing the proportion of physicians with the area of the empire, we find one physician to 38.8 square kilometres; in the gubernatorial district Gumbinnen the rate is 1 to 151.1 square kilometres, and in the gubernatorial district Dusseldorf one to 10.1 square kilometres. The oldest physician in Prussia, Dr. Schlegel, of Liegnitz, who passed his examination in 1814, died this year. At present, Dr. August Zeider, of Reichenbach, O. L., who passed his examination in 1819, is probably the Nestor among Prussian physicians. The oldest physician of Berlin is Dr. Steinthal, who passed his examination in 1821, not 1823, as falsely stated in the "Medical Almanac." Last year 226 physicians died, almost 3 per cent. of the entire number. In the previous years the number of deaths had been but 213 and 182. In all these calculations the surgeons second class have been included; their number is not large, only 72 all told; of these, the gubernatorial district Merseburg has the greater number, namely, 16. In 13 gubernatorial districts not one surgeon second class can be found.

Among the medical officers, we mention only the "Kreisphysici" and "Kreiswundarzte." In all Prussia there are 474 "Kreisphysikate" and 429 "Kreiswundarzte."

In the medical faculty of the nine Prussian State Universities there ate 87 professors in ordinary and 95 (last year 99) professors extraordinary, besides 124 (117) "privat docents."

The number of dentists, which probably owing to the competition of their American colleagues had fallen, has been rising considerably during the last few years. In 1883, 247 were counted; in 1884, 265; in 1885, 278; in two years an increase of more than 12 per cent. Berlin alone has 67 den-

tists, more than 24 per cent. of the entire number; the gubernatorial districts, Schleswig with 24, Dusseldorf with 21, and Wiesbaden with 18, show a strong conflux, against which throughout the entire gubernatorial district Marienwerder not a single dentist is to be found.

With regard to apothecaries, there are now 2,494. Since 1879 only 65 have been opened—0.4 per cent., not quite 11 to one year. In 1866 the rate was 1 apothecary to 3.55 physicians, now to 3.61. Whilst there is on an average in the entire State 1 apothecary for every 10,937 inhabitants, the rate is in the gubernatorial district Aurich 1 for 5,427, in Osnabruck 1 for 6,290, and in Stade 1 for 6,710; but in Cöslin the rate is 1 for 17,213, in Oppeln 1 for 17,999. In Berlin 9 new apothecaries have been opened, in Schleswig 5, in Potsdam 3. In Hanover only there has been a decrease of 1. The number of military physicians has also increased. It is well known that for years the military authorities found great difficulty in keeping the number of active sanitary officers up to the required standard, but of late the number is constantly rising. In 1883 there were 985; in 1884, 999; and at present there are 1,021.

Professor von Bergmann.

Our Berlin correspondent writes us that Prof. von Bergmann, the director of the Surgical Hospital of Berlin, recently celebrated the 25th anniversary of his career as a surgeon. Born in Finland, he passed his examination at the University in Dorpat. His education was the usual one of surgeons. Following his academical studies, he traveled a while, stopping longer in Berlin and Vienna. He then began practically, as assistant at the Surgical Hospital in Dorpat, under direction of Prof. von Adelmann. But it was the wars of the years '60 and '70 which considerably furthered him in his surgical skill. In 1866 Bergmann was employed in the Prussian service in the war hospital at Königshof, Bohemia, and during the war with France he was chief surgeon in the barracks of Karlsruhe and Mannheim; in 1877 he went into the field with the Russian army of the Danube as consulting physician.

Bergmann has given his experience of battle surgery in a series of writings. He has specially contributed articles on Excision of Joints. This operation on the knee was first brought into more general practice in war surgery by Langenbeck and Stromeyer during the Schleswig-Holstein war of 1851. It was in the Russian-Turkish war that Bergmann first tried the antiseptic bandage of Lister, which had previously not been used in war surgery. Besides the writings founded upon his practice and surgical experience, Bergmann has written a series of purely theoretical investigations, which are principally a continuation of Lister's inquiries into antisepsis. These articles were begun during the year of '60, and have not yet been concluded.

With regard to "Septische Intoxication" wound fever, Bergmann believes it to be caused by "sepsin," an organic azotic body which he has found in decayed yeast, and which, when introduced into the organism of an an animal calls forth the symptoms of septical infection,. Later experiments of Schmiedeberg and O. Angurer in Würzburg, are calculated to confirm Bergmann's theory. To complete the picture of Bergmann's literary work, we must mention his works on "Kopfverletzungen" which appeared in the *Deutsche Chirurgie* of 1880, also his "Krankheiten der lymphdrüsen" in Gerhardt's "Handbuch der Kinderkrankheiten."

Very original was his first larger work, entitled "Die Lepra in Lirland," which was published in 1867. Leprosy, as an epidemic, is met with in Europe only in Norway and Sweden, and far more seldom in the east sea provinces. In his book Bergmann makes known all that he has ascertained about leprosy in his native country.

Bergmann remained in Dorpat until 1878. He then went to Würzburg as the substitute of Linhardt. In 1882 he settled in Berlin as director of the University Hospital, succeeding Bernhard von Langenbeck. Here he had to battle with many difficulties. His lectures on surgery are listened to with intense earnestness by the students, who, term after term, crowd his lecture hall to the doors.

Remarkable Italian Fecundity

Expressing considerable doubt as to its veracity, we note as follows from the Naples letter to the *Paris Register*:

"The most extraordinary case of fecundity that I have ever heard of came to my knowledge last week. About twenty-five miles from here, and by rail two or three stations beyond Pompeii, is the historical city of Nocera (the Nucera of the ancients). In the rione, or ward, of Liposta lives Maddalena Granata, aged 47, who was married at the

age of 28 to a peasant, just nineteen years ago. Maddalena Granata has given birth to, either dead or living, fifty-two children, forty-nine of whom were males. She enjoys florid health, is robust, and twenty-four hours after her last accouchement was ready to go out to her accustomed labor in the field. She has no hesitancy in conversing with any one about her extraordinary prolificness. Her physician, Dr. Raphael de Sanctis, of Nocera, says that there is not the least exaggeration in these statements. Has any one ever heard of such phenomenal fecundity in the whole history of maternity—fifty-two children, alive or dead, in nineteen years! She has had triplets fifteen times."

History of the Pennsylvania Hospital.

There is in existence a valuable history of the Pennsylvania Hospital, written by Franklin himself, in which he gives the credit for originating the enterprise to his friend Dr. Thomas Bond; but great as were the services of this active physician in the movement—he and his brother and Dr. Lloyd Zachary, when the cost of medical attention became a barrier, offering to serve gratuitously for three years, and thereby setting the precedent that has ever since been followed—it is evidently and fully attested by records and other evidence that Franklin was the prime mover throughout. He kept in the background partly from his modesty, but principally because he was at time a candidate for Representative of Philadelphia in the Assembly. Even at this time Franklin had the idea of national independence on his mind, and of his wonderful foresightedness and longheadedness nothing can give better evidence than the fact that the present great hospital building is just as he planned it a hundred and thirty-five years ago, though the population of the city, then 20,000, has grown to nearly a million. He was building for the future.

Items.

—It is estimated that there are now in the United States 120,000 practitioners of medicine, including non-graduates.

—"Charlatanism," says Dr. Holmes, "always hobbles on two crutches—the tattle of women and the certificates of clergymen."

—Dr. Edson, of the New York Health Department, recently seized, at the West Washington Market, the carcasses of eighteen hogs which had died of hog-cholera.

—The *Med. Record* of December 26 says that it is reported that the New York Post-Graduate Medical School will not receive medical women as matriculants after the present session.

Personal.

—Dr. and Mrs. Fenton have arrived out on their way to Germany.

—George Alfred Townsend visited Northumberland borough several days ago to gather information of Dr. Priestley, the famous philosopher and discoverer of oxygen, who died there eighty-one years ago. He said he had in view a literary purpose, a book involving to some extent the life, character, and achievements of Priestley.

OBITUARY NOTICE.

JOSHUA H. WORTHINGTON, M. D.

Joshua Husband Worthington, M. D., died December 26, at his home on East Penn street, Germantown. He was born 69 years ago in Harford county, Maryland, and educated in the Jefferson Medical College, from which he graduated in 1838. He practiced four years in his native place and then came to this city. In 1860 he married Mary W. Kimber, of this city, and after her death, Sarah, daughter of Stacy B. Collins, of New York. He was resident physician and superintendent of the Friends' Asylum, Frankford; a member of the Association of Medical Superintendents of American Institutions for the Insane; American Medical Association; vice-president of the State Medical Society, and a member of the Society of Friends, and was the author of several articles on insanity.

QUERIES AND REPLIES.

PERMANGANATE OF POTASSIUM.

EDS. MED. AND SURG. REPORTER:

In the issue of your journal for December 19, 1885, "Subscriber" asks for information regarding the best vehicle for the administration of permanganate of potassium. As the drug depends for its therapeutic effect upon its contained oxygen, and as the salt is so readily decomposed, yielding up its oxygen to any organic matter present, it is absolutely necessary that great care be used in selecting a vehicle for its administration. I have obtained the best results by using no vehicle at all, administering the drug in compressed tablets; if for any reason a liquid preparation should be desired, *pure* water is the only menstruum that should be used, and the solution should be freshly prepared. I may add that Dr. P. M. Deas, in the *Brit. Med. Journ.*, April, 1885, p. 775, says that the best excipient in making pills is kaolin ointment, and adds that all saccharine ingredients should be carefully avoided, as being liable to cause decomposition, or even spontaneous combustion. In the same publication, page 806, Dr. Brampton states that unguentum resinæ is a more convenient and suitable excipient, as kaolin is difficult to manipulate.

WILLIAM A. EDWARDS, M. D.

300 *South 13th St., Phila.*

THE

MEDICAL AND SURGICAL REPORTER.

No. 1506.] PHILADELPHIA, JANUARY 9, 1886. [Vol. LIV.—No. 2.

Original Department.

Lecture.

LECTURES ON INSANITY.

DELIVERED AT THE UNIVERSITY OF PENNSYLVANIA.

BY CHARLES K. MILLS, M. D.,

Lecturer on Mental Diseases in the University of Pennsylvania; Consulting Physician to the Insane Department of the Philadelphia Hospital; Neurologist to the Philadelphia Hospital; and Professor of Diseases of the Mind and Nervous System in the Philadelphia Polyclinic.

Reported by William H. Morrison, M. D.

Lecture VII.

Important Medico-Legal Questions Connected with the Insane—Certification.

Gentlemen: I shall step aside from our regular course for a few lectures to discuss some of the legal relations of the subject of insanity, which interest us as physicians. Although, at first sight, it might seem that matters of this kind would be of interest only to those who intend to become medical experts, this is a mistake. Some of the finer questions, some of those which involve the more intricate problems which come before the courts, will, of course, only claim the attention of professed medical experts in insanity; but a number of other practical matters pertaining to the legal relations of this subject may at some time come before any of you.

It is my intention to make these lectures to a certain extent, or, at least, a portion of them, practically of a clinical nature. I can not bring patients before you, but I shall refer to cases which have come before me in some way, or with which I have been either directly or indirectly connected during the last few years.

In looking over my notes to plan the lectures and to obtain illustrations for them, I find that the most important questions which have presented themselves to me, and which may come before you, have been the following:

1. Questions as to placing a person in an asylum or insane hospital, or under interdiction. Under this head will be considered: *a*. Certification. *b*. Commissions or inquisitions. *c*. The procedure by which an individual can voluntarily place himself in an asylum or hospital, or under restraint. *d* Orders of court.

2. Questions as to the release or discharge of the insane or alleged insane. Under this head will come such subjects as: *a* Traverse of an inquisition in lunacy. *b*. Writ of habeas corpus. *c*. Discharge by order of Lunacy Committee. *d*. Discharge by order of court, as in the case of criminals.

3. The dangers of physicians in connection with cases of insanity, as from suits for malpractice, for perjury, for false imprisonment; criminal and civil suits for damages, in cases in which physicians have made affidavits, or have otherwise been interested in putting a person under restraint.

4. The validity of contracts made by insane persons, as, marriage contracts, business contracts, etc.

5. Questions pertaining to wills and to the testamentary capacity of the insane.

6. The plea of insanity in criminal cases, as in homicide, incendiarism, theft, ravishing, sexual crimes, alcoholism, epilepsy, automatism, and somnambulism.

In the first place, then, the decision as

whether or not a person should be placed in an asylum or hospital is one of great interest to all of you, since most certificates of insanity must necessarily — as experts, or so-called experts, are not scattered over the country—be signed by the general practitioner. It may be thought a very simple matter to sign a certificate. It is, so far as the mere mechanical act is concerned, but nothing connected with the certification of the insane is trivial so far as the possible consequences are concerned. The laws of different countries, and the laws of different States in this country, differ somewhat in reference to this question of certification. It would be an unprofitable task to take the time to go over with you the laws of the different States. Most of my remarks will be based on the law as administered in Pennsylvania. You will find in the very valuable work compiled by Mr. George L. Harrison,* who died but a short time ago, and who did much for the insane and the subject of lunacy, the laws not only of every State in the United States, but also abstracts of the laws of many foreign countries.

While in many states the laws appear to agree, yet they present points of difference which must be understood if you do not wish to get into trouble. In some states, for example, two physicians are required to sign the certificate in order that an individual may be placed in an asylum. In other states only one physician is required. In the State of Pennsylvania two physicians must make affidavit to the insanity. In the State of New Jersey only one affidavit is required. In Maryland also, I believe that only one is necessary. Even where one or two physicians are specified, there are sometimes other special features which must be understood. Therefore, I would advise each one to study the laws of the state in which he settles. Ignorance of the law in this, as in other matters, is no excuse, should the case go to court in a suit of any kind. I would also advise you always to study carefully the most recent enactments. For instance, the lunacy law now in action in this state is the law of 1883. It has been in operation since September, 1884, yet I find that in this city seven out of ten physicians are unfamiliar even with the special provisions for certification of insane patients as given in the new law. Several of the late works on insanity print as an appendix the laws of Pennsylvania on this subject, but these are the old laws, and if you were to rely on these text-books, you might find yourself wanting.

Let me read you one of the provisions of the new lunacy law of Pennsylvania:

"No person shall be received as a patient for treatment or for detention in any house or place where more than one insane person is detained, or in any house or place where one or more insane persons are detained for compensation, without a certificate signed by at least two physicians resident in this Commonwealth, who have been actually in the practice of medicine for at least five years, both of whom shall certify that they have examined separately the person alleged to be insane, and after such an examination had, do verily believe that the person is insane, and that the disease is of a character which, in their opinion, requires that the person should be placed in a hospital or other establishment where the insane are detained for care and treatment, and that they are not related by blood or marriage to the person alleged to be insane, nor in any way connected as a medical attendant or otherwise with the hospital or other establishment in which it is proposed to place such person.

"The certificate above provided for shall have been made within one week of the examination of the patient, and within two weeks of the time of the admission of the patient, and shall be duly sworn to or affirmed before a judge or magistrate of this Commonwealth, and of the county where such person has been examined, who shall certify to the genuineness of the signatures, and to the standing and good repute of the signers. And any person falsely certifying as aforesaid shall be guilty of a misdemeanor, and also liable civilly to the party aggrieved."

These are the exact words of the two sections of the new law relating to this matter. Now, let me read the law which was in effect until two years ago, and you can note the differences:

"Insane persons may be placed in a hospital for the insane by their legal guardians, or by their relatives and friends in case they have no guardians, but never without the certificate of two or more reputable physicians, after a personal examination, made within one week of the date thereof, and this certificate to be duly acknowledged and sworn to or affirmed before some magistrate or judicial officer, who shall certify to the genuineness of the signatures and to the respectability of the signers."*

* Legislation on Insanity, by George L. Harrison, LL. D. Privately printed. Philadelphia, 1884.

* Act April 20, 1869, section 1, P. L. 78.

The signatures of two physicians are required by both the old and the new law. The first point of difference is that, under the new law, the physicians must actually have been in practice five years. This provision has been violated several times. If the physicians at the hospital should learn that the law had been violated in this respect, they would refuse to receive the patient. This violation occurred oftener before the different institutions had distributed printed blanks with the requirements of the law printed upon them.

Another point of difference, and a provision frequently violated, is that no physician shall make affidavit to the insanity of a person in this State, unless after *separate* examinations have been made by the physicians. The tendency is to just the opposite course of action. The physician who has charge of the case will have seen the patient often, and will then call in consultation a physician specially interested in this subject, to decide about the certificate. The law is violated if the physicians make the examination together, or rather if all the examinations are made together. The provisions of the law are carried out if a single separate visit or examination is made by the physician called in to make the second party in the affidavit. This should always be done.

I do not recall a law-suit in this country where the question of separate examinations came up, but in the famous "Mrs. Weldon case" in England, which was tried within a year or two, this point helped to decide the verdict for large damages in favor of the plaintiff. This Mrs. Weldon by some is considered insane, while others hold that she is sane. She had been placed in a private asylum. She has had a number of suits, and, I believe, has gained them all. She has won large damages against a musical composer among others. It was proved that the physicians had examined her together, and there was no evidence that they had made separate examinations. So far as I know, in this country a judicial decision has never been rendered as to what constitutes a separate examination. I believe that the law would sustain the position that if the physicians made the examinations separately, *i. e.*, were not together at the same time in the presence of the patient, the examination should be regarded as separate. The law does not detail in definite terms exactly what is meant. In order to be safe, you should at least make your examination of the patient in such a way that both physicians are not in the room at the same time. It is still better, when it is feasible, to examat separate hours, or on separate days. In regard to separate examinations, if the examinations can be made in consultation and also separately, it is certainly a good provision. It assists in providing against the possibility of two individuals actuated by bad motives getting together to put a person in durance.

The question as to the judicial officer before whom the affidavit is to be signed, is sometimes of importance. The new Pennsylvania law says, "before a judge or magistrate of this Commonwealth, and of the county where such person has been examined." An affidavit made before a notary public is of no value for this purpose in Pennsylvania. It must be made before a magistrate, or before a judge of the court. About the time this law went into effect, two physicians made an affidavit of the insanity of a patient before a notary public, and the patient was taken to Norristown, but could not be detained, and considerable inconvenience resulted.

So far as the clause in regard to relationship by blood or marriage is concerned, this holds good in nearly all laws relating to certification in all states and countries, yet physicians occasionally overlook the restriction. I know of one case in which a physician carelessly, but innocently, allowed his name to be used in connection with a patient who was sent to an insane asylum. The patient was related to him, although not closely. The object of this provision, as you can see, is to protect the individual against confinement from mercenary motives.

The last provision of the first section, with reference to the certification of the insane in this State, is that those signing the certificate or making the affidavit shall not in any way be connected "as a medical attendant or otherwise with the hospital or other establishment in which it is proposed to place such person."

This provision, like many more in the new Pennsylvania lunacy law, is copied from or based upon certain similar statutes in comparatively recent English legislation upon the subject of lunacy. One of its objects is to guard the individual alleged to be insane from the possibility of being incarcerated in an institution for mercenary or other improper motives. The proprietors of private institutions for the insane, for example, might, if this law were not in force, cause patients to be placed in institutions in which they were pecuniarily interested, directly or otherwise. This is a very proper provision—an important safeguard.

In Philadelphia, however, certain curious questions have arisen with reference to the interpretation of this provision, both in connection with the Pennsylvania Hospital and the Philadelphia Almshouse. The Pennsylvania Hospital for the Insane is under the same board of managers as the old Pennsylvania Hospital. The institution for the insane is located, as is well known, in West Philadelphia, some miles distant from the general hospital at Eighth and Spruce streets. So far as the practical working of the two institutions is concerned, they are separate institutions—that is, in the executive management, in the care of patients, in the matter of admissions and discharges, in the physicians attending, etc. They are, nevertheless, under the same jurisdiction, and the question has arisen whether or not the physicians and surgeons, on the staff of the Pennsylvania Hospital proper, can make affidavit in the case of an insane patient who is to be sent to the Pennsylvania Hospital for the Insane. So far as I am aware, no legal decision has been rendered with reference to this matter in the case of the Pennsylvania Hospital. Some of the physicians and surgeons of the Pennsylvania Hospital, however, as I happen to know, are unwilling to sign certificates because of this restriction.

The Philadelphia Almshouse is an institution of several departments. It is, however, under one general board of management, viz., the Board of Guardians of the Poor. It is divided into (1) a Hospital department, commonly known as the Philadelphia Hospital; (2) a department of Out-wards where the indigent poor who are not sick (or who are supposed not to be sick enough to demand medical care and treatment) are kept; and (3) a department for the Insane, known as the "Insane Department of the Philadelphia Hospital." The Philadelphia Hospital always contains a very large number of patients, many of whom are constantly oscillating between mental health and disease. It is therefore frequently necessary to transfer patients from the hospital to the insane department. Before the present law became operative, the visiting medical staff and the resident physicians could, without question, sign certificates and make affidavits to bring about this transfer. Since the law has been in action, the question has arisen, whether or not, under it, the medical staff, either visiting or resident, can legally do this. The matter has twice been referred to City Solicitors of Philadelphia, and both, I am told, have given the opinion that the visiting physicians of the hospital department, if not directly connected with the insane department as consultants, are competent to go upon such certificates. It is, however, held otherwise by some entitled to opinion in the matter—by the Committee on Lunacy of the State Board of Charities, or, at least, by some of its members, for instance. Some members of the Board of Guardians, and some of the physicians and surgeons, have doubted the propriety of this procedure. For a time, the medical staff, acting under a resolution of one of the committees of the Board, did not certify patients to the insane department, two physicians unconnected with the hospital being employed and paid small fees for this purpose. Recently, however, the visiting physicians and surgeons—with the exception of Dr. Wood and myself, who in addition to our positions on the hospital staff are connected as consultants with the insane department—have been certifying to the insanity of the hospital patients sent to the insane department.

That this question may give rise to trouble is not improbable; in fact, I have heard of one case in which a relative of a patient so transferred made particular inquiries with reference to those who had gone on the certificate, with the view if possible of giving trouble. This is a matter of importance with reference to the Pennsylvania Hospital and the Philadelphia Hospital, and also other institutions in similar position. It should be settled finally by judicial decision. It could be brought before the courts by a feigned issue or other process.

The new lunacy law of Pennsylvania also provides that, "No person alleged to be insane shall be received into any house for treatment or for detention unless at the time of such reception the person or persons at whose instances the person is received shall, by a writing signed, state that the person has been removed and is to be detained at his or her request, under the belief that such detention is necessary for the benefit of the insane person."

Almost all insane asylums furnish printed documents in which the most important sections of the law are shown. Here is one from the Pennsylvania Hospital for the Insane. It is so prepared that if it is read carefully you can see whether or not you are complying with the provisions of the law. I pass one around, that you may see its character.

ORDER FOR THE RECEPTION OF A PATIENT.

I ———— the undersigned, hereby re-

quest you to receive ————, an insane person, as a patient into the Pennsylvania Hospital for the Insane, believing that such detention is necessary for h— benefit. Subjoined is a statement respecting the said ————.

CERTIFICATE OF PHYSICIANS.

We, the undersigned, residents of Pennsylvania, hereby certify that we have, within one week prior to the respective dates hereinafter mentioned, at ————, in the county of ————, separately examined ————, of ————, and do verily believe that the said ————is insane, and that the disease is of a character which, in our opinion, requires that the person shall be placed in a hospital or other establishment where the insane are detained for care and treatment.

We further certify that we have been actually in the practice of medicine for at least five years, and that we are not related by blood or marriage to the said ————, nor in any way connected as a medical attendant or otherwise with the Pennsylvania Hospital for the Insane or other establishment in which it is proposed to place the aforesaid.

CERTIFICATE OF MAGISTRATE OR JUDICIAL OFFICER.

I, ————, a ———— of ———— county, of the State of Pennsylvania, do certify that the foregoing certificate was duly ———— to before me, by the above-named ———— and ———— on this ———— day of ———— 188—, that the signatures thereto are genuine, and that the signers are physicians of good standing and repute.

STATEMENT.

(If any particulars in this statement be not known, the fact to be so stated.)

Questions.

1. Name of patient, with Christian name at length.
2. Sex and age.
3. Residence for the past year, or so much thereof as is known.
4. Occupation, trade, or employment.
5. Parents, if living.
6. Husband or wife.
7. Children.
8. Brothers and sisters, and the residences of each of these persons.
9. If not more than one of these classes is known, the names and residence of such of the next degree of relations as are known.
10. Name and address of all medical attendants of the patient during the last two years.
11. A statement of the time at which the insanity has been supposed to exist, and the circumstances that induce the belief that insanity exists.

You have here four distinct matters:

1. The order for the reception of the patient.
2. The certificate of the physicians.
3. The certificate of magistrate or judicial officer.
4. The statement.

The order or request must be signed by some relative or friend of the patient. The certificates have already been considered.

With reference to the statement, the law says: "There shall also be delivered to the person or persons having supervision or charge of the house, a written statement of the following facts relative to the person to be detained, signed by the person or persons at whose instances the insane person has been removed and detained, or if the facts be not known it shall be so stated." (The name, age, residence, occupation, etc., as indicated in the blank "statement," follow.)

This statement must go with the patient, and I call attention to it for the reason that it is not to be signed by the physician. It must be signed by the person at whose request the order was made for the detention of the insane individual. Most of these answers can be made by any member of the family, but often great difficulty is encountered in getting answers to the questions as to the time when the insanity began, and the circumstances inducing the belief that insanity exists, so that the physician sometimes fills up these blanks in the presence of the relative or friend. He should not, however, sign his name, or anybody else's name. Where the relative or friend is intelligent enough, it is better to allow him to fill up the blank. It is better to have an unbiased, non-professional, non-technical statement of facts. If you do the work, I would suggest the avoidance of certain expressions, such, for instance, as "delusion," "imperative conception," and the like, for these are technical terms in reference to insanity. You should not say that the patient has delusions as regards the marital relations, or hallucinations as regards hearing voices. That is not the way in which the unprofessional friend relates it. What you should say is that the patient

believes that he hears voices, that he believes that belladonna was put in his coffee this morning, that certain persons are pursuing him, etc.

Here is a point. The question whether these are delusions or not must be decided by surrounding circumstances. Facts should be given, not opinions.

These statements are sometimes of great value for statistical purposes, and may be of value if suit should be brought. Sometimes extraordinary statements are made in these blanks, evidently by the physician or from his dictation. These are sometimes made use of in court to cast ridicule upon a doctor who is defending himself against some charge, and sometimes the ridicule is deserved.

It is not wise in statements of this sort to express positive opinions as to causation. In a certificate which I saw some time ago, it had been put down, in so many words, by the physician, that the insanity was due to syphilis. This statement was signed by a member of the family, I believe, by the wife. You can see how unwise a procedure of this kind might be. Supposing that the insanity is dependent upon syphilis, and that it is important, as it is, that this should be known, it would be better for the physician to send a private statement to the hospital than to put it in a document that is to be signed by some member of the family. Such a statement made in this way might bring up questions of law, independent of those connected with the insanity of the patient.

To show how ridiculous some of the statements given to prove insanity are, here is one mentioned in a work on jurisprudence. It was cited as indicative of insanity in an old lady, that she kept a cockatoo! This was one of a very few facts. In another case, it was considered an indication of insanity that the alleged lunatic, when asked, did not know how much money he had in his pocket!

Communications.

STRETCHING OF THE SCIATIC NERVE FOR RHEUMATISM.*

BY J. C. M'MECHAN,

Of Cincinnati, Ohio

Franz T., a German, was admitted to the hospital July 23, 1883, æt. 39. Had been in America 17 years. He first noticed slight stinging pains in his hip January 1, 1883. This gradually increased. He was able to continue his work as a compositor most of the time till the last of June, when the pain became so intense that he was confined to his bed. Dr. Gustave Zinke was called, who diagnosed the case sciatic neuralgia. He treated him for some time, then sent him to the hospital unimproved. The patient said there was no family history of neuralgia or rheumatism. Had gonorrhœa, but had not had syphilis, and presented no symptoms of this disease. There seemed to be no trouble whatever but the sciatica. He could give no cause whatever for the neuralgia, unless it was constantly standing at his work. He suffered intensely, and most of the time could not leave his bed. The severest pain was between the middle of the thigh and the trochanter, along the course of the sciatic nerve. Hypodermic injections of ½ increased to ⅔ of a grain of morphia three times per day were given. Large doses of quinia were administered. Chloroform and ether were injected over the nerve. Iron, arsenic, atropia, gelsemium, iodide of potassium, aconite, and various other remedies were tried. Massage and the various liniments were used, also blisters. Under the influence of chloroform, the region along the course of the nerve was burned with an iron heated to a white heat. This was repeated several times, but afforded little relief. The only relief obtained was from morphia hypodermically, but this failed to cure. He remained at the hospital four months, leaving on the last of November. He remained out eight days and returned, remained a short time, went out again, and was readmitted December 31, 1883. Before his last admission, he attended the clinic of Prof. Ransohoff, Medical College of Ohio. The doctor advised stretching of the sciatic nerve for the neuralgia. On the 24th of January, 1884, after his return to the hospital, the operation for nerve-stretching was done. Drs. Krouse, Longhead, McKee, Wilfert, and Fibbe were present and assisted. An incision of three inches in length was made, and the nerve easily brought into view. By means of the finger it was elevated from its proper position, but after manipulating it for a few moments it was grasped by the whole hand and strong traction made downwards. Then the same amount of traction was made upwards. Sufficient force was then made to lift the lower half of the body from the table by means of grasping the nerve and lifting. Traction in each

* Read before the Cincinnati Academy of Medicine.

direction was then kept up for a moment. The nerve was then replaced in its proper position and the wound sewed up and a solution of carbolic acid applied. For a few days after the operation the patient suffered considerable pain, but this grew less after a short time and he became comparatively comfortable. The wound was four weeks in healing. The patient remained in bed until the 1st of April. During this time the most pain experienced was from the knee down to the foot. April 19, 1884, he left the hospital on crutches. He still had slight pain in the nerve, but went to work in a few days. After working one day he laid aside his crutches and walked with a cane. For the following six weeks he still had a little pain, which gradually left. About the middle of July he dispensed with the cane, and felt quite well. A few weeks after the operation, the patient's general health began to improve, and he grew in flesh and strength. During his illness he became thin and anæmic, but in July, 1884, he was as strong and healthy as he had ever been. The patient had no return of the sciatica when last seen, in September, 1884, and he was still able to attend to his work. In the earlier part of 1885 he left the city for New Orleans, still in a good condition. Since then it has been impossible to hear anything from him.

Hospital Reports.

PHILADELPHIA HOSPITAL.

Service of Dr. W. H. Parish.

Fibroids of Uterus and Abscess of Cellular Tissue.

This woman has been before you on a previous occasion. She is thirty-eight years old, has been married six or eight years, but has had no children. She has a large protuberance in the abdomen, which very much resembles a hernia. In 1883 she was admitted to the medical wards of the hospital with a tumor filling the lower half of the abdomen, which, at the time, was diagnosed as an inflammatory tumor, a pelvic peritonitis and cellulitis. After a few months it began rapidly to enlarge, and fever and chills warned us of the formation of pus. Nothing was done, and in a short time there was an escape of a quart of pus from a point near the umbilicus. She was then transferred to the wards for diseases of women. While the opening existed it continued to discharge pus; it would occasionally close, when she would have an elevation of temperature and recurrent chills; she became exhausted, and was bed-ridden. We now diagnosed fibroid tumor of the uterus, with inflammation and abscess in the superjacent tissues. The woman was an ironer by occupation, which brought her abdomen constantly into contact with the edge of a table, and this friction caused inflammation in the cellular tissue about the fibroid. Whether the inflammation was intra- or extra-peritoneal, we could not then determine. I made an incision in the median line and came upon a suppurating track, the entire length of which I cut up. As there was a tumor, I was urged to open the peritoneal cavity and explore. This is a dangerous procedure, because you make a communication between the suppurating track and the peritoneal cavity. However, it was done, and tumors were found adherent to everything—to have removed them would have been almost necessarily fatal. The abdominal viscera were all glued together. So the external wound was brought together, and for a few days union went on nicely. Then there was a chill, and the union that had taken place broke down, the wound gaped, and there were evidences of constitutional sepsis. Under stimulation, an abundance of quinine, and disinfection with carbolic acid, she got well, but, as the healing was by granulation, the resulting scar was broad and liable to stretch. The abscess was found to be in the loose areolar tissue. I have seen the pus in extra-peritoneal abscesses get up almost to the diaphragm. When the pus accumulates rapidly, and extends laterally and posteriorly up towards the kidneys, we may be quite sure that it is extra-peritoneal; but even in these cases it may extend up in the median line, but to do so it must have some other guide than the normal anatomy of the part, which is furnished in this case by the adhesions caused by the tumor. The obliterated hypogastric artery and the urachus offer tracks to determine the direction of the pus. This woman is now very comfortable, using a binder to support the abdomen, and she does not want anything done. In making an examination, we must handle the abdomen gently, else we may excite inflammation. There is also, in this case, a hernia, due to the stretching of the cicatricial tissue. Her menses are regular, though occasionally she has pain. As a surgical procedure, we might remove these tumors, with the consent of the patient, after having fully explained to her

the risk. When the abdomen was open, I looked for the ovaries, but they were so imbedded in the inflammatory mass that I could not isolate them.

Peculiar Case of Puerperal Sepsis.

This woman, aged 19, with a good family history, was recently confined, and did well up to the seventh day. On the evening of that day the temperature rose to 100⅘°, and on the eighth day to 104⅘°, from which point it irregularly descended, until by the thirteenth day it was down to 100°, and it has now been normal for three days. On the fourth day from delivery the left breast became a little hard, and the milk disappeared. An ointment of belladonna and mercury was applied, and the next day a rash like that of measles appeared on the chest, the next day showing itself on the face and back. There was no sore throat, and she was in good spirits. In three days the breast yielded to treatment. The rash was much like that of scarlet fever, but lacked some minor features; it was not in numerous red points, but there was a general redness, more like that of erysipelas, but there was not the swelling of the latter disease. The rash on the arm was not a diffused redness, but was more like that of measles. The tongue during the eruption was not strawberry-like, as in scarlet fever, and there was no coryza as in measles. Desquamation commenced on the fourth or fifth day from the beginning of the eruption, and that over the face was very decided. There was no rise in temperature before the eruption, in fact, none until the commencement of desquamation. This woman had scarlet fever and measles when she was young, but, of course, she could have a second attack. There is a flushing of the surface, due to septic poisoning, that will much resemble scarlet fever. There had been no cases of scarlet fever in this woman's ward, and no cases developed from here, while the disease is so extremely contagious, but we have had one marked case of septicæmia. Playfair and others believe that if a woman who is near confinement is exposed to the virus of scarlet fever, it will remain latent, and after delivery she will have a very violent puerperal fever.

Dr. Parish presented to the class the uterus, ovaries, and Fallopian tubes from the Atlantic City girl (see REPORTER, November 7, 1885, page 529). The left ovary (as diagnosed at the time) was found prolapsed and behind the uterus, low down and enlarged, but not adherent, as he previously thought. Both ovaries were cystic, containing a transparent fluid. Small cysts generally cause dysmenorrhœa. The tubes are adherent to the ovary, and the ovarian extremities are occluded. Unlike Dr. Goodell, Dr. Parish thinks there is too much conservatism in this country about the removal of the ovaries. This is a case in point; had this woman's ovaries been removed when she was in a condition to be operated upon, she would have probably recovered; but it was delayed, an exhausting diarrhœa set in, and she died.

SERVICE OF DR. J. WILLIAM WHITE.

Syphilitic Iritis.

This is a very frequent accompaniment of secondary syphilis, and it is very obstinate and annoying. The first symptom oftentimes is headache in the vertex over the eye, which is very intense, soon followed by lachrymation and intolerance of light. The iris loses its glistening appearance, and becomes dull, and if the iritis has lasted for some time, the circular shape of the pupil is changed by adhesions that bind it down. There is intense redness of the entire anterior portion of the globe of the eye. If adhesions have taken place, they may sometimes be broken up by the use of atropia and mercury pushed to ptyalism, but generally they are persistent, and we are liable to have recurrent attacks of iritis, from which relief can only be obtained by iridectomy. Iritis requires very prompt treatment. If we find the iris dull, and particularly if there is congestion, we must at once place the patient in a dark room and apply leeches to the temples, taking away eight or ten ounces if the patient be vigorous. Follow this with a blister the size of a half a dollar, and leave it on for several hours; apply also a blister to the nape of the neck, and drop into the eye every three or four hours a three or four grain solution of atropia. You should also, as I have said, push mercury to ptyalism, and in conjunction with its internal administration, use blue ointment and cosmoline by inunction. This will be a good treatment even for non-specific iritis.

Lithotomy.

Before performing the operation on a man aged forty-five, who, for thirty years, has had more or less trouble with his water and hæmaturia, and upon whom the crushing operation had been performed last September, Dr. White made some general remarks on the operation. Ordinarily, litholapaxy would be indicated in this case, but as there

is marked inflammation of the bladder from ammoniacal urine, he thinks that the bladder needs drainage which will be secured by the lateral operation, which will also afford a means for local treatment. He would not consider this decision a mistake of judgment if he only found fragments, because it will afford the required drainage. If he were operating solely for drainage, he would do the median operation, but when there is a stone and he is not sure of its size he prefers the lateral operation, because it gives more room. He prefers the supra-pubic operation when the stone is too hard to crush and too large to remove through the perineum. Always satisfy yourself that the stone is in the bladder *immediately* before operating; it will not answer to have found it the day before, because, if small, it may have been passed off, and when you enter the bladder you will be mortified to find no stone. Eminent surgeons have made this mistake. It will be well to try to touch the stone with your fingers when you have opened the bladder, for the sound may go into a false passage and thus deceive you.

PENNSYLVANIA HOSPITAL.

Service of Dr. Morris Longstreth.

Impaction of Fæces.

This colored man has an inflammation of the right iliac fossa, about the beginning of the colon, and we will inquire into its nature and cause. Last summer he was in this hospital, suffering with diarrhœa, for which no definite cause could be assigned. After the diarrhœa, he was troubled with constipation. He was re-admitted to the hospital December 8, complaining of pain in the region indicated, which had existed for two weeks. For some time after the diarrhœa his bowels were fairly regular, then the constipation, which has been mentioned, came on and after going two days without a passage the pain supervened. When he came in, the abdomen was very sensitive to the touch, and I could feel a hard mass. He had had some treatment outside, without avail. His tongue was dry, but not coated; the temperature was about normal, and his abdomen was distended and tympanitic. In the right iliac fossa there was a swelling, which is still more or less apparent. The tympanites has gone, but the pain and tenderness are still here. This mass is evidently an accumulation of fæces in the colon. You will meet a great many such cases, the majority of them in women. Why this is so, I do not know, but it is a fact. These accumulations will often occur, even when the bowels are moving fairly well, and sometimes even when there is diarrhœa. I have seen them associated with profuse diarrhœa. Inflammation has been caused by the accumulation in this case, but this does not always occur. This man has had some local peritonitis. In some cases upon which I have made autopsies, these accumulations have been so great that I could remove many double-handfuls of fæces. The mucous membrane of the gut seems to suffer but little, while the inflammation affects the surrounding tissue. The treatment for general peritonitis is not indicated; this man was given an enema and one-eight grain of belladonna, with one-quarter grain of extract of nux vomica thrice daily. He was restricted to a liquid diet, and mercurial ointment was applied on a rag externally; the abdomen was too sensitive to rub it in. The day after his admission, his bowels were moved, but not very freely. December 10 he was ordered tincture of belladonna, three drops thrice daily, and half an ounce of castor oil at bedtime. As some of the impacted fæces were coming away and the pain was less, we could now use purgatives, but they would be interdicted if the pain was on the increase. The ointment was continued. Yesterday his tongue was coated on the back and dry in the centre, and, as the improvement was decided, I ordered him one-twelfth grain calomel and three grains of soda every three hours, to change the action of the intestines. If the mucous membrane be caused to pour out mucus (by calomel) the mass will be softened down, but if powerful purgatives are used before this softening, it might start the trouble up fresh. This treatment will be continued until the tongue clears up.

The Finger-Nails in Disease.

The subject of the finger-nails in disease is a very interesting one and will prove of service to you in many instances. In all morbid actions that interfere with nutrition, the finger-nails share, and the marks of such irregularities are left for some time on the nails. A mere pustule on the finger will more or less check the growth of the nail, and if this pustule be severe enough to cause a febrile condition, all the nails will be affected. If a man breaks his arm, the swelling of the parts will so interfere with nutrition as to affect the nails, and we can detect whether one has been really sick or deceiving us, for these marks will last as long as nine months, or until the whole nail has grown out. Of

course there are no specific indications of particular diseases, but the indications of some trouble that has affected nutrition will be found. If the patient has had typhoid fever, pneumonia, pleurisy, or acute rheumatism, the evidence will be found in the nail. Again, a man may work in a dye-shop, or some similar place that will stain his nails; if he tells you that he has been sick and unable to work for some time, if the whole of his nails are stained, you will know that he is deceiving you, for if he has been away from work for some time, that portion of his nails which has since grown will have the natural color, while the extremities will be stained. You will often come in contact with persons from whom you can get no history; maybe they have been found unconscious, and you can tell whether they have been sick for some time, or whether the attack is sudden, from the nails. Washing the hands and abrasion from ordinary use, will separate the skin from the base of the nail, while if for some time the hands have not been washed or used this will be unbroken. Here we have one who is convalescent from typhoid fever; during the disease his nails did not grow; now they are growing, and we know that he is convalescent. The change referred to consists in a depression, extending one-third of the way through the nail, commencing at the matrix and advancing as the nail grows, until it is finally discharged from the tip, when it reaches which the end of the nail is liable to be very brittle and break. This phenomenon is on the same principle as with the hair, which, when it commences to grow from its socket, in convalescence, is brittle from innutrition and breaks. In such diseases as rheumatism, where there is a sudden onset, a sudden rise in temperature, which is maintained, this effect is more marked, giving us a very abrupt depression, while in diseases of slower inception, as typhoid fever, it is more gradual, the nail gradually sloping on either side towards the depression. When the nail is growing very slowly during the disease the skin about the matrix adheres to it and is dragged forward, but when convalescence is established, and a more rapid growth commences, the nail shoots forward and tears away from the skin. If, as is sometimes the case, you cannot see this depression you can feel it. Sometimes there is no depression, but a more or less marked white line extends across the nail. If we have two attacks of fever, the one following rapidly on the other, as in relapse from typhoid, there will be two lines, which may be pinkish near the root, but become white as they grow out. During an epidemic of relapsing fever in this house in 1869 and 1870, I had the disease myself and I first noticed these white lines in my own person and showed them to my medical friends, none of whom could offer an explanation. I soon noted the same peculiarity in typhoid, and looking the matter up, I found that some old French physicians had recorded cases of malignant fever in which the nails broke off, and in some cases came off entire. I think we do not have such types of disease to-day, for we certainly do not have the nails falling off. Vogel also speaks of this peculiarity of the nails, but he falls into the error of supposing it an elevation instead of a depression. I have taken off the end of the finger in patients who have died and made sections, when I was enabled to see a marked checking of the growth of the nail cells. These observations are important from a medico-legal point of view, and it is well to remember that the marks will last the longest on the nail of the great toe.

A Group of Local Paralyses.

These local paralyses will often bother you very much. An elderly man, who is accustomed to live well, may call on you fearing that he is threatened with apoplexy or paralysis. When you ask why he has this fear, he will say that for several mornings his arm has been numb, he has had trouble in fastening his collar, and that to-day it has not passed off after breakfast as it had done before, but persists, sometimes affecting the whole side; and he may have pain in the sciatic region, which does look as though the loss of sensation and motion might be due to some central lesion. In such cases you will generally find a history of indigestion, and if you inquire closely you will find that the man, who is usually a heavy sleeper, has slept all night on the affected side. He will often deny this, saying that he sleeps on the other side, but if you put a watch on him, you will find that though he may go to sleep as he says, he will soon turn over on the other side (in his sleep) and so remain all night. This man has been in the house for two months; he had a fractured thigh, and when he got up was obliged to use crutches. After two weeks, his right arm commenced to feel as though it were "asleep," and he could not use it as well as the other. The hand is, so to speak, expressionless, it hangs listlessly; there is some slight swelling, some loss of temperature, and the hand is apt to be clammy. The pressure of the crutch on

the brachial plexus has caused this paralysis, and he is recovering under the use of faradization and massage. This other man was before you on a previous occasion, having sustained serious injuries from a fall of coal. At the time of the accident he was supposed to be dead, and a physician was sent for to make an autopsy, but thinking that he detected some evidences of life, he bled the patient, when he commenced to respire, and after a prolonged period of unconsciousness came to himself. During some convulsions that he had, his right arm moved, as well as any other part of the body, but later the whole of this arm became paralyzed. Dr. Da Costa concluded that the paralysis was due to the bruising at the time of the accident. That it did not come on immediately, we can understand, as it would take some time before the oozing from the bruised vessels would organize and make pressure on the nerve. This man is also recovering under the same treatment as the former. This last man works among horses, and, last Sunday, lost the power of his arm from the elbow down. There is no pain at any point; he was not exposed to cold, nor is there any history of injury, nor over-exertion, nor did he sleep out it. We will give him the same treatment: though we are not yet able to express a positive opinion as to the cause. In the first two cases the prognosis is favorable, gradual absorption and restoration of function will take place; but in the latter case, as the man is older and we have no definite cause, the prognosis is less favorable.

Service of Dr. Thomas G. Morton.

Necrosis of the Os Calcis.

We have here a boy about twelve years old, who has many fistulous tracts extending down to the os calcis. I have not yet felt diseased bone, but from the appearance of the part, I am quite sure that there is extensive necrosis of the bone. Necrosis of this bone is not very common; I have but once resected the entire os calcis. I diagnose involvement of the bone on account of the numerous sinuses; when the bone is not affected, but merely an abscess of the superjacent tissue, there is generally but one sinus; here we have two on the anterior surface, four on the inner, and two directly over the os calcis. I will make a U-shaped incision from the internal malleolus posteriorly around to the external malleolus, and turning down the thick flap of skin from the sole of the foot, have easy access to the bone. I find the bone diseased, but will not be obliged to remove it all. We can do much by *prying* out the dead bone. It is marvellous what good results we get in these cases. The drainage will be good from the position of the wound. by wearing a wedge-shaped pad in the shoe, he can walk without a limp. As a rule this necrosis is not scrofulous or tuberculous, but is caused by an injury. In this case the boy ran a long thorn deeply into his foot, which penetrated the deep fascia, causing inflammation and secondary necrosis. I apply the Esmarch bandage, which makes the operation almost bloodless. It has been fifteen months since the receipt of the injury. With a chisel and mallet I scoop out the pieces and at the same time get rid of the pyogenic membrane. If you can avoid removing the entire bone, it is greatly to be preferred; I have left the shell and its attachments, removing only the cancellous structure, and the cavity will fill up. I divide the tendo achillis because there is a tendency to acquired talipes. I will stuff the cavity with carbolized lint, place a drainage-tube through it and put the limb on a tin splint at a right angle.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

Service of Dr. J. M. Da Costa

Alcoholic Hallucinations.

Here, gentlemen, is a man of 45, a varnisher by trade, who has a history of alcoholism for the past ten or fifteen years. He now comes to us complaining of hearing sounds. What kind? Screams and horrible sounds, making him think that a murder is taking place at the door. At one time he had an hallucination of sight. You hear this remarkable statement. When he was drinking most he had them worst. He is not drinking much now, but he has them in a mild form. His pulse is feeble and compressible, and his skin relaxed. The tongue is coated and flabby; bowels irregular; urine sp. gr. 1030, acid, dark in color, no albumen, no sugar. His heart is normal, though somewhat irritable; the liver is normal, and there is no dropsy. He has no headache nor giddiness. Here the diagnosis is clear; the man is suffering from alcoholic hallucinations. He was accustomed to take from twenty to thirty drinks of whisky in an evening, besides what he drank through the day. It is a marvel that we do not find more structural disease. In order that he may get well, he must, of course stop drinking, and this he is doing. I consider this a

fair case in which to use coca. It is an excellent nerve tonic and a slight nerve stimulant. We will give him fifteen drops of the fluid extract in compound tincture of gentian. I am not perfectly clear whether this will be the correct dose; if it causes headache it will be diminished, but if it produces no tension it may be increased to half a drachm thrice daily. The nervous system must also be quieted, and the best remedy for this purpose is the bromide of sodium, fifteen grains, with ten grains of chloral, every hour in syrup, until he rests; but I would not allow more than four doses in any one night. He should also be well fed. I have derived good results from feeding every two hours and a light meal just before going to bed.

Hysteria.

This girl, 16 years old, comes from the country. Five years ago, she was struck on the side of the head, but she got up and walked home. Some time after this she commenced to refuse to walk and to speak save in a whisper. A year later she would cover her face in the presence of strangers. She sits tailor-fashion, preferring the floor, and will use only one particular chair. She will not walk unless urged along by gentle pushing. Her functions are good, but her temperature is abnormally high, recording 100° and 101°. There is no lesion of the eye-ground. This is an aggravated case of hysteria that needs decided management. We must strengthen her morale. This is really a disease of the nervous system, and if it continues we may have brought about from long disease atrophy of the nervous centres and organic paralysis. The elevation of temperature is a curious point, which I attribute to the fact that her tissues are burning off too rapidly; she is losing flesh. We will rub the limbs with cod-liver oil, flavored with a little oil of bergamot, with occasional dry friction and massage. Good diet and outdoor exercise are more important than drugs. Of drugs, we will commence with Fowler's solution, three drops in compound tincture of cinchona, and simple elixir, equal parts of each, thrice daily. Later we will order the elixir of the pyrophosphate of iron half a drachm every three or four hours.

Sequel of Sunstroke.

John H. S., aged 43, was sunstruck in 1864. Since then he has had much headache. Last June (15th) after being in the sun for some time, he was delirious for several hours, and he subsequently complained of pain, continuous and dull, in the vertex and occiput, which was worse at night and on lying down. There is congestion of the retinal vessels, but no distinct lesion. His heart acts strongly and rapidly, and there is a systolic murmur at the right base. The temporal vessles are enlarged; the pulse is firm and full, and the cardiac impulse and dullness is extended. There is no ascites nor œdema. These headaches are partly due to the sunstroke and partly to the hypertrophied heart. The treatment must be that for active cerebral congestion. We will act steadily on the bowels, with one or two drachms of Rochelle salts every morning. His diet will consist of milk and vegetables and very little meat. We will give him bromide of ammonium gr. xv, tincture of aconite root gtt i in simple elixir and water of each f3 ss., twice or thrice daily, if he continues to suffer much from headache. At times, when he is worse, we will apply mustard plasters to the nape of the neck and use mustard foot-baths.

Rheumatoid Arthritis.

This case is somewhat unusual, in as much as the patient is so young. The girl, 12 years old, has deformity of and pains in her hands and wrists, and when I move the joints I get a stiff, grating sensation. The elbow and the shoulder are slightly affected. There has been absorption of the cartilages. She has never had acute rheumatism, but has been always rather delicate. We will give her cod-liver oil (which I prefer to use pure) a dessertspoonful thrice daily, and the syrup of the iodide of iron, twenty drops thrice daily. The joints will be steeped in hot water with soda twice daily, and worked thoroughly; when more limber we will use blisters.

Medical Societies.

CHICAGO MEDICAL SOCIETY.

Stated meeting, November 16, 1885. The President, C. T. Parkes, M. D., in the chair.

A Report Embodying Two Hundred Cases of Tonsillitis,

Was the title of a paper read by Dr. J. M. G. Carter, of Waukegan, Illinois.

After detailing the treatments which had been employed in the cases, the author advanced the theory that since the great majority of the cases occurred during March, April, and May, when northeast winds pre-

vailed, carrying landward more moisture from Lake Michigan, these winds must be one of the causal factors in the production of tonsillitis. Also, the test for ozone during these months showed a greater percentage of ozone in the atmosphere. Another fact was noticed, that a great many cases occurred in rheumatic patients. The author was of the opinion that the epidemic of cases detailed was due to the damp northeast winds, containing an excess of ozone, and to unusually disturbed electrical conditions of the atmosphere. The author grouped the two hundred cases, without classifying them, into cases of simple, diphtheritic or scarlatinous tonsillitis. He mentioned, however, the fact that cases of simple tonsillitis were often accompanied or followed by attacks of diphtheria or scarlet fever among other members of the family.

DISCUSSION.

Dr. F. O. Stockton said: "We have tonsillitis in nearly all the eruptive fevers, usually following, and occasionally preceding them. The author refers to cases having diphtheritic patches on the tonsils; I think he has confounded these diphtheritic cases with what we specialists call follicular tonsilitis. It is not a diphtheritic condition at all, but resembles it very greatly, so that in a differential diagnosis these cases are very often confounded. In regard to the temperature going up to 104°, it is my experience, and that of authorities such as Cohen, Bosworth, and Robinson, that it ranges from 102° to 103°, seldom more than 105°, usually 102°. In the treatment of tonsillitis I have never found a gargle effective. In diphtheria or acute tonsillitis you can give chlorate of potash, or any other drug, but where a man has a pain in the angle of his jaw and a throat so sore he cannot swallow, if you can get him to gargle you can do more than I can. Ice held in the mouth until it dissolves is good, also powder or tincture of guaiac and tincture of aconite internally, but never give more than three doses of aconite in one day. Occasionally, if you see a case is going on to suppuration, use hot applications externally and internally in the way of steam; otherwise never use hot applications. My idea is that heat promotes congestion more than cold, and my experience is that where cases are treated, some with cold and others with hot applications, the cold in connection with other treatment, guaiac and tincture of aconite, is most successful. We ought to settle this question of tonsillitis. What is acute tonsillitis, and is there such a thing as acute tonsillitis? To me it is a misnomer. The abscess seldom forms in the tonsil; it is behind it in the loose connective tissue; and in opening it we cut behind or above the tonsil."

Dr. C. W. Earle said: "I would like to ask Dr. Carter if there was any appearance of contagion in any of the cases."

Dr. J. M. G. Carter said: "Frequently the disease will attack everybody in the family, old and young, and just as frequently but one or two in the family have the disease. It sometimes appears to be contagious."

Dr. G. C. Paoli said: "Tonsillitis is a very common disease in Chicago, especially among children. It is certain that there are different degrees of tonsillitis; there are light cases in which very little medicine is required, and again there are strumous children who are very susceptible to the changes of weather, and in inclement weather get wet and have tonsillitis. In some cases one tonsil is affected, in others both, or the pharynx. There are grave cases that cannot be cured in one week, or two, cases that develop into hypertrophy of the tonsils. In regard to treatment: a light case does not require ice, and a person with malignant scarlatina with tonsils affected would take cold from the application of ice. We should discriminate, and in malignant cases where the tonsils are inflamed should be careful about applying ice. In the use of aconite with children, we should be very careful, as in fever it diminishes the circulation, and I would not recommend its general use unless you can see the patient two or three times a day and watch the effect of the aconite. A simple thing to use is a little potash with tincture of iodine. In scarlatina complicated with diphtheria it is better to use very little medicine. I have nothing against chlorate of potash, however. I read a very interesting paper by a professor in New York, his name I do not now remember, who says that observation has shown that chlorate of potash has often produced nephritis, and I think great care should be taken in its use."

Dr. R. Tilley said: "One of the points brought forward by the author is the use of kerosene. I remember that Besnier, a professor of skin diseases in Paris, says that kerosene is used extensively by the laity, but he regards it as a dangerous remedy in the hands of people generally, and a very inefficient one; he was speaking, it is true, of the treatment of itch. I protest against the use of the terms ozone and electrical conditions of the atmosphere: we know practically nothing about either."

Dr. J. M. G. Carter said that he was obliged to leave in order to catch the train for Waukegan, and expressed regret that he could not remain and reply to the criticisms upon his paper.

Dr. W. E. Quine said: "An interesting feature of the experience embodied in the paper is the obvious failure of the writer to differentiate infectious from non-infectious tonsillitis. I presume it is a matter of familiar observation to all who have been long engaged in the practice of medicine, that many cases of follicular tonsillitis occur which baffle the judgment of the most experienced physician to determine with precision whether they are infectious or non-infectious. I have often seen in my own practice cases of this kind. Often one member of a family, probably the first one attacked, exhibits plainly marked features of simple follicular tonsillitis, and those of the family who sicken afterwards exhibit the phenomena of diphtheria, or less frequently, scarlatina. The text-books do not give a reliable guide to diagnosis, and if any of my colleagues know of means by which cases of this kind can be differentiated with certainty, we would like to know them.

"One gentleman has alluded to the opinion of an eminent professor in New York: I remember that Jacobi, who is, perhaps, the person referred to, in a recent article maintains very vigorously that many cases of so-called tonsillitis are in reality immature cases of diphtheria, and he stoutly maintains that there are many cases of diphtheria never having patches in the throat, and where the patient walks on the street and communicates the disease freely to those with whom he comes in contact."

Dr. Sarah Hackett Stevenson said: "Last February I was called to see a lady who had frequently suffered from tonsillitis. She was 'subject to quinsy.' I suggested that her child should not be kept in the same room with her, as the case seemed more than ordinarily violent, and gave the usual treatment for quinsy; the disease went on to suppuration. I was called out of the city after one of the tonsils had discharged, and during my absence, about five days, her child was attacked with malignant scarlet fever, and died before my return. This is the first case in which I ever suspected that a benign form of tonsillitis might produce a malignant form. Since then, I have watched all cases, however simple they may seem."

Dr. C. T. Fenn said: "I think we should all take an interest in this work, especially in the most practical suggestions of Dr. Earle. The fact is, that to regard these cases all as malignant, is to be on the safe side. A case of simple tonsillitis has a tendency to develop into diphtheria. I protest against the folly of attempting to distinguish between mild and simple cases of tonsillitis and diphtheria. In regard to treatment, I have no use for gargles or washes; I will not force open the mouth of a child and cause it to cry, but steadily and persistently, every fifteen minutes, I will give such medicines as the child will pass over the tonsils when swallowing."

Dr. J. S. Knox said: "I regret that the paper is so general, the author evidently grouping together a variety of cases of tonsillitis of different classes. There is undoubtedly an inflammation of the tonsils due to eruptive diseases, such as small-pox and scarlet fever, and there is a tonsillitis which is purely catarrhal, and another which is purely due to diathesis, and which is rheumatic or syphilitic. The treatment differs accordingly. I think there is an error as to the value of chlorate of potash; better results will be obtained from the use of bicarbonate of potash, the value of the drug lying in the fact that it is a potash salt; and I think that the bicarbonate of soda would be still much more efficient. Where the hyposulphite of soda would do good, the salicylate would do more."

Dr. J. J. M. Angear said: "It seems to me that if we remember that there is such a thing as resistance, the absence of which is susceptibility, it will explain some, if not all of these difficulties. We can readily imagine that a robust, healthy child with strong resistance to morbid influences, and especially that of diphtheria, on exposure, would have simple tonsillitis (abortive diphtheria); but suppose that his brother, with a strong susceptibility, is exposed to the same morbid influences, he will develop a case of undoubted diphtheria.

"In diphtheria, we have an inflammation with fibrinous exudation which breaks down the mucous cells and forms the diphtheritic patch; this furnishes a nidus for the micro-organisms, which go on secreting or fermenting their peculiar virus, the absorption of which contaminates the whole body, and now we have a constitutional disease. Will not this explain a large number, if not all, of those cases where four or five children in a family are taken down apparently with simple tonsillitis, and some one child that has not their resistance is attacked with undoubted diphtheria? In this house we have tonsillitis, and our neighbor severe diphtheria. By remembering these pathological facts, we shall see that it is, or it may be, all the same morbid influence here and yonder—here, recov-

ery in a few days; there, death in a few hours."

Dr. F. O. Stockton said: "In acute tonsillitis I think it will be found that ice is the proper treatment in the first stage, before suppuration has begun. It is very seldom that pus is located in the tonsil; it is behind the tonsil. With regard to a differential diagnosis between diphtheria and tonsillitis, there is almost always in diphtheria a regularly graded rise in the temperature; in acute tonsillitis, so-called, or follicular, the temperature is not regular; it rises at a jump, the attack comes on suddenly, begins with a chill immediately followed by fever; in diphtheria there is a gradual rise, going up one day, dropping the next. I think if we took a record of given cases of diphtheria and tonsillitis, we would find that a regular rise in temperature in diphtheria occurs, as in the essential fevers.

Editorial Department.

Periscope.

Germain Sée on Alimentation.

The Paris correspondent of the *Lancet* says that Professor Germain Sée, in opening his course of clinical lectures for the winter session, selected for his subject "Alimentation," or dietetics. He divided the subject into two parts—first, the dietetics of man in health; secondly, the dietetics of man in disease. The latter he would term "alimentary therapeutics." He began by defining an aliment as a substance containing the elements capable of repairing the waste of the tissues of the body, which is going on incessantly, as well as for the removal of the force and heat, which are also incessantly expended in the performance of the various functions of the organism. This led to the consideration of what the professor termed physiological diet, which consists of from 125 to 135 grms. of nitrogenous principles, obtainable from 250 to 300 grms. of muscle or of albuminates, from 84 to 100 grms. of fat, which is the combustible principle of the economy, *plus* 250 grms. of carbo-hydrates furnished by 300 to 400 grms. of farinaceous substances or of sugar, without counting water, which favors the organic changes, as well as the mineral elements, which enter into the composition of all the liquids and tissues of the body; finally, oxygen, which is the burning principle, destined to revivify without cessation the corporal tissues. In anticipation of entering more fully into the composition of what should be the daily ration of a man in health, the professor would say, in general terms, that although green vegetables contain nothing nutritive, yet they have their utility, and must not be discarded, being a necessary element in the daily rations. Gelatine is another substance that has been greatly misrepresented because the *rôle* it plays in the process of nutrition has not been properly understood. Magendie, and other physiologists of his time, after having experimented with it for ten years, came to the conclusion that gelatine was of no utility whatever in the economy—that is to say, as food. Other physiologists have since proved that gelatine, gelatinous bouillons, peptones, etc., contribute to the maintenance of the forces of the organism, in economizing the albuminoid principles, without its being itself transformed into fat. In developing the subject, M. Sée explained that gelatine may be looked upon as a substance that prevents or rather retards the process of denutrition, and on that account applied to it the term of "substance d'épergne," or, as Gubler termed it, "antiderpidateur." It is, therefore, a useful addition to our diet, not only in health, but in disease; particularly in fevers. Where the process of denutrition goes on at a rapid pace, gelatine, in the form of beef-tea or other concentrated broths, would be invaluable. Any deviation from the above principles, whether in quality or in quantity, must more or less affect the normal functions of the different organs and thus produce disease, and M. Sée parenthetically stated that the Germans were large eaters and the English great consumers of meat, which may account for the greater prevalence of gouty affections among them. Professor Sée attaches the greatest importance to diet in a therapeutical as well as a hygienic point of view. In the treatment of disease it is sometimes even more important than pharmaceutical preparations, as, for instance, in typhoid fever, where a proper selection of food is everything, while drugs serve only a secondary purpose.

Gastrostomy and Jejunostomy.

The *Brit. Med. Jour.*, December 5, says that four good papers on these cognate subjects were read and discussed at the last meeting of the Clinical Society, as will be seen by reference to our report of the proceedings published at another page. The features of the disease, for which the operations were performed, varied in each case. In the first three instances, gastrostomy was done to avoid starvation, as there was stricture of the gullet, due in two of the cases to malignant disease, and in the other case (that of a boy aged 4 years) to the swallowing of a caustic alkali. This last patient, though in a condition of almost impending death when operated upon by Mr. John H. Morgan, has since gained weight and strength. Of the two other cases, one related by Mr. Barwell, and the other by Mr. C. T. Dent, the latter showed how futile the old operation of œsophagotomy would have been, as there were two malignant growths in the gullet, the lower of which completely blocked the tube. In fact, the outcome of all recent discussion would seem to narrow surgical interference in advanced cases of this malady to two chief procedures; either that of introducing the elastic funnel-shaped tubes devised by Mr. Durham, which the patient can wear, and through which a way to the stomach can be maintained, or else the alternative of gastrostomy. The evidence which has accumulated in favor of the tube plan is now so considerable, that it seems worthy of being first adopted; since, if the patient can come to tolerate the presence of this instrument, it offers an immediate means of relief. As a last resort, gastrostomy, as at present performed, is doubtless a much less serious procedure than a few years ago it was considered to be.

Mr. Barwell, for instance, at the end of his excellent paper, showed that, before the period of antiseptics, and of the two-stage method, 31 cases afforded but one recovery; whereas, since that epoch, 135 cases had yielded 58 recoveries, that is, 3.22 and 44.5 per cent. respectively. These later good results, it is to be expected, will, in the immediate future, be still further surpassed, just as ovariotomy has risen from a position of being almost constantly, thirty years ago, a fatal operation, to that of being attended now by a very small percentage of mortality. Then, if surgeons should come to interfere at an earlier stage of the disease, the large number of deaths occurring soon after the operation now ascribable, not to peritonitis, but to exhaustion, might be postponed, at any rate, until a period of many months thereafter. Mr. Golding-Bird's important case of jejunostomy brought to light some of the difficulties which surgeons have to encounter in the operations upon the upper part of the small intestine which disease of the stomach and duodenum entails, if any operative procedure is to be attempted. This case, and that detailed later in the discussion by Mr. Pearce Gould, both point to the conclusion that this operation is decidedly to be preferred to that of pylorectomy, though a larger number of cases than has been hitherto detailed must be published before definite results can be drawn. Apparently, there is scarcely any region in the abdomen now left which has not been appropriated for the performance of some special surgical procedure.

The Results of Laryngeal Surgery.

The *Med. Record*, December 19, says:

The operation of excision of the larynx was, we believe, first performed by P. H. Watson in 1866. He was followed by Billroth in 1873, and later by a number of surgeons, including Heine and Gussenbauer, of Prague; Langenbeck, Caselli, of Milan; Schmidt, of Frankfort; Foulis, of Glasgow, and others. In 1884, Hahn (*Arch. f. Klin. Chir.*, xxxi., p. 171,) collected the statistics of 52 operations for total excision. In 24 of these death followed in consequence of the operation. On the other hand, in 12 operations for partial removal, death followed in only 1 case.

The name of Billroth has been particularly associated with operations upon the larynx, and recently Dr. F. Salzer has collected the histories of the cases occurring in his clinic from 1870 to 1884. These include 11 of laryngeal section, 7 of partial extirpation, and 5 of total extirpation. It appears to one reading these records that nothing could be much more discouraging than Billroth's laryngeal surgery; indeed, a less noted operator would hardly dare publish so unpromising a series of cases.

In his laryngofission cases 10 patients were operated upon 11 times. Of these, the wound healed in 8 cases, but in 6 there was subsequently either death or relapse; 3 cases ended fatally within eight days. The result of 8 operations for carcinoma was very unfavorable, since, out of the 8, in only 1 case was there no relapse (two years and nine months after operation).

In 7 cases of partial extirpation death speedily occurred in 3 instances. Of the 6 cases operated upon for carcinoma laryngis, a relapse occurred, and generally very speed-

ily, in all instances but 2. These, however, had, at the time of the report, been operated upon for only two and four months respectively. In 3 cases the functional result was favorable, the patient regaining a certain amount of voice.

The 5 cases of total extirpation of the larynx is an uninterrupted record of death. The patients all had carcinoma, and all died within from one day to seven months after the operation. One patient, to be sure, recovered from the operation, and died later from a relapse; and a second recovered also from the operation, but died in five weeks from purulent pericarditis.

Out of 22 patients operated upon by Billroth, mostly for carcinoma laryngis, 19 are dead, and 2 more are extremely liable to a relapse.

Billroth's cases are much worse than those collected by Foulis. Of 26 cases of total extirpation, 14 died in consequence of the operation. Of the remaining 12, 3 died of relapse.

Still more favorable are the results obtained by Professor Thiersch, of Leipzig, reported by Dr. A. Landerer (*Deutsche Zeitschr. f. Chir.*, xvi., 1 u. 2, p. 149, 1882). Of 4 cases of total extirpation for carcinoma laryngis, 1 died in consequence of the operation, 1 died of a relapse three months later, and 2 recovered and had no relapse (seventeen to eighteen months).

Three Cases of Thermic Fever.

Before the Rhode Island Medical Society, Dr. O. C. Wiggin read a paper on this subject, saying:

The cause of sunstroke is not necessarily solar heat, but heat always. The predisposing causes may be summed up in all previous conditions which have tended to debility or undue exhaustion. In a large proportion of cases there is abundant warning of an approaching attack. The most uniform premonitory symptoms are lassitude, feeling of fullness and pain in the head, throbbing of the temples, dizziness, discomfort at the præcordia, loss of appetite, nausea, thirst, palpitation, and scanty urine. The prostration, head symptoms, and palpitation, increase in violence up to the time the patient is lost in insensibility.

Treatment varies considerably accordingly as the heart or the nerve centres are more profoundly impressed. Spasmodic contraction of the heart seems to be the immediate cause of speedily fatal cases. In these cases there is absence of high temperature, and consciousness is not impaired until the sudden dissolution; the skin is at first cool and moist, feet and hands cold, countenance pale and anxious, nose cold and studded with beads of sweat. Symptoms of distress are referable to the heart. Indications in these cases are plainly to restore the action of the heart and the capillary circulation. Hot, and not cold, applications are to be applied to the skin. Stimulants in form of ammonia valerianate, strong tea, and morphia in small doses. Chloroform is unquestionably the salvation of some cases, and it would be of many more, could it be brought into timely use, but unfortunately the heart has ceased to beat, has solidified, so to speak, before aid is forthcoming.

In those cases in which symptoms referable to the brain and spinal cord predominate, cold applications to the entire body are demanded, and are the first remedial agents to be thought of. The vaso-motor nerves are paralyzed. The rise of temperature is rapid and extreme. The excretory functions are nearly in abeyance. Temperature must be reduced as speedily as possible.

Alcohol is seldom required in treating sunstroke. Ammonia valerianate is evanescent in effects, but its action is speedy and unequivocal. Tea is the remedy *par excellence* for sustaining the heart's action. Moreover, if there is a legitimate use of tea as a beverage, it is during hot weather. Opium in some form is of service in the painful symptoms of sunstroke. Leeches or the lancet are indicated in cases of extreme congestion of the brain.

The vaso-motor paralysis, which obtains in thermic fever, necessarily leads to a more or less engorged state of the vital organs. The lungs, next to the brain, are the most frequent seat of congestion. It is sometimes startling to notice the shortness of the interval between the stroke and marked dullness and râles.

Passive congestion of meninges is a common occurrence among convalescent patients. Inability to endure heat for a long time after insolation is almost a constant sequela. The victim of sunstroke but rarely recovers the former standard of health.

Onomatomania.

In the *Med. Record*, December 19, 1885, we read that persons who suffer from agonizing mental distress in their desire to recall certain names are said by MM. Charcot and Magnan to have "onomatomania," or verbal mania. An excellent illustration of this

trouble is given: A young man, aged sixteen, neurotic antecedents, was suddenly taken with the following symptoms:

"While walking in the Champs-Elysées he met a gentleman whose acquaintance he had made during a journey to Rome. The young man stopped and conversed with him for some time. After they had separated he tried in vain to recall his name. Not succeeding, he tried to drop the matter, and think of something else. But the inability to recall the stranger's name pressed upon him more and more. He could not rid himself of the effort to remember it; he became depressed in spirits, his face was covered with perspiration, his hands cold, and he reached his rooms in a state of the greatest agony. After this, he frequently became subject to similar attacks of acute mental distress. To obviate it, he carried with him a memorandum book, in which he put the names of all his acquintances, and to which he could, when in need, refer. This procured him some relief for a time, but his malady soon took a wider range, and he became possessed with an irresistible desire to know the names of all persons who passed in carriages, or whom he met in railway trains. The impossibility of learning their names mortified and exasperated him, until, finally, he would go about avoiding the sight of every one, and at last retired to the seclusion of a country house."

Such is a type of an onomatomaniac. The mental and physical distress may be brought on by a failure to recall the names of persons or of things. The crisis of anxiety and pain ceases when the name is found.

MM. Charcot and Magnan state that this peculiar mental symptom occurs only in persons who have a distinct hereditary psychopathic taint. Every one can see that the symptom is only a morbid exaggeration of the very slight mental discomfort which many persons feel when they cannot recall a name which is tolerably familiar.

The disorder belongs undoubtedly among the milder types of the degenerative psychoses, and is closely allied with the disturbances known as agoraphobia, mysophobia, and *folie du doute*.

Wound of Vertebral Artery; Recovery.

Mr. E. Harrison thus writes in the *Lancet*, November 28:

H. S., aged 25, wheelwright, was admitted on July 13, 1885. The patient on the morning of admission was standing ten feet from a machine for shaving down the spokes of wheels. This consisted of a large wheel on the circumference of which were a number of sharp knives; while the wheel was revolving, one of the knives, becoming detached, flew across the room and struck the patient on the left side of the back of the neck, inflicting a deep wound, which bled profusely. He was seen by a medical man, who plugged the wound and sent him to the infirmary.

On admission the man was much collapsed, and had evidently lost a large quantity of blood. The wound extended from below the left mastoid process obliquely downwards and backwards to nearly the middle line, and was bleeding freely. He was put under the influence of ether and the dressings removed, when the cavity immediately filled with arterial blood. The wound was then enlarged and the finger introduced; one of the transverse processes was felt to be fractured, and by placing the tip of the forefinger between the two transverse processes the hemorrhage was controlled. The whole cavity was then firmly and evenly plugged with strips of oiled lint, a graduated compress applied over all, and a grain of opium prescribed every six hours.

On the third day the patient's temperature was 103° F. Some of the lint was removed and the cavity syringed out with carbolic lotion. On the sixth day he had a rigor, and his temperature was 104.6° F. The deepest portion of the plug was now removed, and there was no recurrence of the bleeding. A few fifteen-grain doses of quinine were given, and subsequently iron. The cavity filled up, and on August 11 he was discharged, with only a small sinus remaining, which healed in about a fortnight. When last seen he was well, and able to resume his work.

Cancer in the Breast and its Relation to Riverside Habitations.

Before one of the English medical societies, Dr. Alderson read a paper on cases of cancer of the breast, with remarks as to locality as a cause of the disease. He gave some interesting particulars as to ten cases, the patients having been under his observation in private practice for several years. In seven of the ten, the cancer was in the left breast. He did not think that their proclivity to the left breast was accidental. Five of the patients were single, five married, two had no children, the remaining three six between them. Whatever influence child-bearing might have on the production of uterine cancer, he believed it had none in the production of cancer of the breast; as an obstet-

rician, he spoke as to this with some confidence. There was no history of rheumatism in any. He thought rheumatism and cancer vicarious; cancer-patients had frequent premonitory pains, but did not develop cancer. Five had their breasts removed, one lived seven years after operation, with four years' complete health, and then came recurrence, excited by injury. One derived but doubtful benefit from operation, the cancer quickly reappearing in the cicatrix, and subsequently developing in the right breast; the patient died just two years after operation. The third (case shown), after several years, was perfectly successful; the cicatrix was so pale and smooth, that Dr. Alderson thought that the patient might prove an example of what had been considered "one of the rarest successes of operative surgery, that is, when it is cut out and never returns." The fourth recurred, and death occurred in two years. The fifth was too recent to speak as to results which were, at present, favorable. Dr. Alderson mentioned that all his cancer patients, uterine and mammary, lived very near the river, some at only an altitude of ten to twelve feet above the mean level of the sea. This question of locality, he thought, was something more than a theory. He quoted the opinions of Mr. Haviland, and made some further observations of interest on the subject.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Mr. A. C. Peale, of the Department of the Interior, Washington, has prepared a résumé with reference to the mineral waters of the United States. From this it appears that there are more than eight thousand mineral springs in the United States already known and catalogued; though it is evident that scarcely any of them have any really scientific value either chemical or therapeutic.

——We have received the first number of a new German-American medical journal, *New Yorker Mediz. Presse.* It will appear monthly, and to judge from the contents of the first number, it promises to be of great value to physicians acquainted with the German language. As the editor says: "It is to be the organ of the German physicians in our country." Dr. D. B. St. John Roosa publishes an interesting article on the "Misuse of Politzer's Method in the Treatment of Ear Diseases." Dr. C. Heitzmann has one on the "Removal of Hair by Electrolysis," and Dr. L. Weber's lecture on "Unusual Symptoms and Complications of Intermittent Fever," also appears in the same number, which, besides other original communications, contains a review of all that is new in medicine, and in general keeps the reader well informed of everything that has occurred and is of interest in the wide domains of our science and art.

BOOK NOTICES.

A Reference Hand-book of the Medical Sciences, embracing the entire range of scientific and practical medicine and allied science. By various writers. Illustrated. Edited by Albert H. Buck, M. D. Vol. i., 4to., sheep, pp., 808. New York: Wm. Wood & Co.

We have here the first volume of a work of great extent and corresponding importance. It may be styled a gigantic dictionary of medicine, on a scale hitherto not attempted in our language. It will require eight volumes, approaching nearly a thousand pages each, large quarto form, double columns, and small print, in order to complete it. The illustrations will be numerous, and not merely wood-cuts, but chromo-lithographs, will be added as required to assist the statements of the text. Nearly every article, certainly every article of length, will be written by some specially competent person, whose name will be appended to it, thus conferring upon it an individual value which otherwise it could not possess.

The first volume extends from the word *Aachen* to *Cataract*, and after looking through a number of articles, we must express our satisfaction at the excellent manner in which the editing of the volume has been carried out by Dr. Buck. He has the happy faculty of knowing just how much one would expect to find in this dictionary, and has displayed sound judgment in his arrangement of the space. The names of the writers are, as a rule, well known to those conversant with current medical literature. They are generally but not exclusively American.

The paper, binding, and press-work are thoroughly substantial, and such as befit a work which is intended to be one of daily reference.

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DIABETES.

This disease, without a pathology, as Dr. Pavy admitted a year ago, or at least without a pathology of which we have as yet been able to learn anything definite, was the subject of considerable discussion at the last meeting of the British Medical Association, and from the observations there recorded, it would seem that this is a most peculiar disease, liable to the greatest variety of manifestations and offering the greatest diversity of behavior.

In Dr. Pavy's private experience, the greatest proportion of cases occurred between the ages of forty and sixty, while in his hospital practice, the greatest liability seemed to be from fifteen up to thirty-five or forty. Why this difference should exist in these two classes of patients is not easy to understand. Again, instances are given which tend to show that a peculiar idiosyncrasy towards the disease seems to exist in certain families, which is probably the case with all morbid conditions, due to a certain inherited similarity of constitution, which it is but natural to expect.

Like Bright's disease, diabetes may go on for years without seriously impairing the patient's health, or it may terminate speedily in death; hence must our prognosis be very guarded, and be very full of loop-holes.

We must be very careful not to formulate a diagnosis from merely one examination, for on one occasion Dr. Pavy examined the urine of a man shortly after breakfast and found sugar—he had, at breakfast, indulged freely in marmalade beyond the assimilative power, and at no subsequent time was any sugar found in his urine.

It is worthy of notice that diabetes insipidus and mellitus may exist together, and you can prove their co-existence in the following manner. Take, for example, a patient who is suffering from thirst, and is passing a large quantity of urine containing sugar, but in whose case, as shown by the specific gravity and quantitative examination, the amount of urine is out of the usual proportion to the sugar present. Put him upon the ordinary restricted diet for diabetes, and the sugar may entirely disappear, whilst the quantity of urine keeps up. Dr. Pavy has seen cases in which, with a disappearance of sugar, the quantity of urine has nevertheless kept up to eight, nine, or ten pints in the twenty-four hours, with a specific gravity of from about 1005 to 1007. The diabetes mellitus has been got under by the dietetic management, but the other has remained. Where the two conditions co-exist, the quan-

tity of water passed is out of proportion to the amount of sugar present. In the ordinary form of diabetes, the amount of urine voided stands in relation to the amount of sugar to be eliminated, the sugar, in escaping, carrying off water from the system with it.

Acute febrile glycosuria is a condition that we must have in mind, and we must also remember that Dr. W. R. Thomas recognizes three forms of diabetes, viz: hepatic diabetes, cerebral diabetes, and diabetes accompanying or following other diseases, as Bright's disease, epilepsy, etc.

The patient who suffers from diabetes owing to hepatic causes is generally a stout man, who has always lived well, and perhaps taken too much stimulants in his time. He is at first florid and firm, and becomes in time pale and thin. These patients have generally a tendency to abdominal obesity, have nearly always been successful in life, and occupy a good position.

In such cases attention to diet is of great importance, of more importance than in the other class. Indeed, the inattention to diet in the past, the indulgence, has had much to do with the production of the disease, and Dr. Thomas has found that attention to diet, and other directions given, have practically cured many such cases, and they have lived to a good old age, but indulgence has always been followed by a relapse, severe or slight. Sometimes such patients become disgusted with the diet, and it is necessary to be a little more generous occasionally, or the appetite will fail, and the patient will become steadily worse. Remembering that when Verneuil injected syrup into the stomach of a dog, glycosuria immediately appeared, whereas when the same was done with the rabbit it did not appear, because the rabbit's stomach contained a quantity of vegetable matter, which took up or absorbed the syrup, and allowed it to pass out again, only slowly, slow enough for the liver to be able to act upon it, he has always found it beneficial to allow these patients a reasonable amount of green vegetables to act in this way, that is, to take up saccharine juices.

Exercise in these cases is of prime importance, for, when the muscles of the body are made to act, the glycogenetic functions are more rapidly performed, and the sugar which they receive from the blood becomes more quickly split up into its constituent parts. Exercise also tends to promote a more active circulation through the liver and lungs, and is in this way a most important help to us in our treatment of this terrible disease. Opium is beneficial in these cases, but he gives of it as little as he possibly can; of course, in some cases we are obliged to give it in large doses. It is in this class of cases that he believes alkalies will be found of service, and of these soda and potash are the most useful, especially the soda.

The patient who suffers from diabetes from cerebral or neurotic causes is a thin, spare man, who has been an inveterate worker all his life, and worries about every little thing. He has suffered in the past from dyspeptic symptoms, phosphaturia, and oxaluria, and then diabetes crowns all.

Experiment has proved to us that irritation of the floor of the fourth ventricle will produce glycosuria, and section of certain parts of the cord, and of the vaso-motor nerves of the liver, will have the same effect.

Injury to the floor of the fourth ventricle, or the parts around, will have the same effect, and disease of the same parts has been found in diabetes; so all point most decidedly to the influence of certain portions of the nervous system upon the functions of the liver. The exciting cause will, he believes, be found in these cases to be some great mental trouble—a great loss of money, some family trouble, or the loss of a dear relative.

He has found that, in these cases, mental rest and change are of prime importance in curing. The mischief has been brought on by brain work of some kind, and removal of the cause will often do much towards promoting a cure. He once had a patient under his care who was in business. Although he worked hard for years, he could not make it pay. As he was suffering from diabetes, and was steadily becoming worse every day, he recommended him to give up the business and to seek for a situation as manager. He accepted the advice, and although for a considerable time the sugar still appeared in his urine, he at last became quite well. Removal to another place will often act in a marvellous manner. The change of scenery and surroundings tends to divert attention from whatever has been a source of trouble and anxiety.

It is in these cases that he finds the bromide of potassium useful, given at bedtime. It tends to produce sleep, and acts beneficially upon the cerebral blood-vessels. Tonic remedies, especially arsenic, are very useful in such cases. Opium he gives if obliged to do so, and it certainly does check the excretion of sugar; but he prefers giving as little of this remedy as possible.

It is necessary to diet these patients, but he finds that they soon become disgusted if we are too strict, and it is advisable often to relax the dietetic treatment.

Exercise is beneficial, as it not only acts well by bringing muscles into action, and stimulating organs, but also diverts from the brain, and supplies it with new, more healthy, and less engrossing subjects to work at.

Dr. Latham believes that there is a close pathological relation between diabetes, gout and rheumatism; and altogether we must conclude that we really know very little about the disease, though the above recommendations may prove of value.

FINGER-NAILS IN DISEASE.

We desire to call especial attention to Dr. Longstreth's remarks on this subject on page 41. His observations are novel, and deserving of great attention. Since he notes that there is a difference in the character of the imprint on the nails of those diseases that are acute and of those that are more gradual in their onset, we may possibly, in time, find certain characteristics for each individual disease. We could hardly hope for this nicety of discrimination, but less likely things have come to pass.

The importance of these observations from a medico-legal point of view cannot be overestimated, and we would urge upon our readers to observe these phenomena carefully and critically, and to report their observations.

Notes and Comments.

Uræmic Paralysis in the Aged.

According to the *Med. Record*, December 19, M. Maurice Raymond, in his service at the Ivry Asylum, has observed and studied a peculiar class of paralytic accidents occurring in the aged. These consist of more or less sudden attacks of hemiplegia, which may involve the face and extremities, or only the extremities, and in which the paralysis is sometimes flaccid, sometimes accompanied with contractures. In those cases which end in death, autopsy reveals no lesion in the brain, but the kidneys are uniformly found to be markedly diseased. M. Raymond divides the cases into three groups. In the first the patients are suddenly, without prodromal symptoms, attacked with hemiplegia, they become comatose, and die either immediately or after a lingering illness. Autopsy reveals neither clot nor softening. In a second class of cases the patients are suddenly taken with a hemiplegia more or less complete. If death ensues, the brain shows only evidences of œdema and some ventricular effusion.

The third class includes patients who have previously had a cerebral hemorrhage and hemiplegia. Upon this supervenes a new attack of hemiplegia, which, however, does not indicate a new hemorrhage, but rather a partial cerebral œdema and anæmia.

M. Raymond believes that these paralytic attacks in the aged are due primarily to renal disease and uræmia. Œdema and "anoxæmia," are produced by the urœmic poisoning, and M. Raymond quotes an experiment upon a dog to show that the production of partial cerebral œdema and anæmia will cause paralysis.

The Hypodermic Injection of Oil.

A correspondent of the *Brit. Med. Jour.* thus writes:

"It appears that some success has been met with in America in injecting various oils for different purposes; and, among other applications of the method, it has been used in cases of gastric ulcer, in order to supply nourishment. In a case of this sort under my care, which has made very little progress for many weeks under ordinary treatment, and where emaciation is becoming alarming, I have tried hypodermic injection of oil; but the operation causes much pain, and is followed by very painful cutaneous inflammation, so that I have been forced to give up the attempt. I need not say that every step was taken to insure success, the oil used being the purest cod-liver oil, and the syringe previously cleaned in hot water. The oil was injected into the subcutaneous areolar tissue. I shall be glad to hear something of the experience of those who have tried this method of feeding, as it seems a matter of great importance. My patient is daily losing ground under careful rectal feeding, and her stomach can tolerate nothing but a few drops of milk at long intervals. If subcutaneous feeding can be carried out, her life, like that of many others, may be saved. Would deep injection involve danger of oil-embolism? Would it be likely to cause less pain?"

Cirrhosis (?) of the Liver in a Young Child.

Dr. E. Frank Marsh, of Oswego Falls, N. Y., writes to the *Medical Record:*

"On November 13, 1885, I was called to

see a male child, aged two years and eight months. I found him suffering from marked ascites, with elevated temperature, respiration 56, and pulse 150. There was considerable jaundice, urine high-colored and scanty, but no œdema of lower lids, or of feet. He took scarcely any nourishment, but drank eagerly. The mother said the child had been failing steadily for several months. Two days later, I introduced a trocar and drew off nearly two quarts of fluid. The opening did not heal for several days, and the serum continued to dribble away. The operation seemed to relieve the child, and after the removal of the effusion I could make out the liver considerably enlarged, and extremely hard. I pronounced it a case of cirrhosis of the liver. The father died of the same disease a little more than a year ago. The child continued failing till the 28th, when he died. There was no post-mortem examination. Upon investigation, I cannot find a case of cirrhosis recorded in so young a child as this, and in this case the abuse of spirituous liquors was certainly not the cause of the disease."

The Larva of the Flea as a Pseudo-Parasite of Man.

In the *Monat. für Prakt. Dermat.*, Bergh relates the following unique case:

B. S., forty, a drunken, dirty, labouring woman, living alone, had suffered from psoriasis for many years. This had lately spread very extensively, and produced thick masses of scales. There was much itching, so that she scratched often till the blood came. Recently she found in the scales so rubbed off, and in the wounds made by scratching, living worms, and brought these to her doctor in a bottle mixed with scales, sand, and dirt. The doctor, on examining the person of the patient, found similar animals both on herself and in the bed, besides many fleas. On changing her residence and clothes, and after having some baths, she was freed from these pests. The "worms" were dipterous larvæ, and when kept for a couple of days in a glass, developed into the pulex which affects man. The larvæ varied in length from 0.25 to 0.4 cm., and were whitish in color. They were made up of a head and thirteen segments, uniform in appearance with exception of the terminal one. Besides antennæ, the head was furnished with a peculiar organ, which Bergh believes is used for perforating the shell in leaving the egg. The segments of the body bore hairs, and the terminal one was thickly covered with these. The eggs of the flea have been found, according to Hebra and Kuchenmeister, under the nails of dirty persons, but the occurrence of the larvæ has not been previously recorded.

Gastric Ulcer.

From our English exchanges we note that an interesting discussion on the diagnosis, treatment, and pathology of gastric ulcer took place at the Medical Society of London recently, introduced by an instructive paper by Dr. Stephen Mackenzie. The most important feature of the paper was the narration of two cases of apparent gastric disease, in which post-mortem examination failed to reveal any certain evidence of disease of the stomach, though the gastric symptoms were even definite enough to excite more than a suspicion of the presence of gastric ulcer. Indeed, one of the cases had been diagnosed by more than one physician as a typical clinical case of the affection. Dr. Sansom and Dr. C. T. Williams advocated strongly the "starvation treatment" of gastric ulcer. Dr. Angel Money suggested that in a few cases of acute perforating ulcer, the ulceration might be regarded as an accident occurring in the course of apepsia nervosa. Dr. Stretch Dowse went much further than this, and appeared to think that perforating ulcers of the stomach were invariably of nervous dystrophic origin.

Sour Milk in Atonic Dyspepsia.

This seems like a novel remedy, yet Dr. W. O'Neill tells us in the *Lancet*, August 29, that he has found sour milk a good remedy in many cases of atonic dyspepsia, or, at all events, it is a good adjuvant in the treatment of slow digestion where flatulence and a sensation of cramp in the stomach are prominent symptoms. The good effects of sour milk were casually discovered by him some months ago, and since then he has prescribed it with satisfactory results in many cases of indigestion. If the curd of the milk should disagree with a patient, it should be strained off, and the whey can then be given, or taken a short time after meals, warm. A gentleman who suffered much from flatulence and other disagreeable symptoms after meals can now keep himself free from them by drinking, half an hour or so after eating, a tumblerful or half a tumblerful of ordinary cold sour milk, which to him is a most agreeable beverage. He believes the efficacy of sour milk in atonic indigestion is owing in a great measure to the lactic acid which it contains, which acid some physiologists say is one of the ingredients of the gastric fluid.

Sequelæ of an Old Ulcer.

To the Harveian Society of London, Dr. W. H. Blenkinsop described the case of a man aged sixty, of healthy descent but subject to rheumatic gout, who had suffered from an old ulceration above the left clavicle, which refused to heal. Under the influence of cold weather, the left apex became the seat of friction and of dullness on percussion, and two weeks later the presence of pus in the pleura was inferred from the bulging of the three upper intercostal spaces and from the general symptoms. A teacupful of pus was removed from the chest, and the sinus was probed and found to take the direction of the chest cavity, passing along the posterior surface of the scalenus anticus. The patient did not improve; caries of the sternum led to falling inwards of the end of the clavicle, and to pressure upon the trachea, and the patient died. The necropsy showed disorganization of the left upper lobe, limited empyema of the upper third of the left pleural cavity, and free communication between the empyema and the wound in the neck.

Congenital Angioma.

To the New York Surgical Society (*N. Y. Med. Jour.*, November 14), Dr. Charles McBurney presented a man who had a congenital angioma of unusual size upon the right side. The tumor was five inches in breadth and four in depth, and extended from the median line in front to within three inches of the median line behind. The patient stated that during early youth and until within the last seven or eight years, the tumor had bled regularly, and that he had lost large quantities of blood, sometimes as much as a quart at a time. During the last seven or eight years he had been very comfortable, with firm compression of the growth, and had had no hemorrhages. Dr. McBurney felt inclined to advise him to continue with this treatment and not to have any operation whatever performed. The tumor was not pulsating at any part, was venous, and was of the cutaneous and subcutaneous variety, chiefly the latter.

Syphilitic Ulceration of the Vocal Cords.

To the Society of Physicians of Vienna, Professor Schnitzler showed a young girl in whom the vocal cords had grown together. The mucous membrane of the larynx was red and swollen, especially over the arytenoid cartilages, the mobility of which was impaired. On inspiration, the cords separated a little, but two-thirds of the rima glottidis were closed by a membrane, so that only a very small aperture remained for inspiration. The membrane was of a grayish-white color, transparent, and 1½ mm. thick. This condition was due to a chronic ulcerative process of the vocal cords, which, as in most such cases, arose from syphilis. Prof. Schnitzler remarked that he would remove this condition by operation. He had been treating the patient for three years, and he gave an account of the different stages of the process.

The Disinfection of the Hands.

The *Med. News*, December 19, tells us that Forster, of Amsterdam, has make an experimental investigation of the comparative values of different methods of rendering sterile the bacterial dust which is always present on the hands. All the known disinfectants were used, and the so purified finger was dipped in sterilized neutral beef-juice peptone solution.

With one exception, the development in the culture media of fungi, in from twenty-four to sixty hours, was not prevented by the treatment of the finger. Even washing with two and a half per cent. carbolic acid solution was inefficacious. Corrosive sublimate solutions alone, of a strength of from half to one part in one thousand, were found to be of use; and the finger thus treated, when dipped in the most sensitive culture media, induced therein no fungous growth.

The Treatment of Cases of Imperfect and Painful Swallowing.

It has been frequently recommended that we resort to a tube passed through the nose, but we venture to say that comparatively few resort to this procedure, especially in children's practice, because it seems like a very unpleasant method. However, we note that Dr. J. F. Bullar (*Practitioner*, October) states that this is an erroneous impression. As a matter of fact, there was commonly little, if any struggling or apparent discomfort; the children often hardly woke while the tube was passed, and fell asleep immediately after it was withdrawn; and in cases in which the children resisted the passage of the tube it was invariably found that they had more rest and were less exhausted than when constantly troubled with a spoon.

Stricture of the Ileum.

To the Pathological Society of London,

Dr. Gulliver described this case, in which the gut was thickened in all its coats at the stricture one inch above the ileo-cæcal valve; just above it there was a dilatation; below, the ileum was quite normal, as also was the large intestine. The stricture was due to a band of adhesion stretching across the ileum at that point. The patient, a boy aged 10 years, had suffered much from pain in abdomen for six weeks, and to a certain extent for a year. There was emaciation and pain and towards the end vomiting; there was never any intestinal obstruction. After death there was found hemorrhage into the supra-renal capsule, and also a caseous mass in it. In the dilated portion of intestine a large amount of debris was found. He died from chronic enteritis.

Extraction of Foreign Body from Bronchus.

On November 26th, Sir W. MacCormac operated at St. Thomas' Hospital, London, on a young woman, aged twenty-four, who had dropped accidentally into her air-passages, during the extraction of teeth, one blade of a pair of bicuspid tooth-forceps, seven weeks previously. The trachea was opened for fully two inches, and the isthmus of the thyroid divided in order to give more room. Long forceps were passed into the bronchus, and the foreign body, which was fully an inch in length, was found to be fixed about two inches from the bifurcation of the trachea. Considerable difficulty was experienced in removing it, on account of its smoothness and wedge-shape, also from its firm impaction. The operation was prolonged, but the patient bore it well.

A New Dressing for Wounds.

The Paris correspondent of the *Brit. Med. Jour.* (Dec. 12), says that a new article for dressing wounds, called Berthault's taffetas, has just been brought out, which is considered to be superior to the adhesive plasters hitherto used. It is as transparent as glass, and as thin as the skin of an onion; the condition of the surface covered by it is as easily seen as though it were uncovered. This plaster is as elastic as India-rubber: it cannot be traversed by fluids, and is unaffected by change of temperature. Chemically it is inert; neither changed by acids, alkalies, nor the secretions of the human organism.

Bowdichia Major.

At a meeting of the Therapeutical Society of Paris M. Petit read a communication concerning a new alkaloid which he had abstracted from the bark of a shrub used in Brazil in the treatment of fevers and of rheumatic and gouty pains. This bark comes in hard, thick fragments of an ochre-yellow color, has a bitter taste, and resembles somewhat yellow cinchona bark. It is taken from a leguminous plant called Bowdichia major, and known by the natives under the name of sebipira guacu, or sucupira. The alkaloid is said to possess narcotic and mydriatic properties.

Resection of the Ribs for Tumor of the Chest-Wall.

The *Practitioner* for October, quoting from a German journal, says that a case was related by Dr. Maas of an ossifying enchondroma of the ribs, during the removal of which portions of the ninth, tenth, and eleventh ribs to the extent of nearly three inches were cut away, together with the subjacent pleura. The pericardium and retracted lung lay free underneath. The edges of the skin were drawn together with strong sutures, and the healing was so rapid that by the fifth day vesicular breathing was audible at the level of the seventh rib. Healing was complete by the eighth day.

Transplantation of Large Pieces of Skin in Recent Wounds.

The *Practitioner*, quoting from a German journal, tells us that Esmarch brought forward at the German Congress of Surgeons some pictures to illustrate the importance of such treatment. One was a case of lupus of the nose, another a facial mole. The success in both cases was complete; the flaps united by first intention, and the scar was quite insignificant. The conditions necessary for success are — that all the subcutaneous tissue should be cut away, and the flaps laid flat on the raw surface, where they should be firmly secured by a few stitches and a bandage.

Nerve Stretching in the Treatment of Sciatica.

Dr. R. Whitman thus writes to the *Med. News*, December 19:

"In the *Medical News* for January 10, 1883, page 10, I reported a successful case of nerve stretching for the relief of sciatica, performed at the Boston City Hospital by Dr. Fifield. The man has since remained entirely well, though the condition of his life has been most favorable for a recurrence, as he is now a common drunkard and tramp.

As more than three years have now elapsed since the operation, the cure may, I think, be considered permanent."

Cutaneous Anodyne.

Dr. R. G. Gough, in the *Virginia Medical Monthly*, recommends the following prescription as one of the best he has ever found as a lotion for itching cutaneous surfaces, whether the skin is broken or not. He has used it with invariable success, and it has now become a popular application with the local physicians:

℞.	Sodæ biborat.,	℥j.
	Acid. carbol.,	gtt. xv.
	Glycerin,	℥j. M.

Sig.—Apply as lotion with camel's hair brush, or by dropping from bottle on the itching surfaces.

Correspondence.

The Epidemic in Martinsburg, W. Va.

Eds. Med. and Surg. Reporter:

Permit me to say that the papers publishing this locality as being belabored by an epidemic of cerebro-spinal meningitis are gravely in error, as no such disease has prevailed here in epidemic form since February and March, 1875. Last February we had a slight epidemic of acute meningitis numbering about ten cases, all excepting one proving fatal in four to ten days, whilst a number of others, very mild in form, recovered. Cause, extreme vicissitude of temperature and exposure. We have had, however, an epidemic disease prevailing here, which began about the first week in October, and which is now about over with, as no new cases are reported, though many are yet under treatment. The disease is a hybrid between malarial and typhoid fever; or, to put it in better terms, it is a malarial fever of the remittent type, with marked typhoid tendencies. Of this disease there have been not less than two hundred cases, and probably as many as fifty more. The mortality was nil, save two cases in which typhoid fever became pronounced, one of which developed the cerebral symptoms that probably gave rise to the rumor alluded to. The disease presented the following characteristics: A period of malaise of four to ten days, then indistinct chills or rigors, followed by fever, with gradual rise in temperature, always highest in the evening, frequently normal in the morning, ranging from 100° to 103°. Many cases were tertian in character, the temperature being higher every other day. Pulse weak and feeble; marked debility; tongue usually moist, but coated with long yellowish fur; anorexia; not much thirst; frequently severe frontal headache, which usually subsided early in the disease; nausea and vomiting of bile; epistaxis in numerous cases, and abdominal tenderness, most frequently referred to the right iliac region, and occurring only in the graver forms of the disease, more distinctly typhoid, and in which there was hemorrhage from the bowels. There was no disposition to diarrhœa in any of the cases; the dejections for the most part were yellowish and semi-consistent. The average duration of the disease was about 25 to 28 days. The basis of the treatment was quinia, exhibited in various forms, and such other remedies as were required to meet special indications.

The cause of the epidemic is conceded by the local Board of Health to be due to a bad sanitary condition of the city, resulting mainly from contamination of a creek which courses through the corporation, into which the refuse of a distillery finds its way. The frequent fall rains, no doubt, in conjunction with the above-mentioned causes, had much to do with precipitating this epidemic.

S. N. Myers, M. D.

A Monstrosity.

Eds. Med. and Surgical Reporter:

On November 27th at 11 a. m., I was called in consultation with Dr. Bacon of Harveyville, Pa., to see Mrs. B., in her first confinement. She had been in labor since 3 a. m.

Her pains were few and far between. On examination I found what appeared to be the distended membranes, but was informed that the waters had drained away some hours before. The examination appeared to increase the pains, and what I first thought was the membranes protruding. I now found by ocular examination to be covered with a few scattering hairs. The diagnosis was now clear, viz: Hydrocephalic head. Dr. B. made slight traction, and the head was soon born. I administered ext. ergot fl. ℥ss., and the labor was soon brought to an end.

After a period of about twenty minutes, the placenta was delivered by Credé's method. The uterus contracted very nicely, and the binder was applied. The placenta and cord were full of what appeared to be calcareous deposits. Now for the child:

the body and extremities were fully developed; it was a hard matter to tell which sex predominated as it had (with the exception of scrotum and testicles) the sexual organs of both. The head was nothing more than a bag of water. There was no frontal bone above the supra-orbital arch, no temporal bone above the zygoma, and no occipital bone could be felt.

All there was of respiration was one short cough, which took place at intervals of thirty seconds. There was no breathing, no chest motion at all; in this manner it lived for nine hours. Now what appears strange to me in this case is the manner in which the respiration was carried on, and the length of time the child survived. Has any one had a similar case?

E. F. Bonham, M. D.

Fairmount Springs, Pa., Dec. 7.

Self-righting.

Eds. Med. and Surg. Reporter:

At present the New York hospitals are complaining and feeling financial pressure from diversion of a portion of the excise fund, which portion was, until recently, divided and apportioned among them. Our hospitals and dispensaries have grown to be so flourishing from *continual* donations, public and private, that every little while a new one springs up, and, like its predecessors, clamors for public and private aid. This abuse has at present reached to a great pitch. A private doctor and citizen may own real estate and be taxed indirectly to aid medical institutions, gotten up solely for the benefit of the staff, of which he is not a member. All the private doctors are at present suffering from the depredations of these immense leeches—hospitals and dispensaries, general and private. All suggested remedies are utterly powerless. The action of the New York municipal authorities in withholding the money subsidy of the excise fund, is timely, and is the best thing that could have been done. If more than half of the hospitals and dispensaries shut down for want of funds, nobody would be the loser except the people who got them up; and withholding the funds is a step in the right direction.

C. E. Nelson, M. D.

New York City.

—Medical Examiner: "What did your father die of?"

Applicant: "Oh, just *plain* death."

News and Miscellany.

Provisional Regulations

For preventing slaughter-houses, stock-yards, hog-pens, bone-boiling and fat rendering, and other similar establishments, from being or becoming prejudicial to the public health.

With pleasure we publish the following valuable communication from the State Board of Health:

NUISANCES DEFINED.

1. Whatever is dangerous to human life or health, and whatever renders soil, air, water, or food impure or unwholesome, are declared to be nuisances and to be illegal; and every person having aided in creating or contributing to the same, or who may support, continue, or retain any of them, shall be deemed guilty of a violation of these regulations, and shall also be liable for the expense of the abatement or remedy required.

HOUSE-REFUSE, GARBAGE, ETC.

2. No house-refuse, offal, garbage, dead animals, decaying vegetable matter, or organic waste substance of any kind, shall be thrown upon any street, road, ditch, gutter, or public place, and no putrid or decaying animal or vegetable matter shall be kept in any house, cellar, or adjoining out-buildings, for more than twenty-four hours. Violation of any of the provisions of this regulation shall be punished by a fine of not less than twenty dollars.

NOXIOUS TRADES.

3. No person or company shall erect or maintain any manufactory or place of business dangerous to life or detrimental to health, or where unwholesome, offensive, or deleterious odors, gas, smoke, deposit, or exhalations are generated, without the permit of the Board of Health of the nearest city or borough, and all such establishments shall be kept clean and wholesome so as not to be offensive or prejudicial to public health, nor shall any offensive or deleterious waste-substance, refuse, or injurious matter, be allowed to accumulate upon the premises or be thrown or allowed to run into any public waters, stream, water-course, street, road, or public place. And every person or company conducting such manufacture or business shall use the best approved and all reasonable means to prevent the escape of smoke, gases, and odors, and to protect the health and safety of all operatives employed therein. Any violation of any of the provisions of this ordinance shall be punishable by a

fine of not less than ten dollars nor more than one hundred dollars for each offense.

4. The business of bone or horse-boiling shall not be allowed, unless conducted under cover, the building to be provided with smoke-consumers, and a due regard to be had for cleanliness in the disposition of the offal. No bone-boiling establishment or depository of dead animals shall be kept or erected in any part of this Commonwealth, which is not under the jurisdiction of a local board of health, without a permit from the board of health of the nearest city or borough.

5. No permit shall be granted to any person or persons to carry on the business of boiling bones and dead animals until after a careful inspection of the locality, buildings, and apparatus, and of the plans for conducting the business, by an accredited Inspector of the State Board of Health.

6. No bone-boiling establishments or depositories of dead animals shall be kept or erected in or near to a thickly inhabited neighborhood.

7. The floor of all bone-boiling establishments and depositories of dead animals shall be paved with asphalt or with brick or stone, well laid in cement, or with some other impervious material, and shall be well drained. All such establishments shall have such an adequate water supply as will enable thorough cleanliness to be maintained.

8. The boiling of bones and dead animals, etc., shall be conducted in steam-tight kettles, boilers or caldrons, from which the foul vapors shall first be conducted through scrubbers or condensers, and then into the back part of the ash-pit of the furnace fire, to be consumed, or by other apparatus equally efficient in preventing or counteracting the offensive effluvia.

9. When bones are being dried after boiling, they shall be placed in a close chamber, through which shall be passed, by means of pipes, large volumes of fresh air, the outlet pipe terminating in the fire-pit.

10. All proprietors of bone-boiling establishments not having, on the first day of July, 1886, permits to carry on the business, and violating these regulations, shall be fined fifty dollars for every such offense, and for each month's continuance of the same after notice, and also be liable to an indictment at common law for creating and maintaining a nuisance.

11. The permit Clerk of each local Board of Health shall have provided a book in which to enter the names of all persons engaged in the business of boiling bones and having depositories of dead animals, also, the location of works and appliances as reported by the Inspector, whether licensed or not, the number and date of permits, and remarks.

12. No person or persons, without the consent of the Board of Health of the nearest city or borough, shall build or use any slaughter house within the limits of this Commonwealth; and the keeping and slaughtering of all cattle, sheep and swine, and the preparation and keeping of all meat, fish, birds or other animal food, shall be in the manner best adapted to secure and continue their wholesomeness as food; and every butcher or other person owning, leasing or occupying any place, room or building wherein any cattle, sheep or swine have been, or are killed or dressed, and every person being the owner, lessee or occupant of any room or stable wherein any animals are kept, or of any market, public or private, shall cause place, room or building, stable or market, to be thoroughly cleansed and purified, and all offal, blood, fat, garbage, refuse and unwholesome and offensive matter to be removed therefrom at least once in every twenty-four hours after the use thereof for any of the purposes herein referred to, and shall also at all times keep all woodwork, save floors and counters, in any building, place or premises aforesaid, thoroughly painted or whitewashed; and the floors of such building, place or premises shall be so constructed as to prevent blood or foul liquids or washings from settling in the earth beneath. Any violation of any of the provisions of this regulation shall be punishable by a fine of twenty dollars for each day's continuance or repetition of the offence.

13. No blood-pit, dung-pit, offal-pit, or privy-well, shall remain or be constructed within any slaughter-house. Any one offending against this rule shall be guilty of creating and maintaining a nuisance prejudicial to public health, and shall be required to remove the nuisance within ten days from the date of notice.

14. The owners, agents, or occupiers of all slaughter-houses are required, during the months of June, July, August, and September, to distribute twice in each week not less than twenty-five pounds of chloride of lime about their premises, and also to remove the contents of any manure-pit or manure-pile on the premises, once in each week, the said premises and contents of manure-pits being hereby declared to be nuisances prejudicial to public health, unless subjected to frequent disinfection and cleaning as herein indicated.

15. *All constables and supervisors are en-*

joined, and all citizens are respectfully desired, to give information to the State Board of Health of any violation of the health laws, or of the regulations of the Board, so that sanitary measures adopted by the latter to ensure the health of the State may be fully carried out, and all offenders promptly punished.

BENJAMIN LEE, M. D.,
Secretary and Executive Officer,
313 South 15th St., Philadelphia.
November 1, 1885.

Physicians of the Pennsylvania Hospital at a Banquet—a Notable Gathering.

Dr. Henry H. Smith, white of hair and sage of mien, sat in a big oaken chair at the head of a long table in the library of the Pennsylvania Hospital, on the evening of December 10. He is the eldest but one of all the men who have served the hospital as a medical officer. The occasion was the first annual dinner of the Association of Resident Physicians of the hospital who have served the institution in the capacity of medical officer. Reports showed that the Association is flourishing. Dr. Smith is the perpetual chairman. Dr. Reynell Coates, however, now of Camden, who was a resident in 1818, is the eldest member of the Association. He would have presided had he been at the dinner.

The managers of the institution, Messrs. Shinn, Lewis, Jones, Garrett, Shoemaker, and Morris, and Steward William G. Maylin, who has been connected with the institution sixty-three years, were guests of the association. The physicians at table were: Doctors Morton, Morton, jr., Hunt, Hopkins, Fox, J. S. Lee, J. C. Wilson, W. Chrystie, DaCosta, Woodbury, Andrews, Packard, Roberts, Longstreth, Herbert, Levis, H. H. Smith, John B. Shober, Hartshorn, C. H. Chapman, F. Wistar, C. C. Lee, Wetherill, Bradford, J. Ashhurst, J. H. Reeves, Charles M. Wilson, R. Given, W. Pepper, A. Fleming, M. T. Kirkbride, Fisher, Meigs, Darrah, Rhoads, Dullus, McCall, J. J. Kirkbride, Wells, Oaks, W. H. Bartel, Elmer C. Wistar, Gillespie, E. Richardson, J. Chapin, Penrose, Collins, Sacrg. W. T. Norris F. W. Lewis, Joseph S. Neff, C. Wirgman, Orville Horwitz, R. Penrose, Jainez, C. H. Moelair Trotter, Stocker, Van Harlingen, Baum, Tyson, J. G. Richardson, Hutchinson, Brush, Franklin, Harlin, Reed, Taylor, Bray, Bashe, and Ritz.

After the ices had been brought on, Dr. Thomas G Morton delivered the annual oration, taking for his theme the history of the institution.

Dr. Smith read a paper on the "Pennsylvania Hospital as a Training School for Physicians," and Dr. James J. Levick spoke of the "Physicians of Philadelphia and vicinity prior to 1700." Then Dr. William Hunt sent every one away in a merry mood by some bright and clever remarks on medicine and medical men in general.

Retirement of Sir Joseph Hooker and Professor Huxley.

From the *Lancet* we learn that recently both of these distinguished men retired from the prominent positions they occupied—Sir Joseph Hooker from the directorship of the Royal Gardens, Kew, and Professor Huxley from the presidency of the Royal Society. Sir Joseph Hooker resigns office merely that he may obtain the leisure requisite to prosecute the study of the vast accumulation of Indian plants which still require arrangement and classification, and which are in great measure the results of his own travels and collection. The reasons that have induced Professor Huxley to quit the high office he has held for so short a period are somewhat different. In the first place, with the conscientiousness that arises from a mind ever open to the claims of others, he has often maintained that at sixty years of age a man has completed the active period of his life as a scientific worker, that with hardened and stereotyped ideas he has done all the good work he is likely to accomplish, and that he must leave the path open for other and more active spirits. But, apart from these considerations, Professor Huxley may well claim the leisure which is the reward of toil, and may enjoy some rest from the protracted and intense mental exertion he has made during the past twenty or thirty years. He experienced much dyspepsia, leading to impaired nutrition, anæmia, and general debility, without, however, any signs of organic disease. Following good advice, he went to Italy, and on his return last spring, he found that his residence abroad had effected a marked improvement in his health. The work of the president of the Royal Society is by no means light, and on his return his labors in that capacity retarded his complete recovery. He therefore wisely, though to the regret of the scientific world, determined to resign, and has already felt the benefit of his resolution by rapid improvement in his general vigor and health. There still remains much for so active a thinker to do, both by counsel and in the direction of scientific research,

and we sincerely hope that he will long be spared to stimulate others to advance in the paths which he is about to leave. It is gratfying to learn that a pension of $1500 per annum has been conferred on Professor Huxley, in recognition of his eminent scientific services.

Wyeth's Vaccine Farm.

Down near Westtown, in Chester county, the enterprising firm of John Wyeth & Bro. have started a model farm. It was recently inspected by a delegation of physicians, including several members of the State Board of Health, who found everything to praise and nothing to censure.

It is truly a model farm, designed after a personal inspection of the famous vaccine farms of Europe, and combining in itself the good points of all of them. The operating room and the stables are finished in hard wood, have asphalt floors, abundance of ventilation, and are flooded with light, so that they not only present a handsome appearance to the eye, but possess every sanitary requirement.

The inoculation of the heifers is done by Dr. Zuill, one of the faculty of the Veterinary Department of the University of Pennsylvania, thus insuring the fact that the virus is taken only from those heifers that actually have cow-pox.

The animal (from seven to eighteen months of age) is fastened (on his back), his belly shaved, and inoculated in thirty or forty places. After nine or ten days, if he has had an elevation of temperature, increase of pulse, and the formation of secondary umbilicated pustules (that is to say, elsewhere than where he has been inoculated), the scab is removed from the inoculation and ivory points coated with the lymph, as it flows *spontaneously*, care being exercised not to take the flow that can be excited by rubbing the sore with a coarse rag, for this would give us serum and not true lymph.

From each heifer as many, sometimes, as two thousand points can be coated, and as the farm has ample accommodation for seventy animals, we can readily see that this firm possesses facilities for supplying a very great demand. It is also to be noted that the points are guaranteed for three weeks.

Small-pox in Montreal.

The Montreal correspondent of the *Med. News* says that "the deaths from small-pox during the month of November reached the large number of 874. Still this is only a little more than half the number (1630) of deaths which occurred during the month of October. Up to the end of November, the total number of deaths from small-pox was 3513. The hospitals are still full, and new wings are being opened. The old Hospital of St. Roch's is still occupied, notwithstanding the protests made by the Visiting Governors of the College of Physicians and Surgeons of Quebec Province. Among other things, they said: 'Dirt, foul smells, and mismanagement, are the characteristics of St. Roch's Hospital.' Many patients who have been treated in St. Roch's have given most horrible details of the condition of the hospital and the methods of treatment. It is a perfect black hole of Calcutta, according to many. The doctor was incompetent, the nurses inefficient and neglectful, and the food (so-called) disgusting. Many dying patients could not get a drink of water. Still the Health Board deny everything, and endeavor to make the public believe that it is a perfect sanitarium, and no fault can be found with it, or the incompetent staff that run it. However, the profession are perfectly convinced that the place ought to be shut up, or rather burned down, and all the cases sent to the new hospital, where the air is good, the attendance fair, and there is plenty of room. I fear that we shall have small-pox with us for some time yet, as no efforts are being made to vaccinate the twenty French Canadian babes that are daily arriving and growing up unvaccinated. Fuel is thus continually being added to the flame. Until registration and vaccination are compulsory, small-pox, like the poor, will be always with us."

Dr. Bond and Benjamin Franklin.

Dr. Bond died in 1784 and Franklin in 1790. Yet in all probability Franklin foresaw much to come—the independence of the country, its wonderful growth, the progress of Philadelphia, and the need that the great city would have of a hospital for the care of its injured sick and demented poor. Even the influence that advancing civilization would have in increasing the ratio of insanity must have been apparent to Franklin, since it was for the treatment of lunacy more especially that the Pennsylvania Hospital was designed, and that he had advanced ideas as to administering to minds and bodies diseased may be inferred from the clause he introduced chartering the hospital "for the entertainment and cure of the sick and distempered poor." Extensive as was the hospital he designed, it

has grown greater still, advancing in spite of all difficulties, and now has three large and noble buildings to receive its sick, owns a square of ground in the old city, and has 113 acres in the new city beyond the Schuylkill, containing the finest and best equipped private asylum for the insane in the United States.

State Board of Health.

REGULATION IN REGARD TO THE SANITARY SUPERVISION OF TRAVEL AND TRAFFIC.

Upon satisfactory information of the approach to, or the transit through, the Commonwealth of Pennsylvania, of infected persons or goods, it shall be the duty of the Secretary, as executive officer of the Board, to cause the same to be stopped at the State line, or, if found within the limits of the State, to cause such person or goods to be removed from cars, stages, vessels, boats, or other conveyances and securely isolated and disinfected; and he may, if in his judgment the emergency is such as to demand it, call a meeting of the "Committee on Travel and Traffic," to which his action shall be submitted, with his reasons therefor, in writing. But, in cases coming under the jurisdiction of national or municipal quarantine authorities, he shall co-operate with said authorities in all such action.

By order of the Board.

Signed,

BENJ'N LEE, *Secretary.*

Executive Office, 313 *S. Fifteenth street, Philadelphia.*

The Management of Stray Dogs.

The *N. Y. Med. Jour.* notes that the *Lancet* commends a London institution known as the Temporary Home for Lost and Starving Dogs. Owing to the present prevalence of hydrophobia in London, there has lately been a great increase in the number of stray dogs cared for by the institution, for they are brought to its doors by the police. As many as nine hundred were received in the course of six days. Our contemporary points out a conspicuous service to humanity rendered by the home, in addition to the benefit to the dogs—that, namely, of keeping sick animals under watch until it can be determined positively whether they are or are not affected with rabies. If London, in the face of almost an epidemic of hydrophobia, can afford to be so humane to vagrant dogs, what excuse is there for our annual period of legalized brigandage, when the chief occupation of a set of miscreants termed dog-catchers is to steal or forcibly capture animals that are in no sense vagrant, merely that they may exact ransoms?

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE TWO WEEKS ENDED DECEMBER 26, 1885.

Purviance, George, surgeon. To proceed to Chicago, Illinois, as inspector, December 23, 1885.

Guitéras, John, passed assistant surgeon. To proceed to St. Louis, Missouri, for duty, December 23, 1885. Granted leave of absence for seven days, December 26, 1885.

Urquhart, F. M., passed assistant surgeon. To proceed to Charleston, South Carolina, for temporary duty, December 23, 1885.

Bratton, W. D., assistant surgeon. Granted leave of absence for twenty-two days, December 22, 1885.

McIntosh, W. P., asst. surgeon. Granted leave of absence for fourteen days, December 22, 1885.

The Illinois State Board of Health and the Regulation of Medical Practice.

A decision is reported to have been made recently by one of the Illinois courts, which, it is thought, will have the effect of greatly abridging the Board's power in the administration of the Medical Practice Act. It seems that a graduate of the Rush Medical College, of Chicago, was licensed by the Board in 1877, but that the Board subsequently revoked the license for an alleged violation of the law. A suit brought by the practitioner has resulted in a decision which practically limits the Board's power to that of the verification of diplomas and the identification of their holders, without power to revoke any license it may issue. If this decision is final, it can not but be looked upon as a severe blow to the spirit of the law, however it may accord with its letter, and is on all accounts very much to be regretted.

Vaccination Service in Spain.

The Spanish Government has issued a decree dealing with the *personnel* of the central vaccination institute of the State, which is to consist of the following officials, with salaries as indicated: One chief physician, 3,000 pesetas (a peseta is about equal to twenty cents); one physician-superintendent of visits, 2,500 pesetas; one physician-administrator and secretary, 2,000 pesetas;

two vaccinating physicians, 1,500 pesetas each; one vaccination physician, 1,000 pesetas; four physicians to visit the district, 1,000 pesetas each; one porter, 1,250 pesetas; three attendants, 750 pesetas each; and two supernumerary physicians without salary.

The Boston Water-Supply.

It is said that an idea originated by Dr. Thomas L. Jenks, a member of the Massachusetts Medical Society, has lately been brought to the attention of Mayor O'Brien and the Water Board, by which, it is thought, a great improvement can be brought about in the quality of the water. The plan is to build an open conduit a mile or more in length, from the outlet of the system, in which large, rough bowlders are to be placed. The water, rushing swiftly over and between these rocks, will be so agitated, it is presumed, as to do away with that impurity which depends upon partial stagnation.

Items.

—The physicians of Philadelphia number 2,500. New York has about 2,900.

—Dr. Hal. C. Wyman reports an operation for congenital extroversion of the bladder of an infant five days old.

—In the *Lancet*, December 13, 1885, is reported a case in which an Enfield rifle bullet remained for more than thirty years encapsuled in the internal condyle of the femur before removal.

—In the *Boston M. and S. Jour.*, December 17, Mr. Reginald Harrison publishes a case where lithotomy was twice performed within fourteen months, with remarks on recurrence of stone in the bladder.

—Dr. Harman Leslie Snow, of Albany, N. Y., died on December 19, after a long illness. He was president of the common council, and partner of Dr. Vanderveer. He was forty-nine years of age.

—The Prefecture of the Seine has accepted a tender for the erection at the Père la Chaise Cemetery of a crematory. It is to be on the newest and most approved principles, the amount of the contract being nearly $40,000.

—In women who have much subcutaneous adipose tissue, Dr. B. Riedel advises the removal of the fat before closing the wound after amputation of the breast. The presence of much adipose tissue, he says, interferes seriously with union by first intention.

—Client (to Lawyer): "I am afraid the physician's testimony will convict me."

Lawyer (reassuringly): "Don't be alarmed about that. I'll read up a little about poison in the stomach, and in ten minutes I'll have that doctor in a cold sweat, and make the judge and jury think he is a hired perjurer."

—The *Boston Transcript* is responsible for the following:

The talk of the day: Mrs. A.—"I hear that the Montmackingtons are going to spend the winter in Paris." Mrs. B.—"Indeed? You surprise me! When were they bitten?"

—The lady secretary of the Anti-vivisection League of England argues, in a letter to M. Pasteur, that cauterization removes all danger of hydrophobia. Her son once, and she herself five or six times, have thus escaped the malady, and both offer to be bitten by any mad animal in M. Pasteur's laboratory, on condition of being allowed to treat the wounds themselves.

—A school teacher in the suburbs of Boston recently punished a pupil for telling an untruth, by putting cayenne pepper on his tongue. In the course of about two weeks he died of diphtheria. The friends of the boy naturelly claimed it to be a result of the punishment. An investigation satisfied the school committee that it was nothing but a coincidence, but they wisely passed a vote disapproving of this mode of punishment.

—The story is told in the daily press of Mme. Netalie, an actress of Paris, who has recently died, that in 1836, while playing in pantomime at the Folies Dramatiques, she had a cataleptic attack which was mistaken for death, and was placed in a coffin. Not till the first tap of the hammer on the lid did she rouse from her trance. Two years later she returned to the stage, and acted for thirty years, when she retired upon a pension. The last time she was placed in a coffin, the hammer's tap failed to rouse her.

—A reception was held at the new Manhattan Hospital, at 10th Avenue and 131st street, New York, on the evening of December 12th, and the buildings were opened for patients on the 14th. By a recent fair at the University Club Theatre, the sum of $10,000 was raised by the Ladies' Association for the institution. It is the only general hospital north of the city reception hospital at 99th street, and has grown out of a free dispensary service which has been maintained in the neighborhood for over twenty years.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1507.] PHILADELPHIA, JANUARY 16, 1886. [Vol. LIV.—No. 3.

Original Department.

Lecture.

LECTURES ON INSANITY.

DELIVERED AT THE UNIVERSITY OF PENNSYLVANIA.

BY CHARLES K. MILLS, M. D.,

Lecturer on Mental Diseases in the University of Pennsylvania; Consulting Physician to the Insane Department of the Philadelphia Hospital; Neurologist to the Philadelphia Hospital; and Professor of Diseases of the Mind and Nervous System in the Philadelphia Polyclinic.

Reported by William H. Morrison, M. D.

Lecture VIII.

Commissions or Inquisitions in Lunacy—Traverse of an Inquisition—Voluntary Procedure for Entering Insane Hospitals or Asylums—Illustrative Cases.

Gentlemen: Let us next consider the procedure known as *interdiction*. Interdiction may result in the patient going into an insane hospital, or it may not. The person may be put simply under the control of the court, or of a guardian as a result of this procedure. Interdiction technically means that the patient is deprived for the time being of certain civil rights, not necessarily that he is put under restraint.

If you wish to protect yourself when you are in doubt as to what you should do; or when you are sure that a patient is insane, but you are also equally sure that you have no evidence with which you could make a jury believe that he is insane, the best is to advise a *commission* or *inquisition in lunacy*, by a writ *de lunatico inquirendo*. This commission or inquisition in lunacy may save you from future trouble. The responsibility is not placed upon yourself and another physician, but is thrown upon the court and the commission in lunacy. The laws of the different States provide methods by which this interdiction shall take place. In this State it is about as follows: Application is to be made to the court, to appoint a Commission before which testimony shall be taken as to the mental condition of the person. The usual plan in this city is to hear the testimony before a sheriff's jury of six persons. The person requesting the commission is represented by counsel, and the person alleged to be insane is also so represented. After the testimony is heard, the decision is made by the jury as to the sanity or insanity of the person.

Sometimes in criminal cases what might be called a "commission by courtesy" is appointed for the examination of a person alleged to be insane. Between two and three years ago, Governor Pattison requested five physicians of Philadelphia to inquire as to the mental condition of a man named McGinnis, who was in prison under sentence of death. The wording of the telegram which I received was as follows: "The Governor requests you to join Dr. Thomas G. Morton and three others in an examination of the mental condition of John McGinnis, prisoner, Moyamensing prison, under sentence of death." The same or a similar request was received by the others. The investigation was held and lasted a number of weeks. This was not a commission in a legal sense, although it was frequently spoken of as the "McGinnis commission."

Majority and minority reports were made to Governor Pattison, four of the physicians reporting that they believed McGinnis in-

sane; one that he was sane. No special action was taken, and the man was finally hanged. It has been stated that this was not a commission at all. In fact, this argument was used against the majority report being accepted. These gentlemen did not constitute a commission under the laws of the State. The fact, however, remains that the Governor, in his official capacity, had asked these five gentlemen to investigate the case of this man under sentence of death, and after doing so had refused to be guided by the decision of four out of five. Indeed, although they gave, without pay, much time and labor to the investigation, he even forgot to thank them.

A short time before Joseph Taylor was hanged, during the present year, an effort was made to have a commission appointed to investigate his mental condition, but the Governor refused to accede to the request made by counsel for the prisoner. Taylor had been convicted of murder in the first degree, after a vigorous defense on the plea of insanity. In the trial of the McGinnis case, the defense of insanity was not made, but the counsel endeavored to secure a verdict of murder in the second degree on the ground of intoxication. In the Taylor case the prisoner was convicted, and a new trial was refused. The case was taken to the Supreme Court, but without avail, and the prisoner was finally sentenced. His counsel, still believing in his insanity, and having further evidence of it, in his conduct subsequent to his sentence, made the request above-mentioned of the Governor. Taylor's counsel had spoken of the McGinnis case in their request. The Governor, in his reply, said, "You are in error in regard to a commission in the McGinnis case. The gentlemen appointed to inquire into certain statements made relative to the unfortunate man, resolved themselves into a 'commission.' They held no authority for such procedure from me. Your application for executive clemency should be made to the Board of Pardons." So far as I know, the physicians referred to never made any claims as to their powers. The Governor, in writing to them, sometimes addressed them as a "commission."

It is a grave defect in our laws if there is no provision by which something can be done to determine a man's mental condition, after he has been sentenced for murder or other crime. In the McGinnis case every procedure possible was adopted. Practically we are in this position in Pennsylvania; a man sentenced to death may have this sentence hanging over him for several months, or even years, and may be or may become insane, and overwhelming proof may be ready to be adduced, yet nothing can be done save a simple application to the Board of Pardons. No scientific investigation which will have any legal weight can be made. Later I will speak of another form of Commission.

Is the decision of such a commission under the laws of the State final? No. The insane individual is still protected in this respect. Even after the decision of such a commission has been rendered, there are two or three ways in which the person alleged to be insane can appeal his case for further consideration.

The new lunacy law provides that the report of the inquisition in lunacy shall be sent to the committee on lunacy. This committee visits the patient and examines his mental state. It has the power to revoke what has been done and again bring the matter before the court.

Another legal procedure may be adopted, and this was resorted to recently in this city in the celebrated "Meredith case." This is what is known as a traverse of the inquisition. The person who has been decided to be insane by an inquisition, can employ counsel and traverse the inquisition. He can go into open court, before a jury of twelve men, and have the whole question as to his sanity or insanity tried over again. Just as likely as not he will get a verdict in his favor.

The traverse in the Meredith case was tried in this city in 1883. This case will eventually go into the annals of medical jurisprudence, for it involved many questions of legal and medical interest. I shall at this time refer to this case only with reference to traverse procedures.

Meredith is the son of a distinguished jurist and statesman, himself a lawyer by profession. He was alleged to be insane. The insanity was supposed to have existed for a number of years. A number of years before he had been sent to an asylum, from which he was discharged as the result of a suit on a writ of habeus corpus. He was given his liberty and remained at liberty for a long time. He showed evidences of insanity, or what were supposed to be evidences of insanity. Physicians were called in several times. I saw him in connection with Dr. William Hunt, and upon a certificate of insanity signed by Dr. Hunt and myself, he was sent to the Pennsylvania Hospital for the Insane.

While he was in the hospital, some of his relatives brought action before a commission in lunacy to settle, if possible, the question whether or not he should be legally restrained. The commission sat and the jury decided that he was insane. Testimony was given by Drs. S. Weir Mitchell, Ellwood Wilson, S. Preston Jones, R. A. Given, Wm. Hunt, and myself. He was adjudged insane, and recommitted to the hospital.

The case was then brought before the court by a traverse of the inquisition. Mr. Meredith was represented by two of Philadelphia's most distinguished lawyers, Richard P. White and Daniel Dougherty. The trial lasted four or five days. The same gentlemen who had testified before the commission again gave testimony. Witnesses were called for the other side, but not a single medical witness could be induced to testify to the sanity of the unfortunate gentleman. The effort was made to secure medical witnesses to testify as to his sanity. One physician called upon for his opinion said that he believed Mr. Meredith to be insane, and that the only way for the lawyers to win their suit was to blackguard the doctors fron beginning to end. The lawyers largely followed this advice, and did win their suit; so that from a legal point of view, at least, it was good advice. Whether it was right in other respects I shall not say. The case was argued, and went to the jury, and in a few minutes the jury declared the man to be sane, although, perhaps, the Philadelphia courts have never known a case in which the facts showing insanity were more clear, convincing, and uncontradicted.

I shall next speak of the voluntary act by which a person can place himself in an asylum or under restraint.

Section 34 of the Pennsylvania lunacy law of 1883 is as follows: "Persons voluntarily placing themselves in any of the houses provided for in this act, may be detained for the time they shall specify by an agreement signed by them at the time of their admission, but not exceeding seven days, and they may from time to time, renew the authority to detain them for a time not exceeding seven days from such renewal. But no agreement shall be deemed to authorize a detention unless signed in the presence of some adult person, attending as a friend of the person detained, in the presence of and also by the person in charge of the house, or the medical attendant."

The patient, just referred to, took advantage of this act of voluntary admission, after he had been declared sane by a jury under a traverse of an inquisition. He voluntarily sought the shelter of the very institution from which the law had set him at liberty, and he has since remained as a voluntary inmate of this or some other institution.

This provision for voluntary seclusion is, I believe, not infrequently taken advantage of by inebriates. Those in charge of institutions are compelled to be careful that the strict requirements of the section are carried out. If the patient remains more than seven days, they must see that the agreement is renewed again and again, and that the proper witnesses are present at the time renewal is made.

Communications.

CONTRACTIONS OF THE EXTERNAL AUDITORY MEATUS.

BY LAURENCE TURNBULL, M. D.,

Of Philadelphia

Aural Surgeon Jefferson Medical College Hospital, etc

Contractions of the external auditory meatus are caused by infiltration of its lining membrane, by cicatrization after diseases of the ear, as chronic eczema, etc., injuries, burns, or by exostosis, and hyperostosis and new osseous formations in the walls of the meatus.

In a few instances the contraction is congenital, as in many cases we have seen, in which there is not an entire absence of the auricle or external ear, but it is a rudimentary state. The case of a little patient only nineteen months old; otherwise a fine, large child of his age; general health good. The child was born of healthy parents. The presumed cause given was that the mother, during pregnancy, was frightened by a dog. It will be noticed that there are but three rudimentary portions of the auricle, the two upper being projections of cartilage, and the lower one having a curved appearance. There is no lobule, and in the space where the concha and meatus are usually found, is a plain surface, covered with skin, the auditory canal being wanting. There seems to be a depression in the locality where the meatus should be; this is the cicatrix after an attempt to open the tube, a circular piece of tissue having been cut out, but the space was persistently filled up. The tragus is entirely wanting, therefore there was no guide to the operation, although the physician, a very intelli-

gent one, who sent the case, thought that he could feel the cartilage which formed it, but I was not able to do so. On testing the child's hearing for that (the right) ear, it was noticed that when the watch, a very loud ticker, was placed near to but not touching the ear, his eye brightened, and he looked as if he heard; the same result was noticed with the tuning-fork, even when the face was turned from it.

When you examine little children for hearing before they are able to talk, you can never arrive at a positive conclusion in regard to it, you will have to rest satisfied with an approximation; and this was all I could do in this case. It is sometimes one of the most painful duties which a physician has to perform to decide and state the fact that the child is absolutely deaf; the parents and friends of such children often deceive themselves with the idea that the child hears, when loud noises of various kinds are noticed by the child, which is usually the result of simple concussion and vibration of the air or floor. When testing such cases, the eyes of the child on which the experiment is made should be turned from the cause of such noises. To be absolutely sure, it is well to test the hearing in the dark, but by no means allow the child to see the watch, tuning-fork, bell, etc.

The prognosis in this case, therefore, was very guarded, the only favorable feature being the hearing on the right side, when the opposite ear was carefully closed. After the removal of a curved-shaped piece of skin, connective tissue, etc., the probe was introduced and sunk into a depression of half an inch, but no cartilage or bony meatus was found; this opening was then filled with patent lint saturated with carbolized olive oil, and every means taken, for thirteen days, to keep the parts open.

The parts being healed and filled up, the little patient was again placed under the influence of the anæsthetic, the parts freely opened, and a leaden tube was made to fit the opening. A letter was directed to the physician who sent the child to try to keep the parts open. This was conscientiously performed, but with all his care the parts filled up, leaving but a depressed cicatrix.

Now, what is to be learned from the history and the operation in this case? First, it is proved that there was no cartilaginous portion beneath the skin forming the auditory canal. In such cases, where there is an entire obliteration of the meatus externus, there has been found by careful dissection an absence of that portion of the temporal bone which forms the tympanic ring, and the lower side of the bony canal of the meatus; and the extension backwards of the articular and true glenoid portion of the temporal bone is twice its natural breadth. The next class is a cutaneous closure of the external meatus, and with such there is sometimes a contraction of the osseous walls, which may be relieved by opening the canal with the knife, and subsequent dilatation by oiled lint, compressed sponge, or bougies of laminaria; in this way we have restored the hearing of more than one patient. The parts, however, are so apt to contract that it may be, and sometimes is, necessary to fill up the auditory canal with a gold or nickel-plated funnel-shaped tube until the parts heal. On examining the left ear in another case, we find that where the auditory canal should be the place is covered by a smooth skin; in every other part the ear, although smaller, is almost perfect, and her hearing is almost the same (good) in both ears. Her mother stated that the cause of the deformity was owing to a child having slept with her, and having placed its foot on her (the mother's) ear, she was suddenly aroused from her sleep by the strange feeling, and supposed it to be a rat. By means of a crucial incision and the use of the leaden tube, the meatus was restored in this case.

Another class of cases is where there is narrowing or closure of the external auditory meatus by tying cap-strings or ribbons behind the ears. A case is of an old lady where there is nothing but a slit, caused by the constant pressure of cap-strings passed behind her ears and tightly tied under the chin. This is the form of contraction of the cartilaginous meatus where all the secretions are retained, and produce deafness and chronic eczema of the meatus, with an accumulation of cerumen, epithelium, etc. This variety requires repeated and careful syringing, to keep the ear clean, thorough drying of the parts, and sometimes a quill or metallic tube to keep the walls of the meatus from collapsing.

We still have another variety in which the canal becomes more or less obstructed by *ostosis, or bony growths*, and this from retained secretions, or by pressure, causes deafness, and serious trouble also. These growths are sometimes removed by means of a perforator or hand-drill. The continuous galvanic current has also been applied after the removal of any skin covering; two or three needles may be used, and perhaps passed into the bony mass after first drilling with a hand-drill. The application of the

current may be made under the influence of ether and painting the parts with four to ten per cent. solution of cocaine, to be repeated from three to five minutes for a succession of days until the bone is separated. A galvanic battery is usually employed, the number of cups brought into the circuit being from ten to thirty. It usually requires two weeks of treatment. Where there is simply uniform closure of the bony meatus without distinct rounded masses, or ostophytes, they are also removed by means of the dentist's drill. Care, prudence, and caution, however, are important in employing such violent measures for the relief of those congenital and acquired closures as inflammation is almost sure to follow, and in one case such a result was induced, and with it facial paralysis of that side.

There are two diseases in which contraction of the cartilaginous and osseous meatus occurs; the first is during and after chronic otorrhœa; the second disease in which it occurs, although more rarely, is non-suppurative inflammation of the middle ear, and in both the result of inflammatory action accompanied by hypertrophic formation tissue or bone, or both, and occurs as well throughout the whole petrous portion of the temporal bone. This form of closure is termed hyperostosis. Gout and syphilis are considered by most authors to be the causes of these exostoses.

I have reported cases in my "Manual of Diseases of the Ear,"* where, in one, there were three enlargements of the bone projecting into and almost completely closing the meatus which was improved by treatment with the solid nitrate of silver, etc. Another case was operated upon by narrow chisels applied directly to the base of the exostosis with previous incision of the skin, and it required strong blows with a wooden hammer to remove it. The case did well after the acute inflammation had subsided and the granulations had been reduced. The patient was left with a good-sized meatus and fair hearing after protracted local treatment.

A still more recent case was treated successfully by the use of the laminaria tent charged with boro-glyceride ointment. The mass was of a conical form, looking like a polypus, and was the result of acute inflammation. It required very prolonged treatment by various agents, and the constant use of laminaria tents, but ultimately the patient recovered, so as to give him a sufficient space for the sound (¼ in.) to enter, and his hearing was restored.

A very interesting case is reported by Dr. Clarke† of a cure of a large exostosis, completely closing one meatus by means of electrolysis—the diagnosis and the cure being affirmed by Mr. Hinton.‡ At the first sitting under chloroform, two needles attached to the negative pole were inserted at the base of the tumor, and one needle attached to the positive pole at the anterior edge. A current from six pairs of plates of a Stöhrer's battery was allowed to pass for three minutes. No irritation or pain followed. Fourteen days after, under chloroform, two needles with similar attachments were used for five minutes. No ill effects followed this application, and the tumor was somewhat reduced in size. Three weeks from this time, on examination, the exostosis was found to be loose, and was removed entire. The attached surface where the needles were inserted was seen to be absorbed by a mere point, and this point had broken off.

A case was reported by Dr. Green,§ of Boston, which was under his observation both before and after treatment, it was operated upon by Mr. Dalby, of London, in the same way, but the result was less fortunate. A polypoid growth behind the exostosis with symptoms of cerebral irritation rendered the operation necessary. The various details of the operation he did not know, but the patient said he suffered extremely from acute inflammation of the ear for some days after the operation. As the result either of the electric current or of tympanic inflammation, the facial nerve on the affected side was paralyzed. When Dr. Green saw him some four months after the operation, the exostosis had entirely disappeared. The meatus was normal, the old purulent tympanic inflammation had subsided, and the result was a most perfect one, except for the unfortunate accident of the facial paralysis, which remained without improvement. Mr. Dalby‖ considers that the tympanic inflammation extended to the Fallopian canal, and thus caused the paralysis of the portio dura, for if it had been due to the electric current, it would have occurred immediately, whereas it did not show itself till the next morning. Since this Mr. Dalby¶ prefers the operation of grinding the bone away, and for this pur-

*A clinical manual of the diseases of the ear, p. 161-162. J. B. Lippincott & Co., Phila.

† British Medical Journal, December 6, 1873.

‡ Hinton's Aural Surgery.

§ Boston Medical and Surgical Journal, April, 1878, p. 494.

‖ The Lancet, January 22, 1876.

¶ Op. cit.

pose uses the drill in common use among dentists.

Mathewson* was highly successful in the removal of a large exostosis by means of the so-called dental engine. The instrument used was an Elliott's suspension dental engine, with drills of three sizes. The patient was etherized, the integuments covering the exostosis removed by a dental scaler, and the growth perforated at several points with the smallest drill—one and a half millimetres in diameter. These perforations were then enlarged and united by the larger drills —two and a half and three millimetres in diameter—and the irregularities ground away. The operation lasted some twenty or thirty minutes.

The pain afterwards was easily relieved by warm-water douching and small doses of opiates. Purulent discharge, with swelling and granulations at the seat of operation, continued for some weeks, but finally ceased entirely, leaving a meatus of full size through which the membrana tympani was seen. The hearing was restored nearly to the normal standard.

The advantages of the dental engine over the other method of operating, Mathewson says, are that it is less tedious from the rapidity of its revolutions, and less dangerous in that the rapidity of its motion perforates with slight pressure, and the risk of slipping and injuring important parts of the ear is very much diminished.

It must not be supposed that all the cases you meet with can be successfully cured or even relieved, especially that variety of exostosis with a broad base.† Another variety it is very difficult to relieve, namely, that form in which the whole bone is involved and the orifice is so small as not to admit the finest probe. There are so few cases in which the bony growth is a simple spur in the centre of the meatus not attended with much deafness; this class of cases I do not operate upon. Death will sometimes follow from meningitis in certain classes reported by Dr. Green, of Boston, as follows: "Exostosis in connection with a secreting tympanic inflammation, either catarrhal or purulent, must be regarded as a serious complication, for the case first reported in this paper is a demonstration of the fact that such growths, although quiescent for years, may suddenly increase so as to close the meatus and produce the results of retained pus. In these complicated cases there is not only the risk of the exostosis closing the meatus, and so producing a caries of the bone, but if the growths have attained merely a moderate size they so obstruct the view of the deeper tympanic cavity, that it is often impossible to make the applications to the tympanic mucous membrane, which are necessary for relieving the otorrhœa. From these two circumstances, the possible closure of the meatus, and the constant obstruction to the treatment of the otorrhœa, the removal of the growth is distinctly indicated; it is certainly imperatively demanded whenever they are associated with an otorrhœa, and are also known to be rapidly increasing in size."

Of the cases above-mentioned, one had no recollection of ever having suffered from any kind of inflammation of the ears, and I saw him on account of an entirely closed or narrowing meatus. The other four cases were in persons suffering at the time from chronic purulent inflammation of the tympanum, with more or less destruction of the drum-membrane and great impairment of the hearing; the exostosis existed only in the inflamed ears, and in each but one ear was diseased.

Exostoses of the meatus have been found both in South and North American aborigines. In an examination of fifty Peruvian skulls, one was found in which exostosis filled up the lumen of both meatuses. Whether these anomalies depend on certain race peculiarities, or on the mechanical irritation of the meatus, caused by wearing heavy ear-pendants, has not been yet determined. The most frequent place in which the exostoses are found is the union of the osseous with the cartilaginous section and the posterior wall of the meatus.—*Boston Medical and Surgical Journal, April*, 1878.

—The eightieth annual meeting of the Medical Society of the State of New York will be held in the Common Council Chamber, City Hall, Albany, Tuesday, Wednesday, and Thursday, February 2, 3, and 4, 1886.

* Report of International Otological Society, 1876.

† In a successful removal of an ivory exostosis which completely filled the ear canal, Dr. Knapp "no longer attacked the tumor, but the tissue in which it orlginated, chiselling into the bone of the ear canal." When the operation was completed, the whole posterior wall of the canal was bare. During the operation the canal was frequently syringed with a warm solution of boric acid, and wiped out with absorbent cotton. When the hemorrhage was arrested, some boric powder was put in the canal and covered with absorbent cotton. Iodoform was put into the canal eleven days after the operation. The headache from which the patient suffered was still present and in front of the wound rough bone became the starting point of vigorously spouting polypi, which had to be scraped away, every three or four days, but by the use of a four per cent. solution of cocaine dropping upon the granulations the removal of the granulation, head bone, etc., was almost painless, and in six weeks the patient was free from the headache, and ultimately recovered. Archives of Otology, vol. xiv., Nos. 2 and 3, 2123, June and September, 1885.

THE TREATMENT OF PELVIC ABSCESS BY INCISION AND DRAINAGE.*

BY PAUL F. MUNDÉ, M. D.,
Of New York.

The author drew the following conclusions:

1. Pelvic abscess in the female is not very common in proportion to the frequency of pelvic exudations. It probably does not occur in more than ten per cent. of all cases. The majority of cases terminate in spontaneous absorption of the exudate.

2. Pelvic abscess may be extra-peritoneal, most commonly the result of pelvic cellulitis, or it may be intra-peritoneal, the result of pelvic peritonitis. The adhesions in the latter case might make the abscess practically extra-peritoneal. Abscess of the ovary and pyosalpinx did not fall into the division of pelvic abscess proper.

3. In small, deep-seated pelvic abscess, not containing more than two ounces of pus, and in multiple abscesses of the cellular tissue, a permanent cure might be effected by simply evacuating the abscess cavities with the aspirator.

4. About one-half of the abscesses open spontaneously into the vagina, rectum, or pelvic or abdominal wall. These abscesses may heal spontaneously, or they may require surgical interference.

5. Abscesses containing more than two ounces of pus should be opened by free incision, cleared of debris, and drained, if necessary, through a drainage-tube.

6. This incision should be made at the point where pus points most distinctly, usually in the vagina.

7. In a certain number of cases pus points in the abdominal wall, usually at the iliac fossa; and here the drainage-tube would be required.

8. In some cases in which the pus burrowed deeply into the pelvic cavity it would be advantageous to make a counter opening through the vagina, and establish through drainage from the abdominal wall into the vagina.

9. Opening a pelvic abscess which points in the abdominal wall does not differ from this procedure in other cases, and is not attended by greater danger when adhesions have taken place.

10. Chronic pelvic abscess—abscess bursting spontaneously and discharging through the vagina, rectum, and elsewhere—might exist many months or years, and prove exceedingly difficult to cure; this is particularly the case when it opens high up in the rectum. A counter-opening should be made in the vagina, for Dr. Mundé doubted the propriety of enlarging the rectal opening even if it were possible to reach it.

11. In doubtful cases, aspirate and establish the diagnosis.

12. The majority of cases of pelvic abscess will recover.

* Abstract of paper read before the Medical Society of the County of New York.

PROLONGED ANÆSTHETIZATION BY INCARCERATION OF THE ANÆSTHETIC FLUID IN THE FIELD OF OPERATION.*

BY J. LEONARD CORNING, M. D.,
Of New York.

The fluid employed was solution of hydrochlorate of cocaine. Dr. Corning first mapped out the course of the veins, rendering them prominent by a moderately tight rubber bandage on the limb, which obstructed the return circulation. He then rendered the limb bloodless by means of an Esmarch bandage. The injection was made very superficial at first, to avoid pain from the needle, and after partial anæsthetization, the extent of the injection could be enlarged. Before sufficient time had elapsed for the fluid to be carried away into the general circulation, the tourniquet was applied at the upper edge of the anæsthetized zone, thus incarcerating the liquid in the field of the operation. If the tourniquet could not be employed on the part operated upon, he made use of hæmostatic rings. By making pressure upon these the circulation could be markedly decreased in the part injected. This method had now been employed by a number of physicians and surgeons in this city, who would testify to its excellent effects. A one, a one-half, a one-third, and even a one-fifth per cent. solution of hydrochlorate of cocaine was sufficiently strong to produce local anæsthesia by this method. But a one-fifth per cent. solution was not reliable. A one or a half per cent. solution was usually preferable.

* Abstract of paper read before the Medical Society of the County of New York.

—The vaccine from revaccinated children is of doubtful protective potency, according to the observations of M. Blot, recently reported to the *Académie de Médecine*.

Hospital Reports.

CHILDREN'S HOSPITAL OF PHILADELPHIA.

Service of Dr. John Ashhurst.

Arthritis of Knee.

This little boy, aged ten years, fell from a swing, striking his right knee on a stone. He did not complain at the time, and his family had no idea that he was hurt until they noticed that he walked lame. His parents are healthy, and an inquiry into his own medical history only reveals that he had measles when quite young and scarlet fever a little more than a year ago, but there were then no joint sequels. He was in another hospital for seven months, where the joint was aspirated and half an ounce of pus withdrawn; after which, tincture of iodine was used locally for some time, and subsequently equal parts of belladonna and mercurial ointment were applied to the knee, and the limb was encased in plaster-of-Paris. He was given internally liquor ferri iodidi.

Under this treatment, the circumference of the knee diminished about one and one-half inches. When he entered the Children's Hospital, the joint was enlarged, there was but little, if any, increase of heat, and the joint was not painful. The movements were diminished, there being a tendency to anchylosis. Tincture of iodine was used locally and a plaster splint applied. After about three weeks the splint was removed, and the knee was found inflamed, which, it was supposed, was due to the iodine. He was put to bed and lead-water and laudanum used. Five days later the inflammation was entirely gone, when a posterior splint was applied and he was kept in bed.

Subsequently, the knee was covered with soap plaster and pressure made by a tight bandage. He continued steadily to improve, and was discharged very much relieved.

Fracture of the Femur.

A gate fell on the right thigh of this boy, who is only three years old. One hour later, he was admitted to the hospital. The thigh was flexed on the abdomen, the leg on the thigh, and there was much swelling at the seat of injury. Long and short splints were applied, with sand-bags and a stirrup extension apparatus. Four weeks later the splints were removed and a splint of binders' board adjusted. Two weeks later he was discharged with perfect use of his limb.

Arthritis—Excision of Knee.

This boy, thirteen years old, fell from a shed, six months before his admission, and struck his left knee on the ground. Three months later he had scarlet fever, and from this period the knee became so painful that he was confined to bed, and the joint became anchylosed. After the joint became fixed, the limb being at an obtuse angle, he was able to walk about on crutches. His general condition was fair. Dr. Ashhurst performed excision of the knee-joint; there was very little hemorrhage, and six weeks after the operation the boy was discharged, with a straight leg.

Infantile Paralysis—Lateral Curvature of the Spine, etc.

At six years of age, this little girl (now 9) had "brain fever," after which there was manifested sudden and almost complete paralysis of both the upper and the lower extremities, so much so that she could move neither fingers nor toes. Afterwards there was some improvement, and she seemed to be getting slowly better. When admitted to the Children's Hospital she was large for her age, and her general appearance was good, but she cannot stand without supporting herself on the back of a chair. She has fairly good use of her arms and hands, while the legs are almost useless. There is also quite marked lateral curvature of the spine. A plaster jacket had been put on seventeen months before, and had not been removed since. It was now taken off, and no excoriation or maceration of the skin was noted. There was found decided curvature, with the ribs projecting on the right side, at about the junction of their middle and posterior thirds, while the left side was much flattened behind and prominent in front. She was suspended and a fresh plaster jacket applied. The constant electric current was then commenced on the limbs. Two months later it is noted that for some days past there has been considerable ulceration of the buccal mucous membrane, which has improved under the use of a wash of borax. Becoming again sore, the ulcers were touched with nitrate of silver, all solid diet was interdicted, and she was kept on beef tea and milk. Six months after admission, she had German measles and catarrhal conjunctivitis, for the latter of which borax (gr. x. to f.℥j.) was used, and later nitrate of silver (gr. j. to f.℥j). The eyes continuing to grow worse, the silver was stopped and atropia (gr. iv. to f.℥j.) was used with the borax wash. The left ear now began to discharge, and upon examination it was found that the membrana tympani was ruptured. The girl got along well, and was discharged much improved in all respects.

Membranous Croup—Tracheotomy.

A boy, aged three years, was admitted, suffering from membranous croup, which he had had for six days, but it had not assumed a severe form until two days before admission. His respiration was laborious, surface cyanotic, and presenting all the symptoms of a very severe attack. His parents are healthy, though the mother has a tendency towards a strumous diathesis. The child is large and well nourished. Tracheotomy was performed, shortly after which some of the membrane was coughed out, which brought great relief. During the following night he slept considerably, and all the symptoms were improved. He was ordered

℞.	Tinct. ferri chlor.,	gtt. v.
	Pot. chlor.,	gr. v.
	Syr. simpl.,	f.℥i.

To be taken every three hours.

The next day it is noted that there was much uneasiness throughout the night; he takes his food well, and is bright. The ward is kept at a temperature of 80°, and a vessel of water kept all the time boiling on the stove. The boy is covered with a double blanket, and flannel is placed about the chest, while gauze is laid over the tracheotomy tube to prevent the ingress of foreign matter. For a couple of days the tube is cleansed (with a feather) every three hours. He sleeps well, and takes plenty of liquid diet. The temperature never exceeded 100⅗°, and ten days after the operation is 99°. There is some little irregularity of the action of the heart. Eight days after the operation he is allowed some oatmeal, chicken, and mashed potatoes. Seventeen days after the operation the tube is removed, but there is so much obstruction to respiration, that it is put back; the same experience is had the succeeding day. Eleven days later he is able to be out of bed for three or four hours at a time without undue exhaustion. The above medicine is now stopped. Four days later, he can keep the tube out for a few minutes, but soon becomes strangled, and it must be put back. He can talk out loud with the tube in, sufficient air passing around the tube. Three days later, there was a spasm of the larynx, lasting about ten minutes, when the tube was removed, and the body became cyanotic. This condition was not relieved when the tube was replaced, but it rapidly disappeared when he was put to bed. Six days later the temperature of the ward was let down to from 70° to 72°, and the boiling water dispensed with. Four days later the tube was permanently removed, and shortly thereafter the wound was so nearly closed that an ordinary probe could hardly be introduced. Two days later (it was cold) he was a little croupy, when he was put to bed and kept there until it became warmer. Eight days later he was discharged cured, with the wound entirely healed.

Five days after this boy was discharged, tracheotomy was performed on another boy, aged five years, and he died in a few hours.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

Service of Prof. Parvin.

Prolapsus Uteri.

This woman presents a tumor, and it is for us to find out its nature. She has had several children, and her menses are regular. This tumor projects from the vagina and protrudes between her thighs, and it recedes when she lies down. She has difficulty in evacuating her bladder, but when this is accomplished, the tumor subsides somewhat. The tumor is four or five inches long, and there is a laceration of the perineum. It is very easy to diagnose this mass as a prolapsed uterus. No pessary will give any relief worth mentioning. The woman must be operated upon: the perineum restored, and after amputating one-third of the uterus, replace it.

Probable Ovarian Tumor.

This woman, aged forty-nine years, has had a tumor or swelling of the abdomen slowly increasing in size for seven years. She has not menstruated for seven months. The tumor is nearly symmetrical. In order to get the best idea of the symmetry of a tumor, you should expose the abdomen and stand at the foot of the bed, looking up at it. It is slightly more prominent on the right than on the left side. This might be a pregnancy. We will look for changes in the circulation. Enlarged veins in the abdomen are of no use in the diagnosis of an ovarian tumor unless they are confined to one side. The most common form of enlargement of the abdomen, outside of pregnancy, in a woman, is an ovarian tumor. Ascites may be confounded with ovarian tumor. If this were ascites, the fluid would bulge the abdomen out on the sides and the swelling would not rise up in the median line as it does here. If ascitic the greatest circumference of the abdomen would be found at the umbilicus; in this case it is below that point. In both cases the measurements from the pubic symphisis to the umbilicus and from the umbilicus to the sternum would be increased, but

their relation to each other would not be materially altered in ascites, whereas in ovarian tumor the lower measurement would be much more increased than the upper. In this case the difference between them is three inches; ordinarily it is only about one. This woman measures thirty-one and one-fourth inches around the abdomen at the umbilicus. If ascitic, there would be clear resonance on percussion at the upper part of the tumor, because the intestines would float on the surface of the liquid; but if it were ovarian we would have dullness, as the tumor would directly approximate the walls of the abdomen. If it were ascitic, there would be dullness in the flanks, and the air sound would vary with the position of the patient, the intestines always floating to the highest point. This might be a fibroid or a fibrocystic tumor of the uterus. While somewhat hard to the touch, it is not quite the hardness of a fibroid. There is some dullness here on the left side. We can produce fluctuation in this mass, which proves that it is fluid. This tumor moves noticeably on respiration. In fibroids, we usually have a history of disturbed menstruation, which we did not have here until very recently. In fibroids, also, we should have some enlargement of the uterus. He places the woman in "Sims's left lateral position" (on her left side, with the arm behind her, and the right knee thrown over the left), introducing a speculum, and passes the sound, using a tenaculum to pull down the uterus. He finds the uterus not enlarged. Dr. Parvin dismissed this case by telling the story about the French academician, who, upon being asked a question in science by a lady, replied that he did not know how to answer it; upon the lady asking him what was the use of being a member of the academy if he could not answer it, replied that this membership gave him the right to admit his ignorance. Applying this anecdote to himself, Dr. Parvin said that while he was strongly inclined to regard this as an ovarian tumor, yet he was in some doubt, and would make further examinations before he formed a positive opinion.

Enlargement of the Ovary.

This woman, single, aged 31, complains of great pain in the region of the ovary. In order to locate this pain, we must grasp the ovary, which can be seized between two fingers in the vagina and two fingers pressing down into the abdomen. This is rendered especially easy if the womb happens to be anteflexed. When examining on the right side, we should use two fingers of the right hand in the vagina and on the left the left fingers. If then the two fingers are passed into the vagina, and the abdominal wall is not too tense, we can feel the ovary midway between the pubic symphisis and the anterior superior spine of the ileum. He feels the ovary, enlarged to the size of a walnut, and notes that it is very tender on pressure. The uterus is also here enlarged. The discomfort can be relieved and the enlarged ovary perhaps reduced by the use of glycerine tampons and the application of iodine to the vagina. If we put a solution of iodide and of iodate of potassium on one piece of cotton and a solution of citric acid on another, they will both be colorless; but when we bring them together, the pure iodine is deposited on the cotton and we have its characteristic color. If then we apply these two preparations, one after the other, to the vagina, we have the crystals of iodine deposited just where we want them.

PHILADELPHIA HOSPITAL.

Service of Dr. W. H. Parish.

Diagnostic Signs of Pregnancy.

Dr. Parish is demonstrating practically to the class the signs of pregnancy. Here is a woman within two weeks of labor with her first child. The breast is very large and we have the usual signs. The external os is not transverse (as we find it in multipara) but circular. There is an apparent shortening of the neck of the uterus, which is due to a swelling of the upper portion of the vaginal tissue. There are regular periods of congestion of the uterus during pregnancy, corresponding to the menstrual periods, and at such times, if there is any abnormal condition of the organ, ulceration of the cervix, etc., we may have bloody discharges that simulate menstruation. A woman usually feels the quickening at the fourth month, though Dr. Parish has a patient who has had several children, who can detect it as early as the third and even at two and a half months. The action of the recti and oblique muscles may deceive us unless we are very careful when feeling for the movements of the child; especially is this so in the case of hysterical women, who for various reasons desire to be thought pregnant. The day is cool, and Dr. Parish has, for some time, been handling the abdomen with his cold hands. He now tells us that he has done this for a purpose. He found the uterus somewhat flaccid, seeming to want tone; his manipulation has rendered it tense. Such a proceeding will sometimes

aid us in the diagnosis of an extra-uterine pregnancy; for if the product of conception be not in a muscular bag like the uterus, no amount of cold friction will render the tumor tense. Ballottement is only valuable during the fourth, fifth and sixth months; before that the child is too small, later it is too large. An extra-uterine pediculated fibroid tumor will sometimes strongly simulate pregnancy. The fœtal heart-beat (usually discoverable about the twentieth week) is generally about double that of the mother, ranging from 120 to 160. He recently examined a woman and heard a pulsation in the abdomen of one hundred and twenty per minute; he was about to consider her pregnant, when he felt the pulse in the wrist and found that it was also one hundred and twenty; it was a transmitted aortic sound he had heard. Be careful, therefore, always to compare the pulse heard in the abdomen with that of the woman at the wrist. In this case he listens in all positions, but can hear no fœtal pulse, the abdomen is quite fat, which probably accounts for it. The sounds are usually heard in the course of a line drawn from the umbilicus to the anterior superior spinous process of the ileum. They can be heard better when the back of the child is forwards, because, then, it lies directly against the wall of the uterus, while if this position is reversed, the flexed arms and legs keep the surface of the child away. There is no such thing as a *placental* bruit, still frequently described in text-books. In 1822 this sound was first noted and supposed to be produced in the placenta, and was so named. But it is erroneous; it is really a uterine bruit. It is a blowing sound, as is produced in enlarged vessels, in aneurisms, and it is best heard over the sides of the uterus where the enlarged vessels are situated. Early (about the fourth month) it can be heard in the median line, above the pubes, but when the womb grows larger, it is heard low down in the abdomen and to the sides. A strong proof that it is not placental is the fact that it can be heard for several days after labor and the removal of the placenta. If it were of placental origin, it would possess great diagnostic significance, as, for example, in the detection of placenta prævia, hence, since it is not so produced it is important that this fallacy should be corrected. This bruit may be heard in the case of a fibroid tumor, produced by the enlarged blood-vessels in the hypertrophied uterus, and it may also be heard in marked sub-involution, even for months after labor. A funic souffle is heard in the cord, corresponding to the fœtal heart-beats. Sometimes we may not be able to hear the heart-sounds, and the child may not move under our manipulations, when we are apt to think that it is dead, when such is not the case. When death does occur, the abdomen commences to shrink, if there has been a souffle, it disappears, the uterus becomes more flaccid, loses tone, and "tumbles in," as it were. If the finger can be passed into the womb, and the fœtus is steadied from above, the bones of the head will be movable, if the child is dead, there is a want of tonicity; this symptom alone has caused Dr. P. to suspect death in several cases when he was subsequently proven to be correct. To determine the date of expected labor, count back three months from the beginning of the last menstruation and add seven days to that date.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Stated meeting, December 10, 1885. The president, J. C. Wilson, M. D., in the chair, W. E. Hughes, M. D., Recorder.

Dr. G. E. de Schweinitz presented a tumor of the testicle. Eighteen months before the first evidences of enlargement of the testicle, the patient had contracted syphilis. This led to a diagnosis of syphilitic disease of the testicle, but the steady progress of the enlargement, in spite of specific treatment, soon compelled a change of diagnosis with a consequent removal of the organ. One month after this removal the patient died, with recurrence in the abdomen. Microscopic examination of the growth showed a stroma of young spindle cells, interspersed with variously-shaped collections of cells closely resembling cancer-cell nests. The seminiferous tubules are normal, or their cells are in active proliferation, or have passed out into the surrounding tissue to help form the nests mentioned.

Dr. H. R. Wharton presented a specimen from a case of gelatiniform arthritis of the knee-joint. The joint had been diseased for two years, and was excised by Dr. John Ashhurst, jr. In addition to the usual signs of the disease, the specimen showed a circumscribed patch of caries in the external condyle of the femur.

Also, a larynx and trachea from a case of membranous croup, in which tracheotomy had been performed. The patient, a girl, æt. four years, had had croup for some days

when increasing dyspnœa necessitated tracheotomy. After a period of relief, she died suddenly. Post-mortem examination showed a complete membranous cylindrical cast of the larynx and trachea, extending into the larger bronchi. There was also an ante-mortem heart-clot. The exhibitor remarked that the points of greatest interest to him were the great relief following the operation, although there was much membrane below the point of opening, showing that the dyspnœa was due, to a certain extent, to reflex laryngeal spasm; the extreme smallness of the trachea; the extensive deposit of membrane, and the fact that the trachea tube might easily have been pushed between the membrane and the inner surface of the trachea.

Dr. Carl Seiler thought that in these cases of croup, as well as in cases of foreign body in the larynx, it was a reflex spasm, rather than the direct obstruction, that caused the dyspnœa. He had found that it is not inspiration that is interfered with, but expiration; this would lead to the conclusion that the interference is due to spasm. Now, if it is principally spasm, intubation of the larynx might in some cases supplant tracheotomy; it might at least be tried before tracheotomy is resorted to.

Dr. Wharton thought that in movable foreign bodies it was the expiration that was most interfered with, while in an impacted foreign body, or in an exudation, it was the inspiration; this he had been accustomed to regard as a diagnostic point.

Dr. J. B. Deaver presented a congenitally misplaced right kidney, taken from the body of a subject in the dissecting rooms of the University of Pennsylvania. It was situated opposite the fourth columnar vertebra, resting upon the aorta and common iliac arteries and veins. It derived its blood supply from the aorta and common iliac by two arteries. The two veins emptied into the ascending vena cava and common iliac. The ureter sprang from the anterior surface and entered the bladder normally.

Dr. H. A. Hare presented a patient with an anomalous hand, a negro, æt. 45 years, who had a supernumerary little finger on each hand. Each finger has a nail, and is fairly well formed, but is apparently not connected with a metacarpal bone. He has nine children: 1st, a boy, has six fingers on each hand; 2d and 3d, normal; 4th and 5th, girls, each six fingers on each hand; remaining children normal. He knows nothing of his parents.

Dr. Wharton Sinkler had had a patient under observation some years before, who had a perfectly formed and useful supernumerary third finger, which was, he thought, connected with a supernumerary metacarpal bone. He was one of four sons, three of whom had supernumerary fingers or toes, as also had his father and some of his paternal uncles. There were no deformed females in the family.

Dr. James Tyson recalled two instances of this anomaly, the first in a colored boy, whose father presented the same condition; the second in an idiot, with no family history of heredity.

Dr. de Schweinitz mentioned a case in which this anomaly had passed through two generations. He also referred to a fœtus whose cystic degenerated kidneys he had presented to the Society, in which were present on each side six fingers and toes, in which dissection showed the supernumerary digits to be supplied with supernumerary metacarpal or tarsal bones.

The president had seen several cases of this anomaly in which the supernumerary digit was a mere dermal appendage, situated at the outer side of the hand near the base of the little finger. Two of these instances had occurred in the same family.

Dr. B. A. Randall asked if supernumerary metacarpal or tarsal bones are often to be found in these cases—a point rather neglected in the previous discussion.

Dr. Wharton had seen a case in which there was a well-marked supernumerary metacarpal bone, in connection with a perfectly developed supernumerary finger between the middle and ring fingers.

Dr. H. F. Formad had seen a case in which there was no corresponding metacarpal bone, while in one child's grandfather there was a well developed supernumerary metacarpal bone. The intervening generation was normal.

Dr. W. E. Hughes said that these, like all other anomalies, were very frequently hereditary, and, again, like other anomalies, were much more common in the colored race. There were all varieties of them, from mere dermal appendages, such as are present in the case to-night, to perfect fingers attached to perfect supernumerary metacarpal bones. Between these were cases in which a perfect supernumerary finger was attached to a normal metacarpal bone by a joint separate from the joint of the normal finger. Very rarely there were supernumerary carpal or tarsal bones.

Dr. Hare said the metacarpal or tarsal bones were rare, that dermal appendages

were quite common, and that bifid members occupied an intermediate position.

Dr. A. S. Roberts read notes on a case of deformity of the forearm and hand, with an unusual history of hereditary congenital deformity.

Dr. F. X. Dercum presented the brain of an epileptic imbecile. The dura was somewhat thickened, but not adherent. On puncturing it five ounces of cerebro-spinal fluid escaped. The pia was adherent in a few places. The ependyma was reddened and injected and the velum interpositum thickened. The convolutions were for the most part small and the sulci shallow. The frontal convolutions were little more than outlined and on the right the island of Reil was freely exposed. On each side the fissure of Rolando ran directly into the Sylvian. In the occipital lobes were the points of greatest interest. These lobes were remarkable for the smoothness of their surface. On the lateral surface only a shallow groove corresponded with the normal longitudinal occipital fissure. On the mesial surface the calcarine fissure was short and extended directly into the hippocampal, the posterior end bifurcated on the right, simple on the left. In the right hemisphere the parieto-occipital curved forward and ran for a short distance parrallel with the fissure of the corpus callosum, then abruptly turned upward, terminating upon the lateral surface. A comparatively well marked *pli de passage* was present, but made an obtuse angle of 120° with the calcarine. On the left the parietal-occipital made a right angle with the calcarine, and ran perpendicularly upward to end in a bifurcation on the lateral surface. On this side a large superior *pli de passage* was found. Microscopic examination of the paracental lobule showed the cells in the upper part of the cortex, though numerous, rounded or irregular; in the lower part the cells were comparatively few, pyramidal cells were the exception, and only one or two of the usual large cells were found. The walls of the vessels showed decided change. The reporter remarked that the brain could only suggest atavism in a remote degree, being essentially an arrest of development, which was most marked in the frontal and occipital regions. Further, the condition of the pia and the lateral ventricles, with the excess of cerebro-spinal fluid, point to a brain essentially diseased.

Dr. Formad presented the brain of an imbecile. As a young child the patient had been normal, the imbecility coming on after a sunstroke. The brain was markedly asymmetrical, the left cerebrum twice as large as the right, with an entire difference in the distribution of the convolutions. On the contrary the right lobe of the cerebellum was twice the size of the left. The head was shaped to suit the brain. Dr. Dercum said that from the fact of the brain fitting so well into the skull it would seem as though the condition might have been congenital. Still, in view of the traumatism and the age at which the symptoms commenced, he thought the condition rather one of atrophy. Not only were the primary convolutions perfect, but also the secondary; if it had been congenital the secondary convolutions would most likely be absent and the primary poorly formed.

Also an anomalous brain from a boy, æt. 9 years. He had been healthy and of fully average ability. Death resulted from an accident. There is an entire absence of falx cerebri, the two hemispheres being connected by a bridge of brain substance. There is nothing else abnormal.

Dr. Formad then continued his remarks on the characteristic lesions of chronic alcoholism, presenting illustrative specimens.

Dr. J. P. Stritmarter presented a primary sarcoma of the kidney, occurring in a child 5 years old. There was absence of a history of heredity. Enlargement of the abdomen was noticed soon after a fall and progressed rapidly. The tumor, hard, rounded, and painless, extended from the crest of the ilium to the margin of the ribs on the left, with nodules extending to the median line. Toward the end the lower extremities became œdematous and the superficial abdominal veins enlarged. She died 4 months after the first symptoms. Post-mortem, the left kidney was found enlarged to the size of a fœtal head, with a complete destruction of any normal structure. There were secondary deposits in the peritoneum, omentum, liver, spleen, and right lung. Dr. Formad said he had examined the growth and found it to be a congenital rhabdo-myoma, which had undergone sarcomatous change. Primary renal sarcomata rarely gives metastasis, and he accounted for the numerous secondary growths in this case by the fact that the sarcomatous change was secondary to the rhabdo-myoma.

Dr. T. S. K. Morton presented specimens from a case of pneumonia with meningitis. The patient, when first seen, five days after the initial symptoms, was profoundly comatose and rigid, with finely-contracted pupils and the physical signs of pneumonia. She died in a few hours with no change in the symptoms. The dura was in spots slightly

adherent. Extending the whole length of the longitudinal sinus was a firm white clot. A small vein, occluded by the clot, had ruptured and poured out about a drachm of blood. There was extensive suppurative lepto-meningitis, with considerable effusion in the ventricles. The upper lobe of the right lung was in a state of advanced red hepatization.

Dr. J. H. Musser said the extreme interest of this case arises from the association of apex pneumonia with meningitis, without any lesion in the body, as ulcerative endocarditis, or any septic process to account for their concurrence. As is well known in apex pneumonia, cerebral symptoms are very prominent; and being attributed to functional disturbance of the brain at the present day, there is no attention paid to the active treatment of them. This case teaches the valuable lesson that we must learn to treat these symptoms more actively in many cases, or we may expect frequently disastrous results.

Dr. Tyson said that notwithstanding the absence in the history of any traumatism he could not but think there might have been a blow on the head which was responsible for the pneumonia.

The President remarked the absence of any history of traumatism in the case by which the meningitis might have been caused, and brought into prominence the lesions of chronic alcoholism, a condition in itself strongly predisposing to meningitis. The cerebral symptoms appear to have been not only more intense, but also different in kind from those met with in pneumonia, and particularly apex pneumonia. Though, perhaps, not more intense than is sometimes seen in the apex pneumonias of children, they were certainly different in character. The association of the two diseases, pneumonia and meningitis, he thought accidental rather than causal.

Dr. C. M. Wilson presented a meningocele taken from a patient dying 16 days after birth. The brothers and sisters were healthy, but the youngest had in the temporal region a nævus. The child died in convulsions. The tumor which grew from the posterior fontanelle was as large as an English walnut, was filled with cheesy matter, and its cavity could be reached from the interior of the cranium.

The committee on morbid growths reported, 1, Dr. Dunn's specimen removed from the lumbar region of a cow shows a combination of mycoma with lipoma. 2. Dr. Roberts' tumor removed from the theca of the extensor tendon of the middle finger shows the structure of a pure fibroma.

Card specimens: Dr. W. A. Edwards, Head and Neck of a Tænia Solium. Dr. Morton, Bony Tumor projecting from right side of Falx Cerebri. Dr. J. M. Keating, Congenital Cystic Liver. Dr. R. G. Curtain, Tricuspid Insufficiency. Dr. J. S. Neff, Chronic Endo-Pericarditis, Heart weighing 56 oz. Dr. Tyson, Acute Pericarditis. Dr. Formad, Acute Pericarditis; Heart with three ventricles; Rhabdo-myoma of kidney; two cases of Spina Bifida; Congenital Diaphragmatic Hernia; Congenital Occlusion of Rectum.

Editorial Department.

Periscope.

The Philosophy of Drinking Largely.

We take the following from the *Lancet*, November 28:

We do not speak of drunkenness, albeit the poet has taught us *in vino veritas*. What we have now to say relates to the wisdom and reason of drinking largely of fluids which are in the first place and principally solvents and diluents. Not very long ago those unhappy folk who go wearily and sadly, because, forsooth, they are waxing fat, were warned to leave off drinking largely and to minimize the quantity of liquid they consumed. Never before, perhaps, was there a more mischievous "fad" imposed on a too credulous public than this reduction of the amount of fluid taken. Now the obese are, by the rotary madness of the crazy in physic, counselled to drink deeply. This, at least, is a safe policy, and whether or not it does anything in aid of the removal of fat, it will certainly not produce the evil consequences which have in too many cases been brought about by the abstinence from solvents and diluents. Our concern is not with the "anti-fat" movement; with this we have no sort of sympathy, except in so far as an accumulation of adipose tissue may chance to be morbid. Meanwhile there are physiological

facts in relation to drinking which ought to be recalled by those who know them, and brought to the knowledge of the unskilled in medicine, because they concern the promotion of health. Thus it is essential that there should be constantly passing through the organism a flushing, as it were, of fluid, to hold in solution and wash away the products of disassimilation and waste. Those who do not recognize the fact that three-quarters by weight of the entire organism is normally composed of fluid, cannot fully realize the great need which exists for a copious supply. If there be not a sufficient endosmose, the exosmose must be restricted, and effete matters, soluble in themselves, but not dissolved because of the deficiency of fluid available, will be retained. Take, for example, the uric acid; this excrementitious product requires not less than some eight thousand times its bulk of water at the temperature of the blood to hold it in solution; and if it be not dissolved it rapidly crystallizes, with more or less disastrous consequences, as in gout, gravel, and probably many other less well-recognized troubles. We only mention this particular excrement by way of illustration.

In all, it may be fairly concluded that not less than three and a half pints should be consumed by any person in the twenty-four hours, and when the body is bulky four or even five pints should be the average. It is, moreover, desirable that the fluid thus taken should be in the main either pure water or water in which the simplest extracts are held in solution. When fluid taken "as drink" is itself heavily charged with solid matter, it cannot fairly be expected to so entirely rid itself of this burden in the process of digestion and absorption as to be available for solvent purposes generally, although the separation between solid and fluid ingredients of the food is doubtless fairly complete in the processes preparatory to assimilation. The aim should, nevertheless, be to supply the organic needs in this particular abundantly, and with such fluids as are not overloaded with solids, but simple and readily available as solvents. Another urgent reason for drinking freely of bland fluids is to be found in the need of diluents. This is something slightly different from mere solution. Many of the solids of the tissue waste are of a nature to irritate and even disorganize the kidney, if they be brought to that organ for excretion in too concentrated form. There is no reason to suppose that the kidneys are liable to suffer from overwork if the specific excreting power of the kidney-cells be not too heavily taxed. If only the products of disassimilation be diluted, so that they can be passed through the kidney by the simple process of exosmosis, the organ will discharge its function without injury or exhaustion. As a matter of fact and experience, those who drink innocuous and unstimulating fluids freely do not suffer from kidney trouble, but are almost uniformly healthy, at least so far as the excreting functions are concerned. It is a popular fallacy that the kidneys may and ought to be relieved by the determination of fluid to the surface of the body and perspiration. Except in cases of organic disease of the kidney, or where, as in the elimination of a special product, it is desirable to use the skin as an emunctory, the fluid diverted from the kidney is wasted so far as flushing purposes are concerned.

Case of Diphtheria Complicating Syphilis.

Dr. Valentine Matthews thus writes in the *Lancet*, December 12, 1885:

The occurrence of diphtheria in a case of syphilis before secondary symptoms have appeared seems to me to be worthy of record. In the instance adduced it is obvious that, as the sore throat occurred about eight weeks after the first appearance of the chancre, the symptoms might easily, at the time of their occurrence, have been attributed to the secondary sore throat of syphilis. The aspect of the throat, as will be seen, was characteristic of diphtheria, and presented none of the appearances seen in a syphilitic sore throat. There could be no doubt, from its appearance, the absence of ordinary secondary syphilitic symptoms, and the subsequent palsy of the palate and paresis of the lower extremities, as to its diphtheritic nature. A point of interest in the case is the occurrence of salivation simultaneously with the diphtheritic symptoms. I have been unable to find any reference to diphtheria complicating syphilis; the only recorded case that I know of bearing at all on the subject is one in the *Medical Examiner*, 1876, by Dr. Macneill Whistler, which is, however, the converse of the present one.

F. D., aged twenty, a young man of somewhat irregular habits, who states that he had rheumatic fever in 1881, typhoid fever in 1882, and gonorrhœa eight months ago, came under observation on August 28, 1884, suffering from a Hunterian chancre on the corona of the glans penis, which he first noticed three weeks ago. With the exception of slight enlargement of the inguinal glands, there were no other symptoms of any kind.

He was placed under ordinary anti-syphilitic treatment, and progressed quite favorably, the sore being completely healed on September 19. He was seen on the 6th of the following October, when he had no symptoms of any kind whatever; but on October 9 he came complaining that he had had for the last two days attacks of shivering, loss of appetite, thirst, and sore-throat, with difficulty of swallowing. On examination, the tonsils and uvula were seen to be reddened, swollen, and covered with patches of whitish membrane. These membranous patches had a definite margin, and affected the left side chiefly. Temperature 101°; pulse 128. The anti-syphilitic treatment was immediately discontinued, and the patient ordered to remain in bed and have the fauces sprayed with the solution of sulphurous acid (B.P.) every three or four hours. By the next day (October 10) the greater part of the membrane had become detached and coughed up, leaving ulcerated surfaces behind, but the patient was profusely salivated. The gums and tongue became tender, œdematous, and swollen, and an ulcer about the size of a shilling began to form. The temperature remained between 100° and 102° for two or three days, and then fell to 99°, and shortly afterwards to the normal. To combat the salivation, precipitated sulphur was exhibited. The patient then made a steady recovery, and was advised to go away on October 29.

November 18, 1884. The patient went to Brighton for a fortnight, and on his return complained of difficulty of swallowing, that fluids returned through his nose, and that he had a nasal twang in his voice. This latter was extremely apparent. These symptoms, he stated, first commenced after he had been away a few days. On examination, it was found that the soft palate and uvula were drawn markedly to the right. The larynx showed no abnormal appearance.

By December 4, the voice and deglutition were much improved. The palate acted better, but the patient complained of fatigue in walking, and especially of weakness in the calves. He walked with great difficulty, even with the aid of a stick. On the 19th, the weakness of the calves continued, but the voice and deglutition were practically well. A papular syphilitic eruption had appeared on the trunk and arms, and the anti-syphilitic treatment was resumed. By January 3, 1885, the weakness of the calves had much decreased, and by the 26th the strength of the legs was entirely recovered. With regard to the syphilitic symptoms, the rash on the trunk and arms gradually faded, but on February 13 the patient suffered from ulceration at the angles of the mouth and alæ nasi, accompanied by a papular rash on the face. The symptoms, however, improved under treatment, and by April 13 there was no objective symptom, nor did any occur subsequently, although the patient remained under observation for some months longer.

On the Difficulties of Diagnosis in Ulcer of the Stomach.

Before the Medical Society of London, a paper was read on this subject by Dr. Stephen Mackenzie, who said that, while the diagnosis of ulcer of the stomach was common enough, occasions of testing its correctness were comparatively rare. It had to be borne in mind that cases presented themselves where an ulcer did exist, without giving rise to any particular or characteristic symptoms; and, on the other hand, there might be a complete clinical picture of gastric ulcer, without any such ulcer being discoverable at the necropsy. Dr. Mackenzie read the history of various cases exemplifying the uncertainty of the commonest symptoms, and the errors to which they might give and had given rise. Patients suffering from apepsia nervosa might conduct themselves in every respect like one suffering from genuine gastric ulcer. This condition was one, he said, characterized by absolute incapacity of the stomach to retain and digest food due to nervous causes. The author insisted on the fact that, in cases of nervous origin, any kind of food would probably be alleged to cause pain, even milk; and this, he said, was not generally the case in true gastric ulcer.

The president said that, after Dr. Mackenzie's paper, he was inclined to think that cases of apepsia nervosa were pretty common. He asked whether the craving for peculiar aliments, often of an eccentric kind, such as Dr. Mackenzie had mentioned in one of his cases, had any diagnostic importance. Dr. Ord said he had been struck by the disproportion which so often existed between the lesions and the symptoms to which they gave rise; extensive lesions sometimes causing but slight symptoms, and at other times insignificant lesions would set up quite a grave train of symptoms.

Dr. C. H. F. Routh said that the temperature of the food afforded a valuable diagnostic sign; that in gastritis and ulceration cold drinks were soothing, whereas in nervous cases only warm drinks had that effect. He thought, too, that the increased tenderness

over the site of an ulcer, on passing an electrical current, might be turned to account.

Dr. Samson mentioned the case of a medical man where an ulcer of the stomach which caused death was diagnosed as commencing pleurisy, owing to the absence of definite symptoms pointing to the stomach as the organ affected.

Mr. James Black and Dr. W. H. White quoted cases bearing out Dr. Mackenzie's views.

Dr. Theodore Williams insisted on the very localized tenderness in gastric ulcer.

Dr. Angel Money suggested that the condition of apepsia nervosa should be regarded as the disease present in all cases, and that the ulcer should be considered accidental. The diversity of results would thus be explained.

Dr. T. Stretch Dowse thought inquiries should be made with the view of ascertaining whether there existed any connection between cases of gastric ulcer and ataxia.

Dr. Fowler said that many cases diagnosed as gastric ulcer were attributable to organic disease of the heart.

Dr. Mackenzie, in reply, said that no symptoms could be regarded as pathognomonic. He did not think that gastric ulcers had any connection with ataxia, nor could he admit the probability of Dr. Angel Money's ingenious suggestion.

Right- and Left-Handedness.

Dr. Chudleigh thus writes in the *Brit. Med. Jour.*, December 12:

The functional asymmetry which makes one hand stronger than the other must have some anatomical basis which ought to be be discoverable; but no one yet seems to have detected the cause. Many a time have I gone over the unilateral structures of the body, to consider if any one of them was calculated to influence its own side for good or evil; but I was always accompanied in my search by this baffling forethought, that if I did succeed in finding some cause for a general excess of muscular nutrition in the right limbs, there would be a corresponding excess of nervous nutrition in the right side of the brain; an advantage which, by the the decussation of fibres, would be transferred to the left side of the body, and things would be equal again. Yet, in spite of this difficulty, I have been continually haunted by the idea that it is in the innominate artery, if anywhere, that we are to find the solution of the mystery. The innominate secures for its own subclavian and carotid these advantages over the subclavian and carotid which arise direct from the aorta on the other side. A tube of a given calibre is more effective than two tubes of half that calibre; therefore the innominate, besides serving as a kind of funnel-mouth to catch the stream, is a more effective channel than the subclavian and carotid together would be if arising from the aorta as two distinct tubes.

Again, the innominate lies rather more in a direct line with the aorta than do the two equivalent vessels on the other side; wherefore the innominate would have the advantage of lying more directly in the set of the stream. And the advantage of being a little nearer the heart, even if infinitesimal, is on the same side. Thus the "bend sinister" of the aorta, and the existence of the innominate artery, tend to increase the blood-supply of the arm and brain on the right side. This fairly accounts for a slight excess of muscular nutrition in the right arm; and a slight excess, by provoking use, would induce further development. But the right carotid has the same advantage as the subclavian; how is it, then, that equilibrium is not restored by an excess of nerve-force being sent across to the left of the body from the right of the brain? When we observe that ponderous muscular power can co-exist with a comparatively small brain, as in the elephant and boa, whereas a large brain with small muscle by no means implies muscular power, it seems fair to conclude that an increase of muscle produces more physical effect than an equal increase of nerve-matter, and that consequently the advantages of the innominate tell more on the muscle of the right arm than on the nerves of the left side of the body. But this only accounts for the superiority of the right arm; what can be said about the remainder of the right side? In the first place, not all the right side is superior to the left; next to the arm, it is mainly in the leg that "dexterity" is discernible. In the next place, the superiority of the right leg is not nearly so marked as that of the right arm, and may be due to the fact that a sense of power in the right arm inspires a sense of confidence in all else that is right, whence results more frequent use, and consequent development. Also the advance of the right arm often necessitates the advance of the right foot, as in sword-exercise. But in numerous other cases the left leg, if left to itself, displays a degree of forwardness which excites a suspicion that its inequality is not natural, but induced. I have asked a considerable number of the London Shoe-

brigade which foot their customers usually present first, and the replies have been that the left is first presented almost invariably.

The foregoing theory can be easily tested in several ways. Abnormal cases are occasionally noted where there is no innominate artery, the right subclavian and carotid arising directly from the aorta, like their fellows on the other side. I think that one or more such irregularities were observed last year in the dissecting-room of University College, Liverpool. It would be interesting to learn if there were a history of left-handedness in any of those subjects. Also it sometimes happens that the normal position of viscera is reversed, and all the organs are found to have changed sides. One such case is preserved in the College of Surgeons, and within the last few months another was reported from America. Is it possible to ascertain if left-handedness was observed in either of these?

Some of the facts connected with right and left are curious and interesting. If one offer the right hand to an European adult, the propensity to extend the right hand in return is so strong as to be almost a reflex action. A Bokhara sheik, who suspected Wolff of being a Frank, applied the test of offering him his hand; fortunately for himself, Wolff did not grasp the hand, but responded with a salaam in correct Oriental fashion. But in children, this propensity is either not yet developed, or else is overcome by an innate law of least action. I have tried the experiment of offering my right hand to scores of little children; they invariably give the left, which is nearest, and do not cross the right hand over. If I offer my left, they return the right, again swayed by a law of least action. In sliding on ice, my schoolfellows used to put the right foot forward almost invariably. Though the word Benjamin means Son of a Right Hand, yet the tribe seems to have been notoriously left-handed. The name may have been euphemistic, like Euonumos and Aristera. Von Miklucho Maclay says that Papuans are always left-handed. I should very much like to know something about the Papuan innominate.

Bacteriology of Certain Eye Diseases.

A Swedish physician, Dr. Johann Widmark, who has been engaged in the study of the bacteriology of some ophthalmic diseases, has isolated and propagated in cultures four different bacteria. These he brought into contact with the corneæ of rabbits, producing with each of the different species keratitis with hypopion, which, however, differed in its results from the disease occurring in the human subject as a complication of catarrhal inflammation of the lachrymal sac, as it never led to total destruction of the cornea, but merely left opacities of a greater or less extent. The writer offers a few ingenious suggestions on the etiology of some of the ophthalmic diseases which he has been studying. When the lachrymal canals act normally a continuous current of the secretion is kept up, which carries with it the microbes which have entered the sac; but if any obstruction exist, such as a stricture of the lachrymal canal, the contents of the sac become stagnant, and the microbes which are present there find conditions favorable to their development; they thus cause alterations in the contents of the sac, and this abnormal secretion exerts a violent irritation on the walls and produces an active migration of lymphatic corpuscles; thus the micrococci do not really produce the original affection, but they contribute to set up irritation and to increase the gravity of the disease. Keratitis with hypopion may be produced by several kinds of microbes. The different degrees of the affection are probably due to the different degrees of virulence possessed by the various microbes. The small abscesses of the ciliary roots in inflammation of the Meibomian glands are generally caused by the immigration of the two bacteria named Staphylococcus aureus and Staphylococcus albus. When these abscesses follow inflammation of the lachrymal sac, they are due to the growth of the microbes in the sac, and their subsequent passage with the secretion as it flows back into the conjunctival sac, carrying them to the ciliary roots. Phlegmonous inflammation of the lachrymal sac is usually due to a migration of Streptococcus pyogenes into the anterior subcutaneous tissue. Of the three pyogenic bacteria, two usually make their way to the ciliary roots, the third to the subcutaneous tissue round the lachrymal sac, and this appears to correspond exactly with the clinical manifestations: abscesses in the ciliary roots being generally strictly limited in extent, and producing but little effect on the surrounding tissue; phlegmonous dacryocystitis, on the other hand, frequently becoming erysipelatous. So, according to Ogston and Rosenbach, Staphylococcus albus and Staphylococcus aureus induce circumscribed abscesses, while Staphylococcus pyogenes gives rise to those of a more erysipelatous character.

Cases of Albuminuria Treated Successfully by Fuchsine.

Dr. A. T. Barnard thus writes in the *Brit. Med. Jour.*, December 5:

William R., aged 49, a collier, was admitted on May 8. He had never suffered from any previous illness, and said that he had been a moderate drinker.

There was extreme anasarca of the head, face, and legs, and ascites: the tongue was coated, the breath very foul, and the skin hot and dry. On inquiry, he said he had been working for some time in water in the pit. He complained of pain in the lumbar region. The urine, on examination, was of a pale straw color, and acid reaction, of specific gravity 1015; there was a slight deposit, and it became almost solid with albumen on boiling; under the microscope, granular casts were found. The quantity of urine passed was three or four ounces on the day after admission. The following treatment was adopted: a vapor bath was to be taken three times a week, and a drachm of compound jalap powder every second morning. He was ordered:

℞ [illegible]

this treatment, a grain of fuchsine (in the form of pill, made up with compound tragacanth powder and extract of gentian,) was prescribed to be taken three times a day, and he was allowed ordinary diet.

On July 20, the dose of the drug was increased to two grains three times a day. The amount of albumen when the fuchsine was commenced being one-third, the urine containing crystals of uric acid and waxy casts. The urine (owing to the drug) now assumed a pinkish-red color, and the feces were also colored.

In ten days the albumen was reduced to one-sixth, and on August 13 there was a mere trace, which continued until he was discharged (at his own wish), and made an out-patient, still continuing the fuchsine, which was now reduced to three grains in the day.

His urine was examined every week or ten days, and on the last three occasions there was a total absence of albumen, and nothing microscopically, the fuchsine being reduced to one grain in the day.

On September 30, the patient was discharged, and intended to recommence work.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. W. H. Atkinson, of New York city, has lately read several short papers of general interest before the Dental Society of New York, reprints of which may be obtained. One is on the General Definition of Disease; the other on Sponge Grafting as a means of reproducing tissue. He traces disease in general to a disturbance of the nutrient processes.

——The value of the Friedrichshall aperient mineral water in a wide range of diseased conditions associated with torpidity of the intestinal tract is well set forth by the testimony of a number of British, continental, and American physicians, published in a pamphlet, which may be obtained by addressing Fred. De Bary & Co., New York city. We have ourselves recommended the Friedrichshall in many cases for a number of years past, and its results have been such that we are persuaded that it is second to no aperient water to be found in the market. The water as now furnished is stronger than formerly, as it is obtained without admixture with the adjacent springs of ordinary water.

——In a reprint before us, Dr. Dudley S. Reynolds, of Louisville, discusses several of the causes of failure in operations for the correction of squint. The importance of this subject will be appreciated by all ophthalmologists, and Dr. Reynolds makes some valuable suggestions.

BOOK NOTICES.

Transactions of the Academy of Medicine in Ireland. Vol. III. Edited by Wm. Thomson, M. A., etc. Dublin: Fannin & Co., 1885.

This well-printed volume of nearly 500 pages contains a large variety of interesting

contributions to the different branches of medical science. Many of them are illustrated, by maps and drawings, and by comparative tables. A careful article on cholera, by Surgeon-major Hamilton, seems especially appropriate in view of the late news of its continued prevalence in Southern Europe. The issues of such learned societies as the Academy of Medicine in Ireland should find a place in all our larger medical libraries.

A Compend of the Practice of Medicine. By Daniel E. Hughes, M. D. Physicians' edition, 8vo., morocco. Pp. 399. Philadelphia, P. Blakiston, Son & Co., 1886.

The object which the author of this book had in view was to prepare a convenient summary of the science of medicine, not unlike the quiz books used by students, but pitched on a higher note, and adapted to the use of physicians who wish to keep their memory fresh on those points which are apt to be studied for examinations, and promptly forgotten when these ordeals are passed. This is a good idea, and the author has succeeded very well in his scheme. He presents just enough to keep one well reminded of facts once acquired, without loading the mind with too heavy a task of new acquisition. It would be a right good thing for a physician to read this book over every year, just as Alexander Hamilton made it a rule to read over every year all the propositions of Euclid, in order that the fundamental principles of science may always be present to the memory.

Manuel de Technique des Autopsies. Par Bourneville et Bricon. A. Delahaye. Paris, 1885.

This is a well-written manual, neatly illustrated, and setting forth the most approved plans of making post-mortem examinations.

The Principles and Practice of Medicine. By the late Charles Hilton Fagge, M. D., F. R. C. P., etc. In two vols. Vol. I., 8 vo., pp. 1040. Phila., P. Blakiston, Son & Co. 1886.

Dr. Fagge, a London physician of a family long conspicuous in the profession, was a singularly energetic worker and an easy and pleasant writer. In the latter capacity he contributed numerous articles to the leading journals of Great Britain, translated Hebra's work on diseases of the skin, and prepared for the press the large and comprehensive treatise on the practice of medicine, the title of which is given above.

The last mentioned may be considered the crowning labor of his life, of a life unusually gifted, devoted to medical studies, and furnished with the results of that wide experience which only one of the great cities of the world can supply. To this undertaking, the magnitude of which he fully appreciated, he devoted more than twelve years of his time, but unfortunately did not live to witness its publication. The MS. was edited by Dr. Pye-Smith, a competent person, and now appears for the first time for the American market.

The first volume, the only one which has yet been issued, embraces the sections on general morbid processes, which include contagion, fever, inflammation, tubercle, tumors and syphilis; specific diseases; diseases of the nervous system; neuroses; and diseases of the respiratory system. Each disease is treated in considerable detail, and the facts are presented in a readable style. Every page gives evidence not merely of wide reading and close observation but of what is more rare than either of these, the power of reasoning accurately and presenting a subject lucidly. We cannot doubt but that this masterly production will meet with a ready reception from the American profes-

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Wood's Library of Standard Medical Authors:

Climatology and Mineral Waters of the United States. By A. N. Bell, M. D., etc.

Diagnosis of Diseases of the Brain and Spinal Cord. By W. E. Gowers, M. D.

Diseases of the Lungs of a Non-Tuberculous Nature. By Prof. Germain Sée. Translated by E. P. Hurd, M. D. New York, William Wood & Co.

The three volumes named above are the most recent additions to Wood's Library of Standard Medical Authors. They present a variety of topics, all interesting, treated by authorities of different nationalities—a French professor, an English physician, and an American sanitarian. The work of Dr. Bell will probably be the most generally attractive. It is a carefully-prepared treatise, and the author has enjoyed unusual opportunities.

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Medical and Surgical Reporter

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THE

QUARTERLY COMPENDIUM

OF

MEDICAL SCIENCE.

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It is, in fact, a supplement to the *REPORTER*, being made up of articles which have not appeared in the weekly, but yet are of value and interest to the physician.

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THE INTERNATIONAL MEDICAL CONGRESS.

In answer to a query from a physician in Paris to to whether the International Medical Congress will be held in this country in 1887, the *Medical Record*, January 9, says:

"If we were to give to the foregoing inquiry an answer unreservedly in the affirmative, we should be misrepresenting matters to our Parisian confrères. It is announced positively and officially that there is to be an International Medical Congress. But we must add to this that the American profession is seriously divided over the matter of its management, and that a considerable part of the best men of the profession have been excluded, or have been forced in self-respect to withdraw from all connection with it.

"We are glad to state, however, upon authority, that efforts for a compromise are now being made, and that there are a number of prominent gentlemen in this city, who have heretofore held aloof from the Congress, who are willing to join hands with the present management if such concessions are made as will enable them to do this properly.

"We shall be able, probably within a fortnight, to say whether these hoped-for arrangements have been made, and we shall make the announcement to our French confrères at that time.

"If they are not made, and the present dissensions and disagreements continue, we cannot conscientiously advise foreign physicians to come over here."

While we regret to be compelled to do so, we can only characterize the above as a wilful and deliberate effort on the part of our contemporary to injure the Congress, because a few distinguished leaders in some of our eastern cities so desire.

We most emphatically say that "*a considerable part of the best men of the profession have*" NOT "*been excluded;*" those who are out in the cold, are there because they chose to be—they resigned the positions to which they had been appointed, solely because they found themselves unable to control the American Medical Association, and through it the Congress.

Rather than suffer themselves to be left out, they are willing to let the impression go abroad that the Congress is doomed to failure.

We are satisfied that these gentlemen resigned their positions under a misapprehension; it was supposed that the American Medical Association would be unable to withstand their defection, and would alter its whole course rather than do without them.

But it was forgotten that times had changed since Philadelphia, New York, and Boston ruled medical America; the fact was overlooked that we have a great West and a great South, and that while the whole medical world is ever ready to pay all due respect to the Eastern magnates, it is not as ready as it was to be controlled by them.

Away back in the twenties, when a few men sought to control the medical profession of England, after a while the rank and file revolted and the warfare waxed so high that on one occasion the elder Mr. Wakeley, the champion of the masses, was *forcibly* ejected from the theatre of the College of Physicians (of which he was a member in good standing) by order of the Council.

While we have not yet come to such a pass in this country, and it is to be hoped we never shall, yet the position is somewhat similar.

A few leaders are endeavoring to autocratically govern the mass of the profession, and, apparently, stand ready to endeavor to ruin that which they cannot rule.

In the meantime the regularly-authorized Committee of the American Medical Association are going steadily forward, making arrangements for the Congress that *will be held in Washington in* 1887.

This committee is the agent of the American Medical Association; and right here, we wish to say most emphatically and most clearly, *that we have no sympathy with nor support for any committee, or any set of men, as a committee or a set of men*, BUT WE DO MOST POSITIVELY ASSERT THAT EVERY TRUE PHYSICIAN UNQUESTIONABLY OWES HIS ALLEGIANCE TO THE AMERICAN MEDICAL ASSOCIATION, and is in honor bound to abide by, aid, and support its decisions.

The Congress is being organized under its auspices and direction, hence every man who believes in subserviency to law and order must give his support to this organization.

If the Association at any time sees fit to reconsider its action, if it modifies or changes in toto its present attitude, such change will receive our most cordial support, as it should that of every right-minded man.

Let it be but clearly understood that the question is not that of supporting one or the other party, but of supporting or rebelling against the power of the American Medical Association; let it be realized that, unfortunately, many of our leaders are on the side of opposition; let it be appreciated that their position is much like that of minority leaders in South American Republics, who would rather ruin than be governed by those who are distasteful to them; let these points be clearly understood, and the whole matter is plain.

There can be but two sides to this question. On the one hand are arrayed those who would support the American Medical Association; on the other, those who would crush it because it will not do their bidding.

Next spring will decide who are in the majority.

In the meantime let us again most positively state that the Congress will be held, and will be well worthy of attendance.

THE SCHOOL BOOK TEMPERANCE CRUSADE IN PENNSYLVANIA.

Two pamphlets are before us, one by Mrs. Jos. D. Weeks, "Superintendent of the Department of Scientific Temperance Instruction" of the Woman's Christian Temperance Union of Pennsylvania; the other the reprint of an editorial by Dr. Henry Leffmann, of this city, on "Temperance School Books."

Mrs. Weeks gives a report of her labors in securing the passage of the law in this State which forced upon the public schools the use of text-books of physiology and hygiene which teach that the use of alcohol in any form as a beverage is ever and always injurious.

This is what she and those of her army call "scientific" temperance instruction! The absurdity, the untruthfulness of such a claim is known to every unbiased physician, physiologist and historian. The object in these books is not to teach what is true, but what is agreeable to the sentiments of a class, and what is salable under the statute. It is the grossest perversion of the name of science which can be shown in the record of even the careless and corrupt legislation at Harrisburg.

Dr. Leffmann points this out in a few but strong words in his editorial. Himself an expert chemist and able physiologist, he feels how false is the position of those who try to substitute their own wishes for the truths of nature. He observes:

"There is no doubt that under the stimulation of the law, a large number of text-books of a highly strained and artificial character have been produced; that prominent book firms are now engaged in spending large sums of money for the purpose of bribing and corrupting those who have the control of the text-books in the schools; and further, that a strong effort is being made to secure the endorsement of particular books, not because they have scientific merit, per-

spicuity, or capabilities of instruction, but because they conform to an arbitrary standand largely sentimental; in fact, because they are 'orthodox' on the question."

The ultra temperance agitators flatter themselves that they have gained a great victory in this law for the promotion of lying. But false methods injure good causes, and this attempt to cram into school children what they will be sure to unlearn in after life, will surely hurt the cause of judicious temperance, the benefit of which is conceded by all, and which all are ready to advocate by *honest* means.

TECHNIC OF THERMOMETERS.

At the last meeting of the Academy of Sciences of Berlin, Prof. Auwers reported on a series of experiments which H. F. Wiebe, together with Prof. Abbe and Dr. Schott had been making in Jena, with regard to the technic of thermometers.

All thermometers now in use are imperfect in so far that the glass tubes containing the mercury cannot resist the influence of warmth.

Wiebe has discovered a glass which can be easily prepared, and which is affected by heat in far less degree than the kinds of glass in use up to the present. The glass of Wiebe, which he calls the "Tenenser glass," on continued exposure to heat, at 100 degrees, shows a fault of only $\frac{1}{50}$ degree, which is of no importance. The "Tenensen" glass is composed of

67.5	parts	Ac. silicicum,
14.0	"	Natron,
7.0	"	Zinc. oxydatum,
7.0	"	Lime,
2.5	"	Aluminium oxydat. ($Al_2 O_3$),
2.0	"	Acid. boricum.

Another kind of glass, which has the same qualities, is composed of

52.0	parts	Ac. silicicum,
9.0	"	Potassium,
30.0	"	Zinc. oxydat.,
9.0	"	Ac. boric.

ANTISEPSIS IN THE GERMAN ARMY.

For some years past the military authorities of Germany have had in view the introduction of an antisepsis in the treatment of wounds on the battle-field. This method would hinder the wound from becoming a receptacle for microbes, and without claiming perfection for it, or asserting it to be the only correct treatment, still, as Dr. v. Bergmann said on the occasion of the 55th German "Naturforscher Versammlung," it almost reaches the ideal treatment of wounds. Last spring at the suggestion of the Empress, the Minister of War called a conference of prominent military physicians, surgeons, and hygienists, to decide as to the advisability of introducing antiseptic treatment on the battle-field and in the military hospitals. The question having been answered affirmatively, the military authorities have asked for the sum of 800,000 marks, which have been granted, for 1886–87.

Another question now arises, namely, whether the army has a sufficient and competent staff, who understand the application of antisepsis? According to the most prominent authorities, the successful application of this treatment requires a thorough scientific education, each separate case having to be carefully judged and considered, and the treatment fitted to the individual circumstances.

Notes and Comments.

The Relation of Phthisis and Pneumonia to Syphilis.

That there is a form of degeneration of the lung due to syphilis, as well as a consolidation due to the same cause there can be little doubt. Dr. William H. Porter (who contributes a very interesting article on the subject to the *N. Y. Med. Jour.*, August 1), defines pulmonary syphilis as a condition of the lungs in which there is a progressive thickening of the walls of the vesicles; this change is often associated with inflammatory deposits, gummy formations which, degenerated into cheesy masses, become encapsulated or liquefy, and give rise to cavities. The first is best classified as syphilitic pneumonia, the second as syphilitic phthisis.

He concludes his article as follows:

1. *Etiology.*—Pulmonary lesions attributable to syphilis are very common, more so in females than in males with the maximum number of cases occurring between thirty and forty years of age; it is as frequently, if not more frequently, inherited than acquired.

2. *Pathology.*—Is most frequent at the apex; usually involves both lungs; is a peculiar pneumonic process in the early stages, while later cavities are formed, and it becomes phthisical in the sense of progressive consolidation, followed by softening and the formation of cavities. There is a strong resemblance, but a positive difference, between syphilitic and tubercular phthisis, and a

positive anatomical difference between a syphilitic and a military tubercle.

3. *Symptoms.*—These are peculiar and diagnostic.

4. *Diagnosis.*—This rests mainly upon the rational history and physical signs, the extreme dyspnœa, the periosteal tenderness, and an absence of an increased bodily temperature.

5. *Prognosis.*—This depends upon an early recognition of the trouble.

6. *Treatment.*—It must be anti-syphilitic to be of any avail. Many cases are unaffected by iodide of potassium alone, unless under enormous doses, but a rapid improvement follows upon the use of the biniodide of mercury, iodide of ammonium, and the iodide of potassium.

The Nature and Treatment of "Blackwater Fever."

The *London Med. Record*, July 15th, says:

We are indebted to French naval surgeons for almost all we know of this particular form of fever, which they describe under various names—*e. g., Fièvre bilieuse melanurique, F. pernicieuse ictérique, F. bilieuse nephrorrhagique, F. icterodes remittens*, etc. English writers on the diseases of tropical climates are singularly silent on the subject. Dr. Farrell, acting colonial surgeon of the Gold Coast Colony, whose pamphlet is printed for the Government of the colony, gives a very good account of this fever, with cases and temperature charts. He strongly maintains its paludal or malarial origin. The peculiar clinical features of the fever are, that it only attacks those already deteriorated in health. It is very often preceded by simple attacks of intermittent fever, with progressive anæmia and sallowness. The onset is invariably sudden. The quality of the vomit and urine is peculiar. The jaundice is uniformly distributed, not in patches of varying degrees of intensity; it is seen from the very first onset of the disease, and varies with the general condition. The type of accompanying fever is remittent or intermittent, even in the worst cases. The appearance of the face is dejected; the conjunctiva is yellow, but not injected. There is tenderness of the gastro-hepatic region. The pulse follows the fever. It is not contagious. In all these respects it differs from yellow fever. The urine gives no reaction of bile; but, on the contrary, the spectrum of hæmoglobin. Microscopy shows a few altered blood-corpuscles, amorphous granules, a few epithelial casts, triple phosphates, and acid urates. Heat and nitric acid give a variable proportion of albumen. Sodium chloride and acetic acid show the characteristic crystals of hæmatin. The prognosis is necessarily grave. As regards treatment, the author recommends large doses of quinine, calomel at the onset, and occasionally afterwards, in doses of from ten to twenty grains, not only for its action on the liver and as a sedative to the stomach, but an antiseptic, which may serve to minimize the self-infection which is apt to occur in fevers of this kind.

The Hæmostatic Properties of Ambrosia Artemisiæfolia (Rag-weed).

Dr. J. H. Hill reports this case in the *North Carolina Med. Jour:*

"On the morning of the 12th of May, at 8:30 o'clock, I was called to see Ellen Dosmond, aged eight years. I got the following history from the mother: Had recently removed to Goldsborough from Norfolk, Va. For the past five years had been subject to frequent spells of epistaxis, for which she had been treated by four physicians of Norfolk, frequently requiring the plugging of the posterior nares. Any slight cut would bleed excessively, and they were afraid to have her teeth extracted, she bled so. Two years ago had her ears pierced for earrings, and the hemorrhage was so great they feared she would die. I found a stout girl, well grown for her age, but the complexion muddy, face puffed, no purpuric spots, though at times, her mother said, her face was covered with purple spots the size of a pin's point. She was bleeding freely from the left nostril. I gave her a portion of rag weed to chew, and had a strong infusion made, of which I gave her a tablespoonful every half hour. I made a plug of some of the weed and inserted it into the nostril; in fifteen minutes all bleeding had stopped. I called again at 10:30 o'clock—no bleeding; at 1 o'clock—no bleeding. At 6 o'clock the grandfather called to see me, and said the child was up and playing about, and has continued so ever since."

Sudden Origin of Diabetes.

I will now, said Dr. Pavy, before the last meeting of the *Brit. Med. Ass.*, refer to instances where the disease has come on suddenly. In December, 1876, I was consulted by a lady, aged 35, in whom diabetes had supervened quite suddenly, four weeks previously. She was, at the time of the attack, nursing a two-months'-old infant, when her

supply of milk ceased all at once; and, contemporaneously with the cessation of the lacteal secretion, she noticed that she became very thirsty, and passed an abnormal quantity of urine. Four years previously she had sustained a severe nervous shock, with injury to the spine, in a railway collision, which led to her being bed-ridden for a period of eight months. She was, however, supposed to have recovered perfectly from this accident, and I am, of course, quite unable to say whether it had any bearing on the production of her subsequent illness.

Another instance of the disease coming on suddenly, occurred in a lady, who dated her illness from one evening when she had dined out with friends. Previously to this, her her health had been in all respects good. In the course of the evening she became very thirsty, with a thirst that nothing could quench, and she was at once afterwards recognized to be suffering from diabetes. Here the history was very clear; nothing unusual had been remarked during the day, until in the evening the thirst manifested itself.

Yellow Oxide of Mercury in Dyspepsia Due to Chronic Hepatitis.

Dr. E. A. Frimont thus writes to the *Med. Age:*

I have a clinical case under treatment which induced me to try tablets of yellow oxide of mercury (P., D. & Co.'s), and as the result has been very satisfactory, I hasten to make a note of it for the benefit of the medical profession.

A lady, 35 years of age, called on me complaining of periodical pains about the epigastrium and a pronounced sensitiveness in the right hypochondrium, with errratic uneasiness in her shoulder. Symptoms of jaundice were well marked; tongue coated; temperature and pulse normal. On percussion I detected an enlargement of the liver, the encroachment of which on the thorax gave rise to irregular respiration and fatigue. Digestive troubles were present in the form of dyspepsia. I did not hesitate to make a diagnosis of chronic hepatitis, with dyspeptic complications.

It occurred to me to try the tablets of yellow oxide of mercury, and after fifteen days' use of them, I am gratified to learn that my patient complains neither of suffocation nor of gastric disorders, and now by a thorough palpation I discover that the hepatic enlargement has so diminished that the liver has almost regained its natural size.

Gonorrhœal Rheumatism.

Whether there is or is not, such a disease has been repeatedly discussed, strong arguments being advanced on either side. Dr. R. W. Stewart, who contributes a long article on the subject to the *Cincinnati Lancet and Clinic*, November 7, 1885, thus concludes:

To sum up, I believe the disease, gonorrhœal rheumatism, exists for the following reasons:

1. Because the gonococcus of Neisser has been demonstrated, not only in the urethral secretions, but also in the effusion about a joint.

2. That in the majority of cases reported, even by those opposed to the existence of the disease, the following array of symptoms has been presented: Little or no fever, affection limited principally to one, or, at most, to two joints; presence of hydrarthrosis or synovitis; pain and swelling.

3. That in numerous cases the rheumatism always recurs when gonorrhœa is present.

4. That cases of rheumatic affection, in which the presence of a gonorrhœa had not been suspected, were treated without avail, until the gonorrhœa was found and cured.

Optic Neuritis in Kharkoff.

From a paper by Dr. Schmidt, in the October number of the *Russian Ophthalmic News*, we learn that during the last thirteen years the number of patients with optic neuritis seen in Prof. Hirschman's ophthalmic clinic in Kharkoff has been 279, these cases forming four per cent. of the whole. The majority were male patients. Generally both eyes were affected, the disease being confined to one eye in 30 cases only. By far the largest proportion occurred in patients of from twenty to forty years of age. The ophthalmoscope showed that 180 were cases of papillitis, 82 of papillo-neuritis, and 17 of neuritis retrobulbaris. Most of them were due to syphilis, and were accompanied by internal syphilitic affections, kidney disease, emaciation, etc. The cause of the disease could not in many cases, however, be clearly made out. The result was usually more or less complete atrophy, the cases of improvement being less numerous, and those of cure least of all so.

The Insidious Onset of Diabetes.

In the *Brit. Med. Jour.*, December 5, Dr. F. W. Pavy thus writes:

Now, as to the mode of onset of the disease; in one set of cases this takes place

gradually and insidiously, in another, quite suddenly. I do not doubt that in many instances it may exist for some considerable length of time, without exciting any suspicion of its existence. I have occasionally been enabled to prove this in patients living in the country, especially in clergymen and persons who wear clothes of black cloth, through the white stains, which are left on drying, from the urine which has splashed over the trousers, while micturating against a wall or on the ground. Such stains are very troublesome to remove by brushing, and when found on trousers which may have been put aside and not worn for a few years, as sometimes happens, we are at liberty to assume that the urine at that time contained sugar. I have heard of hotel servants, whose duty it was to brush the clothes, recognizing diabetic patients from the difficulty experienced in brushing out these stains. I have noticed that it is especially in elderly people that we find this gradual onset.

Cases of Cure in Diabetes.

Dr. F. W. Pavy thus spoke before the last meeting of the Brit. Med. Ass.:

"Although diabetes, when once developed, generally persists, cases occur where it has disappeared. I have, from time to time, met with these cases in my practice; I do not allude to a mere control of the disease under dietetic management, but a complete eradication. For instance, in May, 1881, I saw a gentleman, aged 41, who was the subject of the disease, and was passing a large quantity of sugar in his urine, which had a specific gravity of 1036, and contained 57 per 1,000 of sugar. This patient was highly neurotic. My last recorded observation about him is dated March 13th, 1884, at which time the sugar had entirely disappeared from the urine, although the patient was not dieting himself in the least, and ate of anything that came before him. Curiously enough, his wife had become the subject of the disease. She consulted me on that account in January, 1884, and I rather apprehend that it will not disappear from her in the same manner that it has disappeared from her husband."

Acute Febrile Glycosuria.

The following rather unique case was related to the last meeting of the British Medical Association by Dr. E. M. Skerrill:

The special peculiarity of the case was the association of a febrile attack, possessing no specific features, with a condition of acute glycosuria, in which the characteristic symptoms of diabetes—thirst and the excretion of a large amount of sugar-laden urine—were prominent features. The fever persisted for eleven days, and during this period the diabetic phenomena were pronounced; and with the subsidence of the pyrexia, the sugar disappeared from the urine. As respects the exact relationship of the fever and the glycosuria in this case, inasmuch as there is no reason to believe that the excretion of sugar in itself has any tendency to excite pyrexia, this instance must be regarded as analogous to those cases of intermittent fever in which the glycosuria is directly induced by the febrile state, and where its phenomena disappear when the fever abates.

The Use of Tobacco.

The *Quarterly Journal of Inebriety* tells us that M. Vallin read a paper before the French Society of Hygiene on the danger from the use of tobacco. He showed that cardiac narcotism, manifested by an intermittent pulse and tendency to faint, was common among excessive users of tobacco. A discontinuance of its use would be followed by a cessation of these symptoms. In children, chloro-anæmia and diminished blood corpuscles were present. Blowing sounds were noted in the carotid arteries, and a general dullness was noticed. Young persons with this chloro-anæmia from the excess of tobacco often develop pulmonary phthisis. Women who smoke suffer more than men, and have more cardiac symptoms. Young men who use tobacco to excess, are more often inclined to find in alcohol a relief from their nerve disturbances, and hence more often resort to drink.

Anisic Acid as an Antipyretic.

From the *Therapeutic Gazette* we note that one of the most recent additions to the list of antipyretic remedies is anisic acid, formed by the oxidation of the oil of anise. It occurs in the form of colorless, prismatic crystals, soluble in alcohol and ether. In its antipyretic effects it resembles salicylic acid, and it is decidedly antiseptic. It causes increased arterial tension, and has a feeble toxic action, causing epileptiform convulsions in animals when it is injected into the veins in large quantities. In its pure state it is said to form a good dressing for open sores. Its use as an antiseptic is not followed by any unpleasant after-effects, as is sometimes the case with salicylate of sodium.

Acorn Chocolate for Diarrhœas.

The *National Druggist* tells us that in the Augusta Hospital for Children, in Berlin, diarrhœas, acute and chronic, are most successfully treated by giving the patients to drink almost *ad libitum* a kind of chocolate to which the name of *Eichel-cacao*, or acorn chocolate, has been given. It consists of cacao which has been freed from its oily principle, mixed with an aqueous extract of roasted acorns, with the addition of toasted cornmeal to give the fluid a consistency, the whole being sweetened to suit the taste. The drink is taken with avidity by the little patients. It tastes like chocolate, in fact, can scarcely be distinguished from the pure article, and is very nourishing. It has proven of exceeding value in the treatment of chronic diarrhœa especially.

Cocaine in Whooping-Cough.

Dr. Prior, of Bonn, (*Berliner klinische Wochenschrift*), has treated several cases of whooping-cough with cocaine, with good results. As is evident on *a priori* grounds, he does not consider the drug a specific, but simply a means of relieving and reducing the number of the paroxysms. He used fifteen and twenty per cent. solutions to paint the fauces, the inter-arytenoid fossa, and the vocal cords, with the result of prolonging the interval between the attacks, and lessening the severity of these. The treatment was resorted to twice daily, great stress being laid on the necessity of producing at the time complete anæsthesia of the fauces and upper part of the larynx. Inhalation of a twenty per cent. solution four times a day was not so successful as painting.

Diabetic Coma.

Acetonemia has, not infrequently, been set down as the cause of diabetic coma; but as with every other point in connection with this little understood disease (diabetes), this theory has had its opponents, and among them we must class Dr. F. W. Pavy, a distinguished authority on the disease, who told the last meeting of the British Medical Association that he is inclined to believe that the coma depends on an exhaustion of certain nerve centres. A simple attack of vomiting may lead to it in a diabetic patient, who has not been able to eat anything for a day or two. Fatigue, or anything which tends to throw the patient off his balance, will conduce to it, and he has often seen it in patients who have undertaken long journeys to see him. They were buoyed up by hope on the way, but when they presented themselves in his consulting room, he recognized the first indications of the advent of coma, and the patient has died in a day or two.

A Prostatic Catheter.

To the Clinical Society of Maryland, (*Maryland Med. Jour.*, October 31,) Dr. Christopher Johnston, Jr., showed a catheter made at the suggestion of Dr. Christopher Johnston, Sr. The instrument was peculiar in having a wedge-shaped point with lateral openings. The wedge assisted its passage through the prostate, while the lateral openings facilitated the drainage of the bladder. At the distal extremity this instrument was curved anteriorly for about ⅓ its length, to an angle of about 45°, the curvature being claimed to assist the patient in introducing it himself while in the erect position.

Correspondence.

Rapid Dilatation of the Cervical Canal of the Womb for Sterility and Dysmenorrhœa.

Eds. Med. and Surgical Reporter:

So many of the readers of your valued Journal have written to me for a description of my mode of rapidly dilating the canal of the womb, for sterility and for painful menstruation, that I ask permission to reply to them through your columns.

The instruments which I employ are two Ellinger dilators of different sizes. These are the best, on account of the parallel action of their blades. The smaller of these dilators has slender blades, and it pilots the way for the other, which is much more powerful, and with blades that do not feather. I have had the beak of each dilator changed from the original obtuse angle to a slight curve, so that either can be reversed within the uterine cavity without twisting the womb on its axis. The lighter instrument needs only a ratchet in the handles, but the stronger one should have a screw with which to bring the handles together. Lest the beak should hit the fundus uteri and seriously injure it when the instrument is opened, the blades are made no longer than two inches, and are armed with a shoulder which prevents further penetration. The larger instrument opens to an outside width of one and a half inches, and it has a graduated arc in the handles by which the divergence

of the blades can be read off. The blades are roughened by shallow grooves, or corrugations, which keep the instrument from slipping out. These instruments have been made under my supervision by Messrs. J. H. Gemrig and Son, of Philadelphia, and I can recommend them highly.

In a case of dysmenorrhœa, or in one of sterility from flexion or from a narrow canal, my mode of performing the operation of rapid dilatation is as follows: The patient is thoroughly anæsthetized, and a suppository containing one grain of the aqueous extract of opium is slipped into the rectum. She is then placed on her back and drawn to the edge of the bed, the knees being supported by her nurse. The vagina is next thoroughly cleansed with a 5% solution of carbolic acid. By the aid of a strong uterine tenaculum, applied through my bivalve speculum, the cervix is steadied, and the smaller dilator is introduced as far as it will go. The light must be good, so that the operator may see clearly what he is about. Upon gently stretching open that portion of the canal which the beak occupies, the stricture above so yields that when the instrument is closed it can be made to pass up higher. Thus, by repetitions of this manœuvre, little by little, in a few minutes' time a cervical canal is tunnelled out, which before could not admit the finest probe. Should the os externum be a mere pin-hole, or be too small to admit the beak of the dilator, it is enlarged by the closed blades of a straight pair of scissors, which are introduced with a boring motion. As soon as the cavity of the womb is gained, the handles are brought together, and the canal kept dilated for about five minutes. The small dilator being now withdrawn, the larger one is introduced and the handles are slowly screwed toward one another.

If the flexion be very marked, this instrument, after being withdrawn, should be reintroduced with its curve reversed to that of the flexion, and the final dilatation then made. The ether is now withheld, and the dilator kept *in situ* until the patient begins to flinch, when the instrument is closed and removed, and the vagina again syringed out with the solution of carbolic acid. A few drops of blood trickle out of the os. Occasionally a slight flow of blood will last for several days after the operation, simulating the menstrual flux. Often this flux is precipitated or it is renewed, if the operation follows or precedes it too soon. The best time for dilatation is therefore midway between two monthly periods.

In the great majority of cases I dilate up to one and a quarter inches. Sometimes, in an infantile cervix, which does not readily yield, and might give way, the handles are not screwed closer than three-quarters of an inch or an inch. Slight tearing of the cervix has happened to me four times out of two hundred and twenty-three cases; but the rent was not large enough to need any stitches. For slight dilatation, such as for the office treatment of sterility or of dysmenorrhœa, or for the introduction of the curette, or of the applicator armed with medicated cotton, the more delicate instrument is quite strong enough, and an anæsthetic is not needed.

After the full dilatation under ether, the patient needs rarely more than two or three suppositories, and complains merely of soreness for one or two days. To forestall any tendency to metritis, she is kept in bed until all tenderness has disappeared. Pain is met by rectal suppositories of opium, and by large poultices laid over the abdomen. I have seen slight pelvic disturbance arise from this operation, but it has always been readily controlled, and has not given alarm.

Of what this operation can accomplish let me give one illustration. An unmarried lady had from puberty painful menstruation. This grew worse, as it usually does, until it became too severe to be controlled by chloral or even by hypodermic injections of morphia. Anæsthetics were finally resorted to, and her health began to break down under the strain. At one monthly period her agony was so great that two physicians were employed for forty-eight hours in taking turn about in keeping her under the influence of chloroform. This experience induced them to send her to my private infirmary, where the sharply anteflexed and narrow canal was dilated to the extent of one and a quarter inchs, in the manner which I have described above. This one operation so effectually cured her that she has not since needed to take to her bed or to resort to narcotics durher monthly periods.

William Goodell, M. D.

Ether or Chloroform after Cocaine.

Eds. Med. and Surg. Reporter:

In your journal for December 26, 1885, page 748, an error occurs which should be corrected, and concerning which I write you as I am in part responsible for it. In the narration of the case in question, in which, after the hypodermic administration of cocaine, it became necessary to employ general narcosis (chloroform being selected as the

anæsthetic), I was fully impressed with the idea that death ensued, and so stated in the discussion at the Pathological Society. In order to ascertain the particulars of this case, I wrote to the surgeon who had spoken to me of it, and then learned that although the patient made a narrow escape, he was restored by artificial means. In the minutes of the Society at the next meeting I corrected this error.

I think this experience justifies the employment of great caution in attempting narcosis by ether or chloroform after cocaine. Chloroform is such a dangerous agent, that its use, already restricted to a limited number of cases by a large majority of leading American surgeons, should be certainly excluded from patients already under the influence of cocaine.

JOHN A. WYETH, M. D.

New York City.

NEWS AND MISCELLANY.

The Popularity of the Pennsylvania Hospital.

This is one of the very few institutions of the kind that have been started and kept up so long with little or no aid from the public fund. Except that the Provincial Assembly of Pennsylvania voted a small sum in 1751, and that the Assembly gave at the close of the last century about $70,000 for the erection of additional buildings, the hospital has had no aid from State or city government. It has lived and grown great upon the free gifts of the citizens of Philadelphia and Pennsylvania. Never was an institution started that carried with it at the outset such manifestations of popular favor. Mechanics, and even the poorest day-laborers, deducted something from their ordinary wages for the benefit of the hospital, and it is to the credit of the successive managers that they have never forgotten this early aid, and while there has been a bed or cot in the place, no sick or injured mechanic, nor no maimed or infirm member of a laborer's family has ever failed in the past one hundred and thirty years to find ready care and treatment at the Pennsylvania Hospital. Holders of real estate sold to the hospital for less than they would have sold in an ordinary bargain; contested sums of money and unclaimed sums in the hands of trustees were deposited with the hospital, the curious-minded paid an admission fee and there were charity boxes in different parts of the city into which the poor dropped their little mite. It was not through royal grant that this great public charity was started, not through the munificence of the rich proprietors, nor through the great contributions of the wealthy, but through the generous self-sacrifices, the labor and the small gifts of the poor. It sprang directly from the people as a popular institution, and has been supported by the people, and for the help of suffering humanity of whatever race, creed or condition, ever since.

Quinine in High Altitudes.

Dr. S. D. Bowker, of Kansas City, Mo., writes to the *Medical Record:*

"In a recent number of the *Med. Record*, Dr. Ralph M. Cole, of Idaho Springs, Col., in a report of a case in which quinine was used, says, 'it is necessary to observe great care in the use of this drug in high altitudes.' For the benefit of parties with a short experience in high altitudes I will say, that ten years in Colorado, four of which were spent in Central City, only four miles from Idaho Springs, taught me that Dr. Cole's conclusions will not do as a guide to practice. I went there in 1871 with a similar impression to his, without knowing just how I got the information. What was called 'mountain fever' was then raging, with a heavy death-rate, and I found to my regret that small doses of quinine would not meet the emergency. I was informed by Dr. L. C. Tolles, who has practiced in Central City nearly twenty-five years, that his first years there were spent under the false impression of Dr. Cole. He somehow got the notion that high altitudes contra-indicated the use of quinine, so that he almost discarded it, even in small doses. But, greatly to the benefit of his patients, he discovered that no climate in this country would tolerate, and even demand, as large doses as the high altitudes of Colorado. Ten grains every four or six hours, in a typical case of mountain fever, was not unusual in my practice, and Dr. D. W. King, who was in practice there, tells me he often gave a full ounce during twenty-four hours with the best results. Of course, this was in extreme cases; but, taken with facts known to the older men in practice in the mountains, proves that quinine is generally required in large doses in high altitudes, in any disease accompanied with fever, not only for its anti-periodic effect, but for its sedative action, so often needed to control nervous excitability caused by the unusual electrical conditions in all high altitudes."

The Congress.

We copy the following letter from the *Jour. Am. Med. Ass.*, January 9, 1886, as it clearly demonstrates how anxious the *Medical News* and the *Medical Record* have been to injure the Congress, and to what means they resorted to accomplish this end:

"According to the *Medical News* (of Philadelphia) of December 26, the *Med. Record* gives the following editorial note from the *St. Petersburg Med. Wochenschrift*, of Nov. 21: 'The prospects of the next International Medical Congress, which *was* to meet in 1887, in Washington, have lately, in an unusual manner, been put in jeopardy. The original Organizing Committee, of which, as announced by us in previous communications, *the well-known Surgeon-General of the U. S. Army was Secretary-General*, and to which the most distinguished American physicians belonged, has been retired. This was accomplished through the intrigues and hostility which developed at the last annual meeting in New Orleans. At this time a new Committee was appointed, *under the presidency of a Dr. Shoemaker*, of Philadelphia. This new Organization Committee contains but a few of the members of the previous committee, and *is composed mostly unknown and insignificant physicians*, who inspire no confidence in their capacity for conducting the Congress.'"

"When the *St. Petersburg Med. Wochenschrift* knows no better than to confound '*the well-known Surgeon-General of the Army*' with the officer who was the Secretary-General of the committee of seven, it publishes the value of its condemnation of the new committee as 'composed mostly of unknown and insignificant physicians.' To it they doubtless are unknown. But what shall be said of both the *Medical Record* and *Medical News*, which reproduce this statement about 'the well-known Surgeon-General of the Army' (and not for the first time) without contradiction? SURGEON.

Ninth International Medical Congress — Progress of Organization.

In connection with our editorial, and as an answer to all inquiries as to whether the International Congress will be held, we reproduce the following from the *Official Journal of the American Medical Association*, January 9, 1886:

"Two or three of our exchanges still repeat the assertion that no material progress has yet been made in the organization of the Congress. This is far from being true. On the contrary, the preliminary organization is at this time nearly complete. *First*, notwithstanding all that has been said about *declinations*, a large number of those appointed and published by the Committee on Organization, at first constituted, still hold their places, and for every one who has declined two equally well qualified have cheerfully accepted positions. *Second*, the only important vacancies now existing are in the office of President of the Sections of Physiology, Pathology, and Gynecology, the filling of which has been delayed by the Executive Committee for reasons we have stated in previous issues of this journal.

"Not only is the *personnel* of the organization thus nearly complete, but the proper officers are actively engaged in arranging the work for each Section, and the Executive Committee will doubtless be ready to issue a supplementary circular containing a full programme, early in May next. Already notices of contributions for several of the Sections have been received from prominent members of the profession in Great Britain, and indications favorable for a full European attendance are daily increasing."

The Influence of Temperature upon the Life of the Fœtus and Gestation.

Doré, who has made a series of experiments upon animals with special reference to this subject, contrasts his results in the *Arch. de Tocol.* with those obtained by Runge. His conclusions are as follows:

1. The conclusion of Runge that the temperature of the fœtus is always slightly higher than that of the mother, even when the latter is above normal, cannot in the meantime be refuted.

2. No genuine experiments have ever proved that the fœtus dies much before the mother, but rather that the two deaths coincide, or nearly so, in point of time.

3. A temperature of 41.5° C. does not always cause the death of the fœtus, even when maintained for two hours; while Runge believes that exposure to this temperature, even for a few minutes, must of necessity prove fatal.

4. An elevation of temperature to 43° C. may be endured for a short time without injuring the fœtus or interrupting gestation, if it be reached very gradually.

5. It was found that whether the mother resisted an excessive elevation of temperature, or died from its effects, the excessive temperature alone was insufficient to produce abortion or premature labor.

6. Animals, even of the same species, present considerable difference in the normal

temperature point, and in the rapidity with which a very high temperature is reached, the same rate of increase of external heat being observed in all cases.

The Delirium of Bright's Disease.

It is well that we should know that M. Dieulafoy, in *La France Medicale*, draws attention to the fact that cases of delirium from Bright's disease may so resemble insanity as to lead to their being confined in asylums, Bright's disease not being suspected. Delirium is more rare in this disease than convulsions and coma; and uræmic delirium, when it does occur, is usually quiet, but sometimes it becomes so violent as to resemble acute mania; while in other cases it takes the form of hallucinations of hearing or of vision. It may be only part of a uræmia of which there are other symptoms. But, and it is this which M. Dieulafoy specially emphasizes, it may be the primary, or at least the dominating fact of the case, so that the attack is looked upon as one of insanity. He notes six cases of this kind, one of which was confirmed by a post-mortem examination. Such delirium may occur in both acute and chronic nephritis, in scarlatinal, and also in puerperal forms, so that, as Legrand du Saulle says, puerperal mania may really be a result of Bright's disease. The question of diagnosis is very important, for œdema is wanting and albuminuria may be absent. It is, therefore, on the other accessory signs of Bright's disease that the diagnosis sometimes has to rest. The prognosis of uræmic delirium is less grave than that of convulsive uræmia: for of six cases only one died in the course of the delirium. The treatment employed must be that for Bright's disease and and uræmia, not that for insanity.

The "American Pasteur Institute."

We learn that the certificate of incorporation of the American Pasteur Institute was filed recently in the New York County Clerk's office. The objects of the "institute" are "the gratuitous cure and treatment by the Pasteur system of inoculation, or such variations thereof and improvements thereon as science may develop, of all persons suffering from, or threatened with, or in danger of hydrophobia or any other disease to which the system of inoculation may be found applicable, and the scientific examination of the causes, development, and improved means of prevention of hydrophobia and other diseases through inoculation or kindred methods." The incorporators are Alexander B. Mott, Michael J. B. Messemer, Louis De Pease, Alexander F. Trantard, Charles F. Nirdlinger, Charles Villa, Valentine Mott, and Adolph Corbett. We learn that a company has been organized in St. Louis, Mo., for the purpose of cultivating and using the Pasteur virus against rabies.

The Case of Dr. Graves.

The *Pacific Medical Journal* tells us that Dr. Graves, of California, has been mulcted of eight thousand dollars in a pauper case. The evidence of ten well-known surgeons showed that the doctor intelligently and faithfully treated the case. Two doctors gave an adverse testimony. One of these was nearly eighty years old, and had not read a work on surgery for thirty years. The other confessed that he had no experience in surgery. The doctor had attended the family of the woman bringing the suit against him, gratuitously, for sixteen years. The whole affair is a scandalous outrage upon the doctor, if the facts are fairly represented. The profession of California should lend the doctor a helping hand.

Reich's Hungarian Wines.

For a number of years Mr. L. Reich, of 63 West 11th street, New York city, has devoted his time to the selection and importation of high class Hungarian wines for medicinal use. They are sound and pure, and of the most esteemed vintages. They are free from the harshness which is a detriment to most American wines, and may be recommended to the profession as unsurpassed by any in the market.

Another Cure for Stammering.

A writer in the *Popular Science News* gives the following as a method for the cure of stammering: "Go into a room where you will be quiet and alone, get some book that will interest, but not excite you, sit down and read two hours aloud to yourself, keeping the teeth closed. Do the same thing every two or three days, or once a week if very tiresome, always taking care to read slowly and distinctly, moving the lips but not the teeth."

Packer's Tar Soap.

After trying any number of soaps, we have settled down on PACKER'S TAR SOAP as the best of all, whether as a toilette or a surgical soap. It is remarkably pure, cleans-

ing and healing; it is excellent it is excellent in a large variety of skin diseases, among which we particularly name seborrhœa of the scalp, dandruff, intertrigo and winter prurigo, all of them very common and very obstinate. It contains the balsamic virtues of the pine in a high degree, and is soft and refreshing to the skin. It deserves a wide introduction.

Items.

—A new medical college is announced at Wichita, Kansas.

—An Italian translation of Pepper's System of Medicine is announced as in course of preparation.

—In the *Lancet*, December 5, 1885, is described a case of "election mania," terminating in meningitis.

—The honor of knighthood has been conferred on Dr. James Sawyer, the well-known physician of Birmingham.

—The medical profession will learn with regret that Dr. Squibb has discontinued the publication of the *Ephemeris*.

—After teaching obstetrics more than fifty years in the Medical Department of the University of Georgia, Dr. Joseph A. Eve has resigned.

—Gérard Lague has recorded the useful fact that the acridity of potassium iodide is completely masked when administered in gooseberry syrup.

—A case of death from cocaine applied to relieve the pain of a decayed tooth is reported by Prof. R. Ogden Doremus to the New York Medico-Legal Society.

—In the *New York Med. Jour.*, January 9, 1886, Dr. Horace A. Sherwood reports a case of successful ligation of the common carotid artery for traumatic aneurism.

—It is announced that the *Analectic* is hereafter to be conducted by Dr. R. W. Amidon, and marked improvements are promised in the character and arrangement of its articles.

—The *American Practitioner* and the *Louisville Medical News* have been consolidated. The new journal is to be issued biweekly, and is to be edited by the former editors of the constituent journals.

—Dr. Brendal (*Peoria Medical Monthly*) says: "The aim of the practice of medicine may be lucre or bread and butter, but if it be not combined with love of study or the humane desire to do some good, it is the most despicable business imaginable."

—At a recent reform meeting in New York, it was stated as a matter of fact, that the State of New York had expended more than one million three hundred thousand dollars in the support of four generations of the descendants of one prostitute.

—In the *Lancet*, December 5, 1885, Dr. Sinclair reports a case of hemorrhage into the substance of the spinal cord after severe epistaxis; no family history of hemophilia; sudden paralysis; intense anæmia; coma; death in four days; necropsy; remarks.

—The widow of the Dr. F. Jenks, of Philadelphia, has given in trust to the College of Physicians of Philadelphia, $5,000, the interest of which is to be tri-ennially given as a prize for the best essay offered in competition upon some subject connected with obstetrics and gynæcology.

—A note in the *Boston Medical Journal* says that a prominent Boston gynæcologist has been sued for $10,000 damages by a pauper patient. She claims that he operated upon her against her will, and that the operation was unnecessary and improper, and she was discharged from the hospital at an unsuitable time.

—Dr. J. M. Hayes, of Oxford, N. C., reports a case of Cæsarian section after the death of the mother, in the *North Carolina Medical Journal*. As soon as he satisfied himself that the mother was dead, he quickly opened the abdomen and removed a living child from the uterus; the child was eight and a half months old, and bids fair to live.

—The first extirpation of the larynx by a French surgeon is reported by Dr. Leon Labbé, *Bull. de l'Acad. de Méd.*, 2d series, Tome xiv., No. 12, and *Revue des Sci. Méd.*, October, 1885. It was a case of sarcoma of the larynx. The patient made a good recovery; no complications were noted, and his condition, fifteen days after the operation, was very satisfactory.

—According to the *St. Petersburger Medicinische Wochenschrift*, Professor Albert, of Vienna, has lately taken up the cudgels in behalf of the practitioners, who, he plainly implies, are handicapped by having to struggle against a great number of men who are armed with the prestige of extraordinary professorships. The honor of being appointed to one of these positions is not great, but it serves *ad captandum vulgus*, being a sort of recognition from the university, and it certainly ought not to be placed indiscriminately in the hands of men who are unscrupulous enough to use it as a stepping-stone to popular favor.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1508.] PHILADELPHIA, JANUARY 23, 1886. [Vol. LIV.—No. 4.

Original Department.

Clinical Lecture.

LEAD-POISONING.

BY J. M. DACOSTA, M. D.,

Prof. of the Practice of Medicine at the Jefferson Medical College, Philadelphia.

Two cases, illustrating the extraordinary differences in individuals as to susceptibility, symptoms, and manner of attack, were shown.

Case 1. Patient, a man aged forty-five years, was engaged in working at his trade, which was that of a painter, for the past twenty-eight years, during which time he was perfectly healthy, till two years ago, when he was attacked with colic and constipation, lasting for three weeks. He treated himself with salts, and recovered. Was well till one year ago, when there appeared upon the arm a squamous eruption, accompanied with burning and itching-pains in the joints, severe cramps in calf muscles, wrist-drop, burning sensation in soles of feet, and impaired vision. Lately he has suffered from giddiness and tremors. Tremors began last January, and are better now. There is marked flexion of the fingers; considerable loss of flesh; wrist-drop came on suddenly. On examination of his heart, I find a rather feeble first sound, but no murmur. The characteristic blue line is on the gums; the tongue is flabby, and marked with the teeth. His walk is unsteady; muscular contractility is impaired; worse, however, on the left than on the right side. All power over the extensor muscles is lost, and even the joints seem to be implicated, for the fingers are slanted, as we observe in rheumatoid arthritis. There is marked atrophy of thumb muscles, and between the metacarpal bones, giving the appearance of subluxation, and the most marked slant I have ever seen. His grasp is feeble. General cutaneous anæsthesia, but most marked on the right arm. There is, in brief, double paralysis of the whole muscular system, coming on, it is to be be observed, after a quarter of a century's work with the poison.

Case 2. This patient, a man aged forty, worked three years in paint and handling metallic lead. Only six months after beginning this work he had an attack of colic and constipation, from which he recovered; but nine weeks ago he had another attack which lasted till his admittance into the hospital. He, too, has the blue line on gums. His constipation is easily overcome with sulph. magnesia. This patient has no pains in the extremities, or elsewhere; no wrist-drop, no atrophy of muscles; he has a good grasp; cannot fully extend the hand, but states that this power was never great with him. No cutaneous anæsthesia, but he is strikingly *anæmic*. Heart examination reveals a faint murmur at the apex, systolic in time. At the right base, no murmur can be heard, and the second sound is well marked; also at the left base, though not as well as at the right. The murmur is a *blood murmur*. It may be anæmic, or the beginning of valvular trouble, due to endocarditis.

Let us briefly compare these two cases:

No. 1 withstood the action of the poison for twenty-five years.

No. 2 easily succumbed in three years.

No. 1. The poison has a profound hold upon the nervous and muscular systems; the cutaneous anæsthesia, especially in the soles of feet, speaks of symptoms found in bad cases.

General paresis, most marked in extensor groups; joint implication, associated with atrophy, giving great deformity. Cerebral symptoms—headache, impaired vision, etc.; mind wandered when first attacked; delirium, among the consequences of lead-poisoning when affecting the brain. But no anæmia exists; rather the man is flushed.

No. 2 presents *none* of the above-named symptoms. The poison has affected more particularly the *blood*, producing extreme *anæmia*. When the blood is affected, other tissues, as in this case, have escaped damage, and we will not look for other, as nervous symptoms, in the future.

In both, however, existed colic and constipation. In both was present the characteristic blue line of the gums, and the flabby tongue marked with the teeth. In No. 1 the constipation was obstinate, while in No. 2 it was readily overcome.

The prognosis in both cases is good: they will recover; both will be able to return to their work. Case 1, however, will never recover complete use of his hands. Case 2, under treatment, will completely recover.

Treatment.—In so far as their conditions agree, so shall their treatment. They then diverge. Both are poisoned by the same substance—*lead*. This must be eliminated from their systems. Sulphate of magnesia to act freely on the bowels, and sulphuric acid in small doses. The sulphates are useful in counteracting the influence of lead; but this is not enough, we must eliminate. For this purpose, no remedy compares with iodide of potassium. Nor is this remedy limited to lead poisoning. In zinc and arsenic, and many other forms of poisoning, iodide of potassium is most efficacious. But here in lead poisoning, it is thought supreme. It eliminates the lead in the soluble form of *iodide of lead*. Let its virtue be what it may, its action is good provided it be used in large doses—at least one drachm per day.

For case 1, therefore, we will prescribe large doses of the iodide, and in addition to this, on alternate days, $\frac{1}{30}$ grain of strychnine sulph., administered hypodermically, and daily faradization of extensor muscles.

Case 2. Here the leading, in fact almost the only symptom, is anæmia, produced by the same poison. Hence, while we recognize the presence of lead in the system, and endeavor to eliminate the same, we will have due consideration for his anæmic condition. We will give to him only one-half drachm doses of iodide of potassium per day, together with syrup of the iodide of iron.

These two cases show all the interesting points of lead poisoning, and the strikingly different manner in which the same poison may affect different individuals.

The question is sometimes asked, Is atrophy due to the action on the nervous system, or are the muscular structures primarily affected? Lead acts upon the muscle extremities themselves, quite irrespective of the nervous action; hence, it is not purely nervous; the muscular nutrition is interfered with, and curiously affects most the extensor muscles.

Communications.

SOME OF THE COMPLICATIONS OF TYPHOID FEVER.*

BY JAMES B. WALKER, M. D.,
Of Philadelphia.

"Perhaps the novice in medicine, bearing the blushing honors of commencement day thick upon him, feels a greater confidence in his ability to wrestle manfully with typhoid fever than with any of the other of the multitude of diseases for whose mastery he has been endeavoring to equip. This confidence is, no doubt, born of the intimate knowledge of typhoid fever, and the regularity and simplicity of typical cases of the affection, as elucidated by theoretical lectures upon it, as well as by the classical descriptions of it in text-books of medicine. But his overweening confidence is apt to experience some variation as his own experience ripens (?)—no, I dare not say *ripens*, for I doubt if one's experience is ever ripe with typhoid fever; let me rather say *widens*. A few cases which will not tally in temperature chart with Wunderlich, assure him that typhoid fever is like most other diseases, great in its variety, and from a mild form of only a few days pyrexia, it grades to severe forms, lasting as many weeks. His confidence in manipulating it to his own behests is apt to find early decadence in a practical experience, which usually does not require many years for fruition; and as complications and sequelæ, new and diverse, present themselves with each succeeding year, he learns, at last, to look upon this disease as one of the most uncertain, in a prognostic sense, with which he has to cope; and to watch most sedulously even the simplest case, for the earliest manifestation of evidences of aggravation or complication; and is not truly rid of all anxiety until the patient is not only well ad-

* Read before the Philadelphia Clinical Society.

vanced towards, but has thoroughly entered upon convalescence.

"An experience with a few of the rare forms of complications emboldened me to bring the subject before you in order that, peradventure, our conjoint experience may help to widen our knowledge, and make us better able to battle with a disease possessing such superabundance of duplicity.

"*Excessive temperature* is one of the earliest complications. An evening temperature of above 104° F., if repeated, and especially if not followed by a decided morning remission, should be considered as an unnecessary pyrexia, demanding treatment. Antipyretic treatment should not be instituted for a less marked pyrexia occurring during the normal course of the disease, and the use of internal antipyretics for a lower temperature is very much to be deprecated. Simple sponging with cold water, or with tepid water alone or medicated with some volatile substance, vinegar, alcohol, etc., may of course be used for even the mildest cases, being both cleanly and grateful; but the deprecation refers to the indiscriminate use of antipyretic doses of quinia and other active agents, which have a prejudicial as well as beneficial possibility. I will go a step further, and advise the use of such spongings even in the severer forms of recent occurrence, or where internal remedies are contraindicated, as in cases of irritable stomach, in which cases the volatile principle may govern us in the choice; or the direct use of ice-bags or ice-spongings may be resorted to, or the cold pack. Of the antipyretic remedies administered internally, I have had extensive experience with but two, viz: quinia and antipyrin. In private practice I have generally resorted to quinia in doses varying according to the urgency and severity of the pyrexia; and as this remedy is a local irritant, and its administration by the mouth is or may be decidedly detrimental, and as its administration for tonic purposes in suppositories has proved so desirable, I have been administering it in this manner for its antipyretic effect, with at least as much satisfaction as when administered by the mouth, and with much advantage to the stomach and intestinal wall. I order suppositories containing grs. x. of this agent and gr. ss. ext. opii, administering at night, night and morning, or night, morning and noon, as the case may be. In pyrexia of moderate severity, arising from transient causes, this agent is all that is needed, and proves very efficient, as more rapidly reducing the temperature to that compatible with safety than would spontaneously occur in such cases. But one early learns the utter non-utility of quinia in many cases of severe pyrexia, where such an agent is most sorely needed. I believe such cases are usually those in which, owing to the virulence of the poison, either from quantity or quality, or from the susceptibility of the patient, or from other equally occult causes, the febrile character of the affection is especially marked, whereas the intestinal and other symptomatic lesions might be quite mild. In such cases, marked by *high fever* and but little else, I have usually found quinia 'a delusion and a snare,' even when administered in large doses by the mouth.

"In the wards of the Philadelphia Hospital where a large number of cases of typhoid fever are usually under observation, the new antipyretics have successively been given a trial, with, so far as I am able to learn, decided preference for antipyrin. This new agent, a derivative of aniline, given in doses of gr. xx., repeated once, if necessary, will reduce the fever in the vast majority of cases, and that with more certainty than any other antipyretic with which I am familiar. In cases where the stomach is irritable it may be administered in solution by the rectum. Gr. xx. by the mouth and gr. xxx. by the rectum need not usually be repeated, and will, in the vast majority of cases, promptly reduce the temperature from 2° to 4°. In from twelve to eighteen hours it will rise again, sometimes reaching in twenty-four hours a height equal to that from which it fell the day before, requiring another dose, to be repeated in some instances for two or three consecutive days. But as this repetition is without unpleasant result, there is no objection to it, whereas the advantage gained by the lessened pyrexia, for even a few hours, is not to be despised.

"In the temperature chart which I here show you of a case of typhoid fever, with relapse, the records show a reduction of temperature from 104.4° at 12 m. to 100.4° at 9 p. m. on the forty-second day of the disease and the fifth of the relapse, owing to the administration, per rectum, of gr. xxx. of antipyrin. The following day gr. xxx. by enema at 6 p. m., when temperature was 104°, was followed by reduction to 99.4° by midnight. Two days after, temperature 103° at 9:30 p. m., caused it to fall by 12 p. m. to 100.2°. The effect is more certain and rapid than that of quinia, but I believe it is not so permanent; usually in twenty-four hours it again creeps up toward the point whence it fell.

"This patient had his first normal or subnormal temperature on the twenty-eighth day of the attack, the temperature the evening before being 102.6°. The relapse began nine days later; evening temperature 101°. The following day, evening temperature reached 104°. The highest temperature in the first attack was 104.6°, which it reached on the eleventh day and again on the twenty-third. The highest temperature of the relapse was 106.8°, which was reached on the ninth day thereof. A temperature of below 105° and 105.5° was reached on the third, tenth, fourteenth, and fifteenth, and below 105.5° and 106° on the eleventh and twelfth day of relapse. The first normal or subnormal temperature of relapse was reached on the fifteenth day thereof at 5 a. m., 97.6°, the temperature the night before reaching 105.4°, fifty-two days from the commencement of the disease; and for the previous three and subsequent four days, the difference between the morning and evening temperature was from 4° to 5°.

"This is the only case in which I have found it *necessary* to administer antipyrin in this way, although it may be *desirable* to so administer it, except when by profuse diarrhœa or other cause the use of the rectum, for such purposes, is contra-indicated. The temperature records of the Philadelphia Hospital will verify this record repeatedly as to the promptness and efficiency of antipyrin *as a rule*. Of course, exceptions occur, but these exceptions are like destructive conflagrations, which defy all efforts towards extinction, and which only prove the inability of the antagonistic power to cope with them, but do not argue against the general utility of such power. So, in spite of two cases of excessive pyrexia in typhoid fever, occurring in the wards of one of my colleagues of the Philadelphia Hospital, in which antipyrin proved absolutely inert, I have no doubt of its superiority over quinia in this regard, nor of the appropriateness of its title of *antipyrin*.

"I have used resorcin in but two instances, and inasmuch as it seemed to induce nausea and vomiting in one of these, I have not since resorted to it. In only one instance have I a record of a similar effect with antipyrin, and that was in one of the two cases of excessive pyrexia above referred to, in which it proved ineffective, and in which it had been given in large and repeated doses.

Thromboses have long been recognized as amongst the serious and, when located in the heart, the most surely and rapidly fatal of the complications of typhoid fever. I have had two cases of *femoral* and one of *iliac* thrombosis as complications of the period of convalescence, and this after protracted illness.

"Dr. H., who had an unusually protracted prodromic period of from four to six weeks, during which time he had thought himself suffering with malaria, and kept on with his work, visiting his patients, some of whom had typhoid fever, two or three of whom died. During this long period he had no appetite and ate but little. The day I first saw him he had visited several patients, and at that time, 7:30 p. m., his temperature was 104°. Although he was sure he had not typhoid fever, he was put to bed and ran a fair course until convalescence, with occasional rather severe diarrhœa and some intestinal hemorrhage. One or two days after the fever had been normal in the morning, though the evening temperature still 'ran up,' his attendant, contrary to explicit directions, allowed him to sit up to stool. At my next visit, he complained of a pain along the right femoral vein, from the groin downwards, which was tender to pressure, and gave other evidence of phlebitis, resulting in an excessive phlegmasia dolens, but which subsided only to be followed by a thrombosis of the left iliac and femoral veins, whose onset was accompanied by a shock so severe as to threaten to prove fatal for thirty-six hours. The subsequent phlegmasia was not so excessive in the left as it had been in the right leg, and convalescence seemed again establishing, when a recurrence of febrile symptoms, with diphtheria but without tympanites or return of rose spots, proved too much for him. In this case the thrombosis was attributed to a feeble heart, combined with a hyperinosis, both consequent upon the prolonged period of fasting prior to the outbreak of the fever, and the diarrhœa, hemorrhages, and fever of the attack itself, and was apparently *directly* due to the position allowed the patient at stool just prior to its occurrence.

"The third case, that of Dr. S., occurred also after a protracted attack, in which the primary fever lasted for five weeks, and in which the patient, not a milk drinker, was fed largely on meat broths. This patient was badly nursed, and no doubt was allowed to dictate and order her ways and those of her nurses, even though counter to those of the physician in charge, although, of course, entirely without his knowledge, or his means of knowing, as events proved, necessitating the dismissal of the nurse and the employment of one skillful and obedient, whose arrival was immediately followed by

a marked change for the better, and a response to remedial measures which before had been wofully absent, no doubt due to their non-administration. In both these cases I believe the result was largely due to the fact that the patient, being a physician, was allowed by the attendant to tamper at pleasure with the orders of the attendant and responsible physician. The moral of which is, under all circumstances in typhoid fever, have a nurse on whom you can rely to carry out your orders unmitigated, and especially if the patient is a doctor of medicine. This patient, though presenting a decided femoral phlebitis with its cord-like character, pain and tenderness, did not have a severe phlegmasia. The thigh swelled, perhaps, to twice its circumference, but the leg was less swollen, and the foot still less. It responded nicely to treatment, although the tenderness and rigidity of the femoral lasted for some time and rekindled twice, but was promptly met and controlled. The treatment consisted in the use of *position*, patient recumbent, with limb raised, that gravity might assist the blood to leave it; *warmth*, insured by large hot-mush or potato poultices during the cold stage, followed by a cotton or flannel jacket until the pain subsided, and the use of a bandage from the toes on the patient leaving the bed during convalescence, if there was any tendency to swelling or return of pain. Besides this, an ointment of belladonna, or belladonna and mercury, or of mercury alone, was used at first, and during the acutely painful stage, followed by iodine applications, which were kept up at intervals until all swelling and hardness had disappeared. Dr. Hutchinson (Pepper's System of Medicine) recommends hot cloths saturated with hot vinegar and water. Internally ammonia was given freely in the form of the carbonate and aromatic spirits, both for the effect on the heart and against shock, as well as with the theoretic idea of increasing the alkalinity of the blood and lessening the danger of a clot. Absolute quiet was, of course, enforced, lest thrombosis, cardiac or other, might result, or that a portion of the clot already formed might be broken off by the movements of the affected limb and distant embolism result.

"Although the records of thrombosis in typhoid fever make of it not a severe lesion, only two of thirty-one cases collected by Liebermeister, and three of seventeen collected by Murchison, having proved fatal, and all of Hutchinson's cases (number not mentioned) have ended in recovery, yet it seems to me that we must look upon this complication as the representative of a very serious and critical state of the circulating fluid, and one in which extremest care must ever be taken to ward off, if possible, serious if not fatal consequences.

"*Pneumonia*, either croupal or catarrhal, has fallen under my observation a number of times. The most markedly severe as well as successful case was that of R. C., about twenty years of age, unmarried. In convalescence, a bronchial catarrh, which had existed throughout a decidedly severe attack of typhoid fever, involved the lobules of the lungs, especially the right, in a quite extensive though diffuse secondary inflammation. Drs. Wm. Pepper, Hanna T. Croasdale, and Amy S. Barton, united with the author in this diagnosis, and a very grave prognosis, considering all the elements of the case, was the result of our deliberations. The patient, however, survived, his lungs cleared up entirely, and he has since successfully passed rigid examinations in old line life insurance companies. In this case, turpentine gtt. xv.–xx. of the oil, repeated every 3 or 4 hours, was the especial stimulant resorted to. This has long been my favorite pulmonary stimulant in typhoid fever. The reason for its choice was, I admit, pure theory. If the delirium, typhoid state, hebetude, etc., of typhoid fever be due, as claimed by Murchison, to the presence of the results of nitrogenous waste in the blood, I argue, why add to the nitrogenous waste by administering ammonia in any form? I may say that in the above, as in many other cases of typhoid fever with catarrhal complications of the lungs, the result of a resort to turpentine as a substitute for carbonate of ammonia has proven its usefulness. But when at the present day carbonate of ammonia is vaunted as of specific virtue in typhoid fever, Simon pure or complicated, my theory may prove mythical, although the results of my experience with turpentine remain the same. In, however, the croupous variety, the case is different. Here, from the inception of the crepitant râle to the disappearance of all evidence of solidification, I believe carbonate of ammonia to be our sheet anchor, whether the explanation of its benefit rests on its prevention of solidification of the exudate, as claimed by Bartholow, or on its influence on the heart, the vaso-motors, and the respiratory centres, or on all combined. In doses of gtt. viij. in syrup or mucilage of acacia, well diluted to rob it of its acidity to throat and stomach, and repeated every 2 or 3 hours, it furnishes with whisky, liquid food,

and jacket poultices, an aid which is worthy of great confidence and praise.

"The onset of croupous pneumonia is sometimes so insidious that its approach should be sedulously anticipated in cases of decided severity. It will not do to expect marked changes in the course of the disease by its occurrence, as the temperature chart which I now show you will testify. The onset of croupous pneumonia, as a primary disease, is marked by most decided symptoms, which are usually pathognomonic. But in its stealthy approach as a secondary phenomenon, it is sometimes not suspected until well advanced. The respiratory difficulty, combined or not with more or less marked cyanosis, due to circulatory disturbance, is more suggestive than any rise of temperature, and should suggest the examination of the lung which the position of the patient has placed lowest and most inaccessible, as well as that which can be examined without disturbing him. In this form carbonate of ammonia is the remedy of remedies. It should be given in full doses, repeated at least every 2 hours. Alcoholic stimulants are usually also required.

"*Convulsions*, epileptiform in character, may occur in typhoid fever. Dr. J. C. Wilson, in his work on 'The Continued Fevers,' refers to them as follows under the head of symptoms referable to the nervous system: '*General convulsions* are rare. They occur with greater frequency in children than in adults. It would appear that, although occasionally associated with albuminous urine, they also occur independently of that condition, but are, in all instances, of the greatest prognostic import.'

"Dr. Jas. H. Hutchinson, in his article on typhoid fever in Pepper's System of Medicine, says: 'General convulsions are not common, but occasionally do occur. Although a very grave symptom, they are not invariably fatal. Recovery took place in one of two cases which came under my own observation, and in four of the *six* recorded by Murchison. They are not always associated with an albuminous condition of the urine. In neither of my cases was there albuminuria, and in only one of the four of Murchison's cases in which the urine was examined was it present. In one of my cases—the fatal one—the convulsions seemed to have been induced by giving the patient improper food; in the other, no cause could be discovered.'

"These authors both refer to this symptom under the head of the clinical history of the disease. With such convulsions I have had no experience. As a sequel, however, I have observed them on two occasions.

"Case 1. G. A., age 22 years, traveling salesman, taken sick with chilliness and fever while "on the road." Returning to Philadelphia, I found him, October 2, 1873, in bed with a history of several days' illness. Temperature 103.5° F.; severe headache, and with rose spots already on abdomen. The subsequent course of the attack was marked by a more than ordinary exacerbation of temperature; repeated attacks of epistaxis the first few days; three quite profuse intestinal hemorrhages during the third and fourth weeks; one attack of pulmonary œdema on the 22d day in bed, with associated symptoms of profound collapse, and threatened imminent dissolution for several hours; delirium and continuous irrationality for upwards of four weeks. On morning of the thirtieth day in bed, when the temperature was sub-normal (97° F.), and after the morning temperature had been between 98° and 99° for two days, and immediately following the first normal evening temperature, without appreciable provocation, he was seized with an epileptiform convulsion, which was general, lasted for several minutes, and was followed by stupor. There was no subsequent pyrexia. There had been no thrombosis anywhere, nor was there any albuminuria at the time, nor subsequently; the weak heart and profound anæmia, from a prolonged and severe attack, alone suggested a cause. Prof. Pepper saw the case in consultation, and agreed in the causal diagnosis, which seemed to be verified by the subsequent history. Increased stimulation for a few days, with the use of sodium bromide for 24 hours, was followed by uninterrupted improvement to complete convalescence. The patient has had no convulsions or other nervous phenomena since his recovery, nor had he ever a convulsion in his childhood. I consider it a case of post-febrile convulsion due to cerebral anæmia.

"Case 2. Dr. E. M. S., woman, aged about twenty-five, was taken with typhoid fever, July 28, 1885. The initial symptoms were markedly cerebral, following a walk in the sun on a very hot day, inducing Dr. James Mitchell, who was called to the case in my absence from the city, to attribute the disease to heat-stroke for the first few days. The fact that in a family with whom she had stopped for two days, ten days previously, in a neighboring city, three cases of typhoid fever developed at the same time, together with the subsequent clinical history of the case under observation, which ran a typhoid course (though protracted), left no doubt in our minds of the true nature of the ailment.

"The cerebral symptoms of the first few days subsided, and except for occasional delirium, no nervous symptoms afterward developed until convalescence. During the attack, this patient had phlegmasia dolens, due to femoral thrombosis, and is one of those already referred to. About the tenth week, when the patient had been sitting up for some days, gradually gaining strength, after semi-reclining at a front window for two hours, and while the nurse was absent from the room, she proposed to her brother a walk back to her office, in the back of the same story, with a half flight of steps to descend in order to reach it. This was her first visit so far from her room, and this after her brain had been robbed by gravity by her position for the past two hours. On reaching her office she asked for a drink of water, as she felt faint, and sinking into a chair, fell into a convulsion, epileptiform in character, and quite decided, lasting some minutes, and terminating in a stupor. Her tongue was bitten during the attack. She was at once returned to bed, restoratives were administered, and she again improved, but several small and some severe attacks of a similar nature followed; sometimes two or three attacks, wherein she simply lost consciousness and twitched, but slightly, would occur in a single day. She would complain of a feeling of impending death from cardiac distress in the period immediately anticipating the attack, corresponding in time and duration to the epileptiform aura. Persistent use of small doses of sodium brom. (about forty-five grains daily) with tonics and stimulants, have carried the patient beyond not only these recurrences, but, also, I believe, the danger of their return. This patient had never previously, even in infancy, had a convulsion of any sort. The first was attributed to the cerebral anæmia, sufficient cause for which existed; and most of the subsequent ones were due, apparently, to an easily-formed habit in an excitable and debilitated nervous temperament.

"*Impairment of intellect* sometimes exists as a sequel of typhoid fever, and has been at times a matter of serious moment in a prognostic sense. It is most apt to occur in cases with well-marked nervous phenomena during the course of the disease. As the other symptoms subside, temperature, pulse, and respiration becoming normal, the tongue cleans, appetite returns, but days, even weeks, pass with imperfect cerebration persisting. Lucidity may sometimes appear momentarily, only to verge into mental darkness. Mania active, simulating the delirium tremens from alcohol, may occur, as in a case which I recently saw in consultation. Such a case may suggest the possible existence of a more or less permanent lesion, which would leave persistent traces in the subsequent intellectual life. But against this prognosis stand the records which show the ultimate recovery, almost invariably, of full mental vigor, though it may require weeks or even months to bring the consummation. No wonder the cerebral functions are impaired, with every tissue in the body suffering from prolonged supply of impoverished and poisoned blood. With the rejuvenation of the sources of blood supply, and the avenues of blood purification, the current will become less and less corrupt, and more and more nutritious and healthy tissues will result, cerebral and glandular, as well as muscular. In such cases strychnia and arsenic, for their influence in cell nutrition, aid materially in forwarding the desired result, and should not be overlooked in the employment of iron, simple bitters and the other grosser tonics, which, of course, have their service as well.

"Other exaggerated symptoms, complications, and sequelæ, have, of course, fallen under my notice, and might justly claim attention in this paper; but as it makes no pretensions to exhaustiveness, and it has already grown considerably beyond what was at first intended, I will tax your time and patience no further."

FRACTURE OF THE SKULL.*

BY T. D. BROSE, M. D.,

Of Evansville, Indiana.

The doctor presented a patient, a child who had been kicked in the head by a work horse heavily shod, while at play in the street, and picked up wholly unconscious. The doctor, in company with Dr. W. D. Babcock, saw the child one hour after the accident. He was still unconscious, had a rapid feeble pulse, and widely dilated pupils. Beneath the scalp was much effusion of blood, just in front of the anterior fontanelle. There was a lacerated wound, but no fracture of the bone beneath. Along the right parietal eminence there was another lacerated wound, and a probe introduced here passed rapidly into the cranial cavity, and revealed a single fracture of the right parietal bone, with much separation of fragments. The prognosis was made that the child would live but a short time. Nothing further

* Abstract of paper read before the Mississippi Valley Medical Society.

being indicated, we applied cold cloths to the head, and gave a few drops of brandy. The next day the patient regained consciousness and was able to talk, but had complete paralysis of the left side of the face, and left arm and leg. Above each eye a bluish ecchymosis was noticed, but no subconjunctival hemorrhage. Fever, great listlessness and irritability, occurred. The bromide of potash 10 grains, every two hours, was prescribed, and the cold applications were ordered continued.

On the third day the temperature became normal. On the sixth, a chill and fever occurred. On consultation an exploratory incision was determined upon to liberate the retained pus, and see if there was depressed bone and liberate the same. The incision revealed the presence of a depressed part of the parietal bone. The adhesions with the dura mater were severed, and the bone removed with the forceps. The fragment embraced both tables of the skull, was wedge-shaped with apex posterior, and about two inches in length. Much pus escaped from the cortex of the brain after the incision. The entire length of the fracture could now be examined with the finger. The patient suffered very much from the operation, and was pulseless.

In four months the boy had fully recovered his former health and activity. An opening still exists in the skull, which by actual measurement is $\frac{3}{4} \times 5\frac{3}{4}$ inches in its greatest measurement, in the middle of the parietal bone. Pulsation is distinctly seen through the cicatrix.

Dr. R. W. Amidon, of New York, in the *Med. News* of Philadelphia, gives a good indication for opening the skull. "An injury of the vault, the marks of external violence however slight, provided there be coma, aphasia, hemiplegia, or hemispasm of the lower part of the face, of the arm, or leg, all three constituting hemiplegia, whether or not accompanied by chills, fever, headache, or vomiting. General epileptic convulsions do not constitute so good an indication for operation. Every case of compound fracture of the skull, whether there be cerebral symptoms or not, cases in which after the lapse of months, or years even, unmistakable symptoms follow an injury of the head. Atrocious and uncontrollable headache, particularly of localized monoplegia, hemiplegia; seizures of general epileptic attacks, if they have an aura pointing to a localized lesion. In addition to the bone, the dura mater should be opened in all cases where exploration with a hypodermic needle discloses the product of a purulent inflammation, or a great deal of fluid under it. In all cases in which a serious brain lesion is suspected, but cannot be proven otherwise."

There are two conditions which when present demand an immediate resort to the trephine. One is when the fracture is of limited extent, and when there is reason to think from the situation or the occurrence of monoplegia, monospasm, or hemiplegia, that a splinter from the inner table may have penetrated the motor tract of the cerebral cortex. The other case is one in which compression is caused by an accumulation of blood between the dura mater and cranium. Such an accumulation may result from a wound of the large venous sinus, but in the large majority of instances it depends on a wound or laceration of the middle meningeal artery. The accident is most frequently accompanied by compressed fracture, but it may be met with in cases of simple fracture. While believing that the trephine is to be recommended while the depression is marked but not of great superficial extent, and in all cases of punctured fracture where there is reason to suspect that the internal plate is extensively splintered or depressed, the doctor is strongly opposed to active interference where the fracture is of great extent and where the depression is not limited or abrupt. It is true that those cases are usually fatal, but I am sure nothing can be gained by the operative procedure that would be involved in any attempt to remedy the displacement, aside from those cases where the brain has suffered irreparable damage. He thinks that in many cases success will be attained by a careful antiseptic treatment of the wound, such as is recommended by Lister in the management of compound fracture of the lower extremity.

Hospital Reports.

PHILADELPHIA HOSPITAL.

Service of Prof. H. C. Wood, M. D.

Insanity.

Dr. Wood very truly remarked that the majority of graduates in medicine know nothing about insanity, with cases of which they are just as likely to be brought into contact as with cases of any other disease, and he proposes to devote several lectures to the subject. It is important for medico-legal purposes to know what is meant by insanity, yet it is very hard to get an accurate defi-

nition, to draw the border line, since we may encounter every grade of mental unsoundness from sanity to insanity; it is hard to say where sanity ceases and a man becomes insane. If we could see the bile distilling from the liver and the thought from the mind, we might in each instance be able to say when each organ had become deranged. There is no sharp line between mere "cussedness" and total depravity, between eccentricity and insanity. Any line that may be drawn would necessarily be an arbitrary one. Dr. Wood would define insanity as "a diseased condition of the mental functions, in which the disease has progressed so far as to be beyond the power or will of the patient to control the manifestations;" provided such loss of control is not due to some poison in the blood. He related a recent case in Delaware, where a man had for some time been drinking heavily, and he compelled his little son to get him a gun, with which he killed his uncle and one of his sons, and tried to kill the other. When under the influence of alcohol, this man had delusions; when sober, he was sane. This man was not legally insane, but Dr. Wood believes that he was irresponsible for his actions, and testified in court that, in his belief, the man was insane. In order that we may be able to recognize the abnormal functions that constitute insanity, we must have a clear perception of the normal functions that are deranged, just as with any bodily disease. He commences by dividing the functions of mind into—

1. Will.
2. Intellect.
3. Emotion.

The duty of will in every normal brain is to control action, to control emotion, to weigh reason. Intellect enables us to make up our minds; it includes the power of reasoning, of memory, while emotion includes the passions, as anger, fear, etc. In insanity we must look for a disturbance of these functions. There are some cases where the will-power is chiefly affected; a person cannot do certain things because his will-power is impaired. He had a woman for a patient once who could not walk forwards; there was no lack of power, but the will to command the movement was wanting. This impairment of will-power plays an important part in many forms of insanity, and in rare cases it is the basis or chief manifestation.

The "emotions" may be depressed or exalted. When depressed, the patients exhibit fear, sorrow, etc., and we have the form of insanity known as *melancholia*. When they are exalted, we have, so to speak, the opposite condition from melancholia. Some cases of insanity are entirely due to emotional disturbances. When a man controls his temper, he uses an inhibitory force, just as, physically, the pneumogastric nerve exerts an inhibitory action on the heart; and when he works himself up into a passion, he excites this emotional centre. When the will no longer controls a man's emotions he is emotionally insane. Such a thing as emotional insanity, Dr. Wood very emphatically asserts, does exist, although the Supreme Court of this State (Pennsylvania) does not recognize it, but with it there is generally to be found associated derangement of other functions.

In intellectual insanity (dementia) there is no intellect at all; all functions are more or less disturbed. In some cases there may be considerable preservation of the intellectual faculties; a man may not be insane everywhere; to point which, he cited the case of a man who had been confined in Kirkbride's Insane Asylum for years, yet who, while there, managed an estate of three or four hundred thousand dollars with signal ability.

An insane man may be controlled by—

1. Hallucinations.
2. Illusions.
3. Imperative conceptions.
4. Morbid impulses.

These are the four branches of intellectual derangement. A morbid impulse is something which arises in the mind and causes the man to act against his judgment and his will. Most of us have some element of this morbid impulse in us, as witness the great desire among some to cast themselves down when they ascend great heights, and similar impulses, such as destruction without reason, etc. When they are so strong that a man cannot control them, then he is insane. He related the case of a patient, who, when walking along the street, always had an *almost* irresistible impulse to strike in the face all whom he met. This man had no other manifestation of mental derangement, save this absurd desire. He was engaged in a large railroad office in this city, and just after the last Presidential election (he took a great interest in politics) he was so worked up that going to his office one day, he was seized with an almost irrepressible impulse to "*clean out*" the whole building (there were three or four hundred men there employed); and it was only by hastening to Dr. Wood's office, and submitting his will to the control of Dr. W.'s, that he was saved from making a fool of himself. This man was on

the border-line of insanity. Several days in bed and prolonged sleep by opiates brought him into better shape. This abnormal condition, usually comparatively mild, was intensified by excitement and fatigue. There are many men who realize that they are subject to these impulses and also realize their inability to resist them, and are willing and anxious to be placed under restraint in asylums.

Imperative conception is sometimes associated with morbid impulse, but differs from it. It is an idea that takes hold of the mind and leads to certain habitual actions without reason. Dr. Wood now has a man under his charge, who, when a boy of eight or nine, going to school, commenced to pull up the lappel of his coat, "hiking" it up, as it were; he was reasoned with and punished for this action, but all to no purpose. He next commenced to rub up and down the sides of his coat with the coat sleeves; this practice lasted for years. Then came on the imperative conception that he was in danger of personal contamination, and he could not be induced to touch the outside of his coat; some one else had to take it off for him. He then got the idea that he could never complete an act. He is rational, his memory is good, and he attends actively to business. He reasons about his condition, recognizes the absurdity of it, but argues his inability to resist. If he lays down a sheet of paper on the table, he must get it straight, and *it never is straight;* thus, for hours, he will fool with this sheet of paper, never satisfied that he has it right. He will often consume two hours at night getting his coat off (without touching the outside) and getting it *straight* on the chair. He realizes his infirmity, and claims that he resists it, but compares this resistance to one endeavoring not to breathe; he is ultimately *forced* to yield. The most common form of this affection is the fear of contamination by filth. Dr. Wood has a female patient who will have no money about her save crisp, clean, new bank-notes; she will not touch her outside dress, and is continually washing her hands; she knows they are not dirty, but cannot control this impulse. She would starve to death in a room rather than touch a knob to open the door. On one occasion, when giving her a prescription, he laid the paper on the arm of her chair (to test her); she would not touch it, for "you know, doctor, so many persons touch this chair." Meeting her on the street one day, he extended his hand; with profuse apologies, she declined to shake his hand, on the score of contamination. When these impulses overpower the individual, the line has been crossed, and he is insane; but this line is very difficult to draw. Dr. Wood told the man who could not touch the outside of his coat for fear of contamination, that if he were in his place, he would get on the wildest horse he could find, and he was quite sure that when the horse commenced to rear and kick he would grab hold of him, no matter how dirty the horse might be. The remedy was not tried.

Hallucination is expressive of a thing that is not true connected with the special senses.

Delusion of the same with the *intellect.*

Dr. W. knew a lady who, coming out of her room in the dim light, saw in the doorway the dim outlines of a monk, with gown and cowl. Turning up the light this figure became more distinct, and two, three, four, and finally a large group of monks appeared. She realized that these figures were subjective and not objective, that they were not produced by objects striking on the retina, but were *from* a disordered retina, or a centre back of it, just as we can produce flashes of light by pressing on the eyes. This woman was sane, because she realized the illusion; if she had believed in the illusion, and had been unable to correct it by the aid of sight, or hearing (by reason), she would have been insane.

A delusion is a fixed false belief, which arises and gradually overpowers one. One may have a fixed idea, and if not open to reason on it, he is insane. He related the story of a man who had the idea that his wife was unfaithful to him. He came to Dr. Wood to talk over the subject; he could give no valid reason for his suspicion, and said to the doctor, "Either my wife is not true, or I am crazy." After hearing his evidence (which amounted to nothing), and noting the fixedness of his idea, Dr. Wood told him that he was certainly insane. Some days this man would realize his delusion, while on other days he would be fixed in his idea. An important point made by Dr. Wood *is that a delusion does not necessarily have to be false.* Thus a man recently hung in this city for murder, had the idea that his keepers were persecuting him for religious reasons, and he killed one of them. In this case there was a foundation for the delusion; it was not entirely *false.* If a man believes that a building is at a certain spot, and if he believes this so that he cannot be changed in this idea, if he is not open to argument, he is insane, even though the building may be so located.

Delusions may be divided into *systematized* and *unsystematized*. In the latter class a man does not reason about his delusion, he merely asserts it. In the former he correlates his delusion with other surroundings and mental actions. In the latter a man may say that a gold watch is made of cheese, merely assert it. In the former he may reason that both the gold and the cheese are yellow, they both shine, they are both hard (when the cheese is old), etc., etc. In the case of the man who was hung (referred to above) there was a systematized delusion; he imagined that certain persons wanted to kill him, for reasons that were satisfactory to him. These two classes are usually well divided, but they occasionally run into one another.

PENNSYLVANIA HOSPITAL.

Service of Dr. J. H. Hutchinson.

Hydrocephalus.

I want to show you, gentlemen, this child with a hydrocephalic head. His parents present a good family history, his mother having had five other children. It is to be noted that each of the children had convulsions during the teething period, which is a somewhat interesting and significant fact, as tending to show a disposition towards cerebral disorder in these children; and it is especially to be noted that this particular child in question had more numerous and more serious convulsions than the rest, having as many as ten or twelve in twenty-four hours. After two months of these convulsions, along with a feverish condition, the head commenced to enlarge. After a duration of ten months, the convulsions diminished in severity. The child's functions are all normal, he is a good sleeper, though restless by day. He seems, however, to be somewhat deaf and blind, though to all appearances he was perfectly well up to the date of the first convulsion. When this child was born, the labor was more difficult than with the others. While hydrocephalus is most common among children, it may occur at any period of life, of which fact the case of Dean Swift is a striking example. About all we can do for these cases is to keep up the strength. I do not believe in puncture or compression, though of the two I believe the former to be more scientific. Compression is liable to increase the convulsions.

Patent Foramen Ovale.

I have here a most interesting pathological specimen, from the case of heart disease that was before you some time since (see page 720, Dec. 19, 1885). Owing to a disturbance in the ward, the patient became much excited, was found cyanotic, and died in a few minutes. You may remember, when the girl was before you, I stated that one of the possibilities in the case might be a patent foramen ovale, and the autopsy discloses this to be the fact. The heart is enlarged, the mitral orifice enlarged, but no cause apparently for regurgitation. There is a communication between the aorta and pulmonary artery, a little rough at the entrance of the pulmonary artery, which would account for the thrill felt in the third left interspace. I do not, however, find sufficient lesions to account for the irregularity and rapidity of the heart's action, so that I think there must have been a neurosis to account for these conditions. The fact that the disease dated from very early life, as I told you, would give us reason to suspect this condition of patent foramen ovale.

Pathological Specimens.

I have some specimens from a case of mania-a-potu, from a man who was brought into the house in a dying condition, and from whom we could not derive much history. There were diarrhœa and dyspnœa, and signs of pulmonary congestion, with marked distention of the superficial veins of the abdomen. When we look at the specimens, we find an enormous fatty liver, with a patch of congested lung and evidences of a recent pleurisy; the heart is flabby, and there is parenchymatous inflammation of the kidneys. The liver weighs 9 pounds. It is worthy of note that during life the symptoms made us entertain a slight suspicion of typhoid fever, and here we find some congestion of Peyer's patches.

Hepatic Catarrh.

This woman had typhoid fever, followed by a relapse, after which jaundice was ushered in by a chill and a great fall in temperature. A few days before the appearance of the jaundice there was an effusion of blood in the gluteal muscles, which went on to suppuration, and it was supposed, when the chill came, that she was suffering from sepsis, but it proved to be hepatic catarrh. The woman has been very ill, and it was supposed that she would die, but she has steadily improved.

Emphysema.

This woman, aged 44, has had eleven children, and was always more or less sickly, though her family history is good. After marriage she improved in health. Four

years ago she had bronchitis, with cough, and dyspnœa, which has continued, with intervals of comfort, until the present time. The chest is barrel-shaped, as we are accustomed to see it in emphysema; as you notice, there is very little expansion of the chest on inspiration, but it is elevated, and there is a depression of the supra-sternal spaces. The respiratory muscles are hypertrophied and resonance is increased all over the chest. The urine contains albumen and hyaline and granular casts, and the specific gravity is 1015. The hands are slightly cyanosed. We have here emphysema due to prolonged bronchitis. In such a case the patient must be kept in bed, as walking about will aggravate all the symptoms, because the aerating surface of the lungs is much diminished. This long-continued inflammation will have a tendency here, as elsewhere, to produce degeneration, and inspiration is impeded by plugs of mucus in the bronchi, which causes dilatation and rupture of the other parts. Here then we have lesions of the heart, lungs, and kidneys. The bronchitis is the most urgent condition, and calls first for treatment. This will consist of counter-irritation and muriate of ammonia, after which we will order iodide of potassium, which has been empirically recommended in emphysema, because it has been found to do good. The kidneys have not produced conditions calling for special medication. We will keep the patient quietly in bed, and nourish her.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

At the request of Dr. Taylor, Dr. Milliken reported a case which Dr. Taylor had seen in consultation with him. It was an interesting case of

Hystero-Catalepsy.

The patient, a stoutly-built young woman æt. 22, contracted, about the time of her marriage, symptoms of hysteria. She became pregnant, bore a son, who, with the doctor's permission, was circumcised on the eighth day. On the tenth day the child was dead from tetanus. Whether it was the result of the circumcision or not, the doctor was unprepared to say. The woman having no child to suckle, was soon again pregnant. After the birth of this second child, her attacks of hysteria became more cataleptic in character, and were aggravated by the sympathizing attentions of her devoted husband and friends. On one occasion she was left entirely alone in the room and watched unobserved. The catalepsy continued for quite a while. On one occasion her husband, wishing to do something, drew a sponge of cold water over her face and brought her to. This was then the routine treatment. Next she amused herself by being unable to pass her water, and it became the duty of the attending physician to visit her twice daily, and draw off her water. Dr. Taylor being asked to see the case, found no disease of the pelvic organs, but noticed a seeming redundancy of the mucous membrane about the orificium urethræ. Dr. Taylor suggested that principally for its moral effect this be snipped off. The patient then gave one of her best exhibitions of hystero-epilepsy for Dr. Taylor's especial benefit.

The reporter, a short time after, made the operation suggested, and snipped off all he could pinch up. This was followed by a marked improvement. She was able to urinate, and the attacks were less frequent and severe. Later, however, she found it necessary to "titillate" the region about the urethra for some half hour before being able to pass her urine. This is a case in which the attending physician is able to do very little good. What is done is easiest done by some physician in another city.

Dr. John A. Murphy thought that this woman's trouble started from a great revolution in her life, viz., sexual intercourse. It was increased by another revolution, viz., child-birth. He reported

A CASE OF DEATH FROM ATTEMPTED COITION,

which occurred in the practice of Dr. A. S. Dandridge, of this city. A newly-married couple had come to the city on their wedding tour and repaired to their room in a hotel. At the first approach of the husband the wife swooned away. Not recovering, the physician was called, who found her in a dying condition, and she lived but a few moments after his arrival. The husband stated that she had always been a healthy woman. The nervous strain, however, was too much for her. The doctor went farther to report another

CASE OF A NEWLY-MARRIED PAIR,

who were married in this city and went to Louisville, repaired to a hotel, and on the husband's attempt to consummate the marriage rite, the wife went off into a fit, in which she took the position of opisthotonos,

and which, from the description, must have been of the nature of an epileptic or hystero-epileptic fit. The husband bundled her up and brought her home to her parents. She continues to live with them, and although he has been married to her for some time, yet he has never had connection with her. She receives him as a friend at her parents' house, but at the first attempt at a caress on his part she goes off into one of her fits.

He then reported a case of

Hysterical Dyspnœa,

and said that in all these cases you would find an inherited fault of the nervous system. Some ancestor had gone insane, or had suffered some nervous trouble.

Discussion on Stretching the Sciatic Nerve.

(*See page* 38.)

Dr. Zenner was of the opinion that nerve stretching for the relief of pain has been successful enough to warrant its general use. It has, however, been used for numerous troubles, for the relief of which it is not calculated. Langenbeck once used it extensively for locomotor ataxy, but has since discarded it in that affection. He then discussed Billroth's method of nerve-stretching without operating. That is, in the case of the sciatic, in flexing the leg and thigh upon the abdomen as far as possible. Thirteen cases of treatment of locomotor ataxy have been reported, treated by extension of the cord by means of hanging with the hands.

Dr. Ramschoff mentioned a case in which he had stretched the tibial nerve for tetanus a number of years ago. This was followed by recovery. About three years ago he again practiced nerve-stretching for tetanus, and the convulsions remained absent only three or four hours and then returned. This absence was probably due to chloroform. Were I to have a case of tetanus now, I would stretch the nerve; if that failed, I would amputate.

Dr. Johnson, of Danville, Ky., who was present, said he had stretched nerves on five different occasions, two for acute traumatic tetanus, two for chronic tetanus; the other was for ordinary sciatica. As to the exertion of force, if a man stands flat-footed he can exert about 100 pounds of force. By bracing himself, he can exert much more. One should not brace himself. While some nerves from disease may be rendered weaker, others are made stronger.

Dr. Carpenter, of Stanford, Ky., was also present, and related three cases of nerve-stretching. One, the sciatic, had been followed by apparent atrophy. The limb was drawn up, and the patient, a female, walked with crutches, apparently a confirmed invalid. She had entered suit against him for $10,000 damages. Dr. Dawson, of Cincinnati, had seen the case in consultation, and pronounced the contraction hysterical and the atrophy due to non-usage.

Dr. M'Mechan then closed the discussion, saying that had he the operation to repeat, he would make the incision lower down, and pull the nerve suddenly downwards for five minutes, then upwards for an equal period.

MISSISSIPPI VALLEY MEDICAL SOCIETY.

Discussion on "Fracture of the Skull."

(*See page* 103.)

Dr. Wm. Byrd spoke concerning trephining. He advised that it be used early in cases where the bone was sticking down into the brain. Do not let it start up inflammation. He has had very good results with the trephine. The last ten years have changed considerably and materially the surgery of the brain and skull.

Dr. Louis Bauer, St. Louis: "Fracture of the skull is simply reduced to this question, Is there any pressure of the brain which is mechanically removable? Gentlemen, we hung a man in St. Louis four years ago; we exhumed the body, and on examination found the head smaller than his age and development would warrant. We found the brain asymmetrical, flattened on one side. We found premature ossification of the bones of the skull. The man was evidently in a state of semi-idiocy—irresponsible. He killed a man with a big stone, and no provocation. I am satisfied that through his hanging a judicial murder was committed."

He reported the case of an epileptic, very sullen, with other symptoms:

"Found microcephalon. Trephining was decided upon. We took out two buttons and the intermediate ridge. He improved wonderfully, recovering completely his mental and physical health. We have a new *rôle* for the use of the trephine. I would not hesitate one instant to remove everything which interferes with the movement of the brain."

He discussed trephining for osteo-myelitis. "What is more reasonable or more rational than to make a hole into the bone and let it out?"

Dr. A. W. Brayton, of Indianapolis: "Dr. Bauer has reported cases which should have come before a jury of medical experts." The doctor reported cases from Indiana where

judicial murder had been committed by a jury of farmers.

Dr. Joseph Eastman, of Indianapolis, said: "How many children receive an injury in early life and later become epileptics, insane, idiotic, and reach the asylum, and, possibly, the scaffold! We must carefully consider these injuries, and not trust too much to conservative surgery. We should consider well, shall we be conservative or heroic?

Dr. Charles Knapp, of Evansville, reported a case which occurred in his city. The patient fell from a bridge, a great height and with great force. It was a case of much interest, on account of the force taken to fracture the skull. It was found necessary to operate. He thinks that if there were symptoms of compression we should cut down. The patient made a good recovery, except paresis of the limbs.

Dr. H. H. Clark, of Danville, Ills., asked if there was any change in the temper of the boy. Dr. Brose replied that he had observed none. Dr. C. advised that the boy be carefully watched for several years.

Dr. Brose, in closing, said he hoped some one would take up the subject of cerebral localization. He explained that there was danger of depression of the parietal bone on pressure in the case which he presented.

CHICAGO MEDICAL SOCIETY.

Official Report.

Stated meeting, December 7, 1885.

The President, C. T. Parkes, M. D., in the chair.

Pneumonic Abscess

was the title of a lengthy and instructive paper by Dr. Edward F. Wells, of Minster, Ohio. He incorporated in his paper the histories of a number of cases which recovered under expectant and medicinal treatment. In an experience with 413 cases of pneumonia, abscesses occurred nine times. In closing his paper, the author said that he had arrived at the following conclusions:

1. The issue of pneumonic fever in abscess is rare, but this rarity has been greatly overestimated.

2. These abscesses vary much in size, and are most frequently found at the base of the lung.

3. They may in some instances, after pneumonia, be caused by excessive jarring or other motion.

4. They are usually formed rapidly.

5. In some rare instances the purulent contents may degenerate into a cheesy mass, to again soften, liquefy, and be discharged.

6. The symptoms and signs are quite distinctive, and sufficient for an accurate diagnosis.

7. The majority of cases recover, but in a certain proportion a cure is impossible.

8. Expectant and medicinal treatment, thus far, has given the best results, and the majority of cases should be managed upon this plan; but, under certain conditions, the most radical measures for relief are not only justifiable, but imperatively demanded.

Dr. Christian Fenger said that an interesting point in the paper is that the author takes the ground of the clinical and, perhaps, conservative man. Dr. Wells claims that we should not operate on the small abscesses, but only on large ones, as the latter are the more dangerous. Dr. Fenger believed that we should operate on all of them when indicated. Buhl, in Christiania, has operated on nineteen cases in which there were cavities. Up to the present time, we have reports of about thirty cases in which operations have been performed, but only seven of these cases have been such as reported by Dr. Wells, or abscesses incident to pneumonia. Since there have been only seven cases of abscesses of the lungs, incident to pneumonia, it stands to reason that these cases were severe ones, and that the abscesses were large. Dr. Fenger did not believe there had been much operating on small abscesses as yet; however, he would advocate it in case these abscesses were accompanied by a fetid bronchitis. There is an abscess-cavity, which Rokitansky calls a chronic abscess, in which there is not connective tissue enough to allow the cavity to close. This cavity is a source of danger to the patient, as sometimes, for one reason or other, septic micrococci gain entrance, acute inflammation or gangrene follows, and the patient dies. In such a condition, we should try to obliterate the cavity. Operative treatment of these abscesses has been so infrequent that we cannot say that it possesses any advantage over medical treatment. The important point to be decided in the future is how to get an understanding of where the danger-line is; how long we can afford to wait, and how much strength can we afford to let the patient lose before we operate? It is, perhaps, well to put in a word of warning against operating too early, as we are all aware that patients who recover without an operation do better than those on whom there have been operations. Dr. Fenger said that in case a cavity gives rise to fetid breath, frequently a fetid bronchitis is developed,

and subsequently an inter-lobular pneumonia in the other lung, or in the upper part of the lung in which the abscess exists. Relative to Dr. Wells's remark that he never suppresses the cough, Dr. Fenger stated that it is a fact that the cough ceases almost instantly after the abscess is opened.

Dr. R. Tilley said that he could not see of what benefit inhalations of turpentine could be in such cases, as the abscesses are analogous to those which occur in the more external portions of the body, and we never expect to benefit them by using turpentine. He would expect better results from administering this medicine internally, as he had recently read that the German physicians are using turpentine very successfully, by giving it internally, in diphtheria.

Dr. Wells, in closing the discussion, said that he wished to recall the attention of those present to the important point that these abscesses occur most frequently in the lower lobe of the lung, similarly to pneumonia. The principal object of his paper was to do what he can to counteract the tendency among the medical journals to advise early operation in pulmonary abscesses. He thought the statistics so far do not prove the operative treatment to be superior to the expectant and medicinal treatment, and he thought surgeons were too prone to take the cases into their own hands, and that they do not leave enough to the *vis medicatrix naturæ*.

A Case of Expulsion of a Large Sub-mucous Fibrous Tumor of the Uterus, per Vias Naturales, or Colpo-Myomotomy,

was the title of a paper read by Dr. J. H. Etheridge. Mrs. A. B., aged forty-three years, married twenty-eight years, mother of three children, suffered from menorrhagia for six years past. She has had frightful hemorrhages, but otherwise she has been healthy. In 1882, the first examination which he was permitted to make disclosed a large sub-mucous, fibrous, uterine tumor, at the top of the fundus uteri, extending one inch above the umbilicus, its lateral diameter equalling its longitudinal diameter. A uterine sound was introduced eleven inches. There was no rectal nor vesical disturbance. The only inconveniences experienced were the hemorrhages and a "high stomach." The hemorrhages have repeatedly brought her to death's door, but her recuperative powers were astonishing. Dr. Etheridge then detailed her history for two years, during which time she had had several hemorrhages, which were controlled by sponge-tents, rest, and ergot. He detailed also the treatment by a homœopathic physician, which had consisted of incisions into the cervix uteri, and the administration of sulphuric acid and fluid extract of hydrastis canadensis, the latter remedy being extolled as a sure cure for uterine fibroids. On November 12, 1884, Dr. Etheridge was called to see the patient, whom he found in a pitiable condition. She was exsanguinated, feverish, and dyspeptic. She was placed on tonic treatment and rapidly convalesced. In October, 1885, she had another hemorrhage, which lasted twenty-four hours, before a sponge-tent was introduced. This tent was speedily forced out. Three more sponge-tents were subsequently introduced, and an enema of thirty drops of fluid extract of ergot was given. Powerful uterine contractions ensued; the capsule of the tumor was ruptured, and the hemorrhage ceased. Three days after that, one pound of the tumor was pulled and cut away. The tumor was pultaceous, friable, and accompanied by a disgusting odor. On the day following, one-half of a pound of the tumor was taken away, and two days later as much more. Three days later the patient was put under the influence of ether, and Dr. Etheridge attempted to remove the remainder of the tumor, but only succeeded in removing two pounds more. After this operation, the patient went into collapse, and nearly died. However, she recuperated so rapidly that in five days thereafter he removed another pound of the tumor. Five days later he succeeded in getting away another pound and the pedicle. The uterus, during the ten days past, had decreased rapidly in size, and the fœtid vaginal discharge had lessened. During the three weeks in which the six pounds of gangrenous mass were removed, he expected the patient would develop sepsis, but none occurred. As the patient was continually under the influence of ergot, and shreds of the tumor came away between the times of the operations, it is safe to estimate the weight of the tumor at thirteen pounds. The points of interest in the case were that the hemorrhages recurred most severely in the autumn, which was probably due to the changes in the circulation incident to the occurrence of cold weather; and also that, in order to remove these tumors expeditiously, it is imperative that we should be enabled to draw the tumor down into the vagina, where it can be grasped, and, at the same time, to continuously contract the uterus behind the descending tumor, so as to facilitate traction and to avoid hemorrhage.

The President remarked that this case teaches the lesson of the importance of early interference in fibrous tumors of the uterus, especially those that are large and accompanied by hemorrhages, which facts indicate that they are close to the mucous membrane, and under the effect of the contraction of the muscular fibres of the uterus, and thus susceptible to the influence of ergot.

Dr. Jacob Franks then detailed

A Case of Vesical Calculus,

in which lithotrity was attempted. A Bigelow lithotrite was introduced, which grasped a stone measuring two inches. Upon turning the screw the instrument broke, and in consequence of this accident a portion of the instrument was left in the bladder. On the next day the lateral operation of lithotomy was performed, and the calculus and the broken piece of the instrument removed. The patient made a good recovery.

The Society then adjourned.

Editorial Department.

Periscope.

Lymphadenosis.

Dr. H. A. Bunker read notes of a case before the Brooklyn Pathological Society which, he remarked, was, perhaps, of special interest on account of the rapid course of the disease.

The patient, a maiden lady aged sixty, had been under his care for about three years, being the subject of chronic gastric catarrh, suffering during rather frequent exacerbations from severe attacks of palpitation of the heart, a sense of impending death, etc. She had had no trouble attributable to the menopause, which, she assured him, had occurred normally, and during his acquaintance with her she had never presented any symptoms pointing to uterine disturbance. She had recovered so far from her anæmic and debilitated condition, resulting from her gastric trouble, that for several months previous to her last illness he had not been called upon to prescribe for her. In June, 1885, she consulted him for œdema of the eyelids and slight swelling of the feet, complaining, also, of great weakness. Examination of the urine giving a negative result, a physical investigation showed an enlargement in each upper eyelid, hard and painless upon pressure, together with enlarged submaxillary, axillary, cervical, and inguinal glands. Later on, an examination at her own home revealed what he, at that time, took to be a mass of enlarged mesenteric glands, but which the autopsy showed to be the specimen presented. He was unable to detect any change in the liver or the spleen, but perhaps this would have been difficult if they had been involved, on account of the enormous tympanitic distension of the abdomen. The heart and lungs presented no abnormality of action. The only subjective symptoms were loss of appetite and gradually-increasing general weakness, besides the distress occasioned by the tympanites. On August 10, the patient had an attack of dyspnœa followed by great prostration. Subsequent attacks occurred in rapid succession until September 5, when the patient died of asthenia and asphyxia.

From the appearance of the dyspnœa, due, as he believed then and as was shown at the autopsy, to the encroachments of the enlarging bronchial glands, the failure of the patient was rapid. The temperature, which had previously remained about stationary at 100° F., rose to 103° and 104°, and so continued to the end. The pulse, which had been from 80 to 84, now rarely fell below 100, and during the attacks of dyspnœa would rise to 120, 130, and 140 to the minute. During the early part of this distressing period Dr. W. H. Bennett was called in consultation and confirmed the diagnosis of lymphadenosis.

Arterial Ligation as a Prophylactic Measure After Sudden, Complete, and Permanent Occlusion of the Chief Vein at the Root of an Extremity.

Dr. Lewis S. Pilcher thus concludes an article in the *N. Y. Med. Jour.*, January 9:

The final conclusions reached as the result of the foregoing discussion may finally be profitably stated in the following:

1. Serious circulatory and nutritive disturbances are to be apprehended.

a. In the upper extremity, when, in addition to the occlusion of the main vein at its root, simultaneous occlusion of any consid-

erable number of the lesser and collateral branches has also taken place.

b. In the lower extremity, when the occlusion of the main vein at its root is sudden and complete, and has not been preceded by any conditions which might have occasioned a previous dilatation of collateral channels or the development of new ones.

2. The accidents of excessive œdema and of gangrene, when they occur, are due to the intense and active congestion of the limb through the arteries with blood for which there is no adequate outlet.

3. The development of collateral paths is not by the breaking down of valve-barriers at the entrance of large collateral trunks, but by the dilatation of a multitude of minute branchlets. To effect this, an increased arterial *vis a tergo* is not required. Any increase in the normal blood-pressure is attended with danger of overwhelming and fatally choking up the somewhat slowly enlarging collateral radicles.

4. The diminution of the amount of arterial blood which enters a limb whose chief venous outlets have become occluded, down to an amount not greatly in excess of that which can readily find an outlet from it through paths still remaining, is the first great indication to be fulfilled in the treatment.

5. Whatever method is adopted to restrain the flooding of a limb with arterial blood, it must still permit the entrance of a supply sufficient for the nutrition of the limb. For this reason, in the lower limb, ligation of the common femoral is to be avoided, especially in the light of the disastrous results of such ligations already recorded.

6. Ligation of the axillary artery in the upper extremity and of the superficial femoral in the lower are safe expedients, and to be adopted as prophylactic measures, whenever occlusion of the venous outlets of a limb is so great as to hazard the integrity of the limb by reason of the circulatory stasis produced.

The Treatment of Habitual Constipation.

Dr. Alfred S. Gubb thus concludes an article in the *Med. Press.* November 11:

The mildness of the effect of Friedrichshall water in these cases is, according to my own observations, well marked. In no case, even after prolonged use, did it prove in any way excessive, and when its use is abandoned for a time, the constipation only recurs gradually when its regulating action on the intestines has given place to the habit of the body or errors in diet which produced the tendency to constipation in the first instance. The non-occurrence of the reactionary constipation which so generally follows the habitual use of aperients, is doubtless to be attributed to the large quantity of chlorides present in Friedrichshall water, and to their favorable influence on the progress of digestion and diffusion. In short, the class of cases in which I have found this water of especial service, comprises hemorrhoids accompanied by habitual constipation, hepatic congestion, and in the constipation of pregnancy, which is so often complicated by derangements of the digestion, headache, and dyspnœa. There are many cases of cardiac disease and of cardiac irritability in young people in which it is very serviceable in continuous and diminishing doses. It has long had a high reputation in the treatment of gravel, and for the prophylactic treatment of renal calculi, but of this I am unable to speak from experience. It has appeared to produce a favorable impression in the numerous cases of strumous and glandular swellings, where we have to contend with a sluggishness of the bowels and of tissue-change generally. Here Friedrichshall water acts as a stimulant as well as an aperient. A certain diuretic effect which is manifested, is not uncommonly of service in cases where it is desired to increase the proportion of watery constituents of the urine. It is less adapted to cases of renal disease where our object is to produce copious watery evacuations of a drastic nature, but to lessen venous congestion by gentle and continuous means, Friedrichshall water is peculiarly indicated, and is perhaps without a rival.

Recovery from Malignant Pustule.

Dr. W. E. Buck records this case (*Brit. Med. Jour.*):

Mr. F——, aged thirty-one, a veterinary surgeon, experienced on October 6 a stinging sensation at the back of the right wrist. A small bleb was formed, which he scratched off, and there was some tenderness of the elbow and armpit. He had a slight rigor. On October 8 he was seen by Dr. Meadows, who prescribed some salicylate of soda and tincture of aconite, in frequent doses, as his temperature was 104°, and the rigors continued almost the whole of the day. A black eschar began to form on the afternoon of the 8th, and on the 9th it became about the size of a sixpence; its base was red and œdematous, and surrounded by some vesi-

cles in a circular shape. The temperature was nearly 104°; the patient felt cold, and the tongue was foul. I visited the case with Dr. Meadows, and we injected pure carbolic acid under the eschar, using an ordinary hypodermic syringe. Unfortunately, we could only introduce a small quantity, as it oozed out in the withdrawal of the syringe, and with it a serous-looking fluid. I dried some of this fluid on a cover-glass, stained it with methyl-violet, and found the well-known bacilli of anthrax. We prescribed large and frequent doses of soda-hyposulphite, and ordered, also, a large quantity of meat. Under this treatment he rapidly improved. On October 12 we again injected carbolic acid. The temperature came down, and, as the patient said he felt all right, the hyposulphite of soda was reduced to three times a day. The eschar did not finally separate for nearly six weeks, and the ulcer then soon healed. I believe that the main remedy in this case was the injection of pure carbolic acid, a mode of treatment which does not seem very painful. There was a clear history of the disease, which was contracted exactly twelve days before its first appearance, Mr. F—— having examined the flesh of an animal that had died from anthrax.

Case of Hermaphrodite.

Dr. W. John Lawrie describes this case in the *Glasgow Med. Jour.*, November:

On October 6, Mrs. Q., in Ayr, gave birth to a child at the full term, which presented the following peculiarities: The labia majora appear to be somewhat prominent and distended, giving the impression of hollowness to the examining finger. At their lower extremities there is a minute opening, forming evidently the orifice of vagina and urethra. The margins appear red, moist, and somewhat inflamed, as if from the passage of urine over their surface. On questioning the nurse, she cannot affirm that urine does proceed from this opening, but in the absence of other outlet, it must be assumed to be the passage for the urinary secretion.

It is at the upper extremity of the labia that the unusual feature of the case is found. Here is situated a small but well formed penis, 1½ cm. in length. The glans penis is of normal appearance, except that it is unprovided with a meatus. The foreskin is perfect in development, and though capable of covering the glans, remains normally in a drawn-back position. The fraenum consists of a tightened band of tissue, arising at the point of the glans as in normal conditions, and extending downwards and backwards till it disappears in the orifice of the vagina. Labia minora are not present.

In regard to sex, the child appears to approximate more nearly to the female than to the male organization, as there are no testicles, and the vagina, though small, has the normal situation. The vulva, however, is unusually prominent, resembling somewhat a scrotum divided by a median section. It has already been observed that there is no meatus urinarius. Otherwise the child appears to be of normal constitution, and is healthy and well nourished.

Eruptions Due to the Use of Certain Medicines.

We take the following from the *College and Clinical Record:*

Quinine—Erythema scarlatina; papular erythema (Kohner). Hemorrhages and purpura. Pemphigus, œdema, and prurigo.

Cinchona, belladonna, stramonium, strychnine, have the same characters as quinine.

Digitalis—Erythema after long use (Traube).

Aconite—Vesicular exanthemata.

Santonine—Pemphigus, vesicles (Deschamps).

Opium and Morphine—Erythema (Apolan); papular eruption with marked desquamation and itching.

Pilocarpine—Increased perspiration.

Atropia—Diminished perspiration.

Phosphorus—Purpura.

Mercury (internally)—Erythema (Kalus, Zaissi, Gamberini); eczema (Aley, Fournier, Gamberini).

Arsenic—Erythema and papules (Imberts-Goubayre); vesicles and pustules (Bazin, Raymondi, Gamberini).

Carbolic Acid—Erythema (Taourschi); pemphigus (Zaissi).

Salicylic Acid—Purpura (Freudenburg); vesicular angina, pemphigus.

Chloral—Erythema slightly colored, itching, desquamation, purpura and petechia (Crichton and Brown); eczema (Kirn).

Copaiba, Cubebs, Turpentine—Pemphigus, erythema, eczema (Renter).

Cod-Liver Oil—Acne.

Iodide of Potassium—Papules, vesicles (Bumstead, Gamberini); pustules, ecthyma, eczema (Landrieux); ecchymoses and purpura (Tilbury Fox).

Bromide of Potash—Papules and pustules, deep tubercles with ecchymoses, pemphigus, ulcers.

Hemorrhage from the Rupture of the Sac of a Spina Bifida, Resembling Symptoms of Placenta Prævia.

In the *Am. Lancet*, Dr. Tye reported the case of a woman to whom he was called recently, and found in labor. Pains were coming regularly, and with each contraction of the uterus there was quite a profuse gush of blood. The accouchement had commenced with the escape of a very large quantity of water, which was immediately followed by the loss of a considerable amount of blood. The os was not sufficiently dilated to make a diagnosis positive at once, but the doctor thought he had a case of placenta prævia. As the labor progressed and os dilated, an acephalous monster was diagnosed.

The fœtus, on being expelled, was found, besides being acephalous and having rudimentary genital organs, to have a large spina bifida extending from the neck to the sacrum, the sac being ruptured. To the spinal opening large clots of blood were attached, and over the interior the sac small clots adhered. The placenta came away in half an hour with a very moderate amount of hemorrhage. The child was ensanguine, but the mother showed no symptoms of loss of blood.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——In a 12mo volume of 62 pages, Dr. G. H. Rohe, of Baltimore, discusses various common cutaneous diseases, and their treatment. His work is entitled "Practical Notes on the Treatment of Skin Diseases," and may be had by remitting 25 cents to the author.

——A lecture on "Tumors," by Dr. N. Senn, of Milwaukee, Wis., has been reprinted in neat form, and will be found to be an interesting survey of the subject.

——Dr. Charles N. Oliver, of this city, has devised a new series of metric test letters for determining the acuity of direct vision for form. They have several advantages not possessed by any other single form of test-card. They are prepared by J. W. Queen & Co., Philadelphia.

——In a reprint before us, two rare cases of abdominal injury are described by Dr. J. A. Stucky, of Lexington, Ky.

——With the beginning of the year, the *American Practitioner* and the *Louisville Medical News* were consolidated in a bi-weekly under the name of the *American Practitioner and News*.

BOOK NOTICES.

Practical Suggestions Respecting the Varieties of Electric Currents and the Uses of Electricity in Medicine, with Hints Relating to the Selection and Care of Electrical Apparatus. By Ambrose L. Ranney, M. D., etc. 8vo., pp. 148. Illustrated. D. Appleton & Co., New York.

The nature of this little volume is so fully set forth in the title, which we have given at length, that there is no need of further explanation. The author is a popular teacher on the branch, and his book is a summary of the lectures which he delivers to his classes. It is clearly written, quite practical in tone, and offers an excellent epitome of the subject.

The Field and Limitation of the Operative Surgery of the Human Brain. By John B. Roberts, M. D., etc. 8vo., pp. 80. Illustrated. P. Blakiston Son & Co., Phila.

The contents of this monograph are grouped under three headings, treating respectively of the Principles of Cerebral Surgery, of Cerebral Localization, and of the Operative Treatment of Cerebral Lesions. These topics are discussed with that careful research and close reasoning which are the characteristics of the author, and which place the difficult and obscure branch of surgery which he has undertaken to investigate in as clear a light as the extent of our present knowledge allows.

Transactions of the Indiana State Medical Society for 1885. Cloth. 8vo., pp. 307. Indianapolis, 1885.

This volume contains some thirty different articles, most of them original contributions to medical science, discussing matters of general interest. The address of the President, Dr. J. H. Woodburn, is upon the actual advances in medical practice, and the hopeful view he advocates is supported by much later on in the volume. Several of the articles are on the local disease and medical history of the State, and will have permanent interest to the medical historian. Indeed, the volume proves throughout that the Indiana State Medical Society is an active and thriving organization.

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THE MICRO-ORGANISMS OF SYPHILIS.

If the theory of bacteria as pathogenic elements would seemingly apply with justice to any disease, it should be syphilis, for, like in tuberculosis, we have here a virus which may be inherited, or which may be latent in the organism for a long period, and which may apparently disappear from the system for a greater or shorter time, only to break out again with renewed force. Something similar also occurs in relapsing fever, only that here the period during which the microbes are inactive and latent in the organism is very short, lasting but one week. All authors now agree that in relapsing fever, as well as in anthrax, the existence of bacteria as pathogenic elements has been satisfactorily proved; so that we have at least the hope that the same will soon be said of syphilis, and if the recent reports can be relied upon, the discovery has at last been made.

Not long ago, Lustgarten found in the secretion of the hard chancre, in the indurated part of it, in the syphilitic suppurating bubo, in rupial ulcers, and in gummata, when they had selected as their seat internal organs, a peculiar bacillus, which while greatly resembling that of tuberculosis, behaved under pure culture in a manner sufficiently differing from that of the tubercle-bacillus, to be recognized as another separate and distinct species.

Soon after, the observation was made that the smegma præputiale contained bacilli evincing in every respect characteristics so similar to the syphilitic bacteria of Lustgarten, that the two could not be distinguished from each other. Alvarez, Tavel, and others carefully investigated this point, and they all agreed that the two kinds were really one and the same. As the precautions had been taken by the investigators to select smegma from persons undoubtedly free from the luëtic virus, and as the same bacilli were met with there, the fact seemed undeniable that Lustgarten's bacillus could not be the pathogenic micro-organism of syphilis.

The latest report comes from Leyden, well known for his painstaking in researches of this kind. With the aid of his assistants he made a thorough investigation of both species, and communicated the results of his labors in the meeting of the Berlin Med. Society, November 2, 1885, (*Deutsche Med. Zeit.*, Nov. 12, 1885.) He found, indeed, that both species behaved in nearly the same manner under various coloring processes; and that their size and shape also agreed. But what completely disproved their identity, was their different be-

havior under pure culture. The most important points concerning the smegma-bacilli are, that they become at once deprived of their color when placed into concentrated acid; that they remain uninjured for at least one minute in a solution containing one part acid and two parts water; and that in one part acid and four parts water they retain their power of development for fully ten minutes, all properties not possessed by Lustgarten's bacilli.

There is, therefore, a possibility that Lustgarten's bacillus may be after all the true germ of syphilis. The question can be definitely settled only by further investigations, and it will especially be necessary to inoculate animals or human beings with such bacilli obtained from pure culture, ere the point can be decided. Whether the discovery will ever have any result favorable to treatment is difficult to say; but in cases of doubtful diagnosis, the presence of the specific bacilli would at once determine the nature of the disease.

INFLUENCE OF METEOROLOGICAL CHANGES ON DISEASES OF THE RESPIRATORY ORGANS.

Especially in marshy localities, the influences which are exerted by atmospheric changes on certain diseases of the chest have long been observed, and the opinion has also been expressed at times that they obey definite laws; but either because there was not material enough on hand, or for other reasons, the subject has never been scientifically investigated.

In Maldorf, in Germany, the state-physician, Dr. Michaelsen, accumulated a large material. During 21 years, 3,378 cases of diseases of the respiratory organs were observed by him in connection with meteorological influences. Dr. Dose, who, after M.'s death, came into possession of these records, has carefully studied them, and discovered from them the following laws (*Deut. Med. Zeit.*, December 21, 1885):

Warm and humid air, west wind and rain, have the most favorable effect on the organs of the chest, but these are especially exposed to danger:

1. The lower the temperature.

2. The more, during the prevalence of a low temperature, the northeast and the north wind take the place of the west wind; while

3. During the warmer season of the year winds coming from the east do not unfavorably influence the respiratory organs.

Milder as well as graver forms of these maladies are subjected to these laws. Simple bronchial catarrh, catarrhal fever, gastric catarrhal fever, and catarrhal rheumatic fever and pneumonia, obey these laws, while whooping-cough is not affected by them. The influence of temperature is greater than that of the direction of the prevailing wind. This is the reason why the frequency with which these complaints occur during the winter months reaches its height in March and continues rather high until May, because low temperature and east wind both happen and act together. On account of the usually warmer weather during autumn, the dangerous influence of these causes is diminished.

These results are of great practical interest, as they directly concern climatic therapeutics. They teach, for instance, that it is best for consumptives to seek a climate equally free from extremes of temperature, and of the direction of the wind, as above indicated, and where the atmosphere contains the least possible amount of dust. We further learn from them, that while it is probably impossible to discover a climate exactly suited for persons with a tendency to diseases of the respiratory organs, the physician can advise such patients when it would be better for them to take active out-door exercise, and when they should be confined to their rooms, which ought to be kept at a higher temperature than that of the external atmosphere during the cooler seasons. These results, finally, also explain why patients suffering from lung-diseases or from chronic bronchial catarrh, often become suddenly worse without any apparent reason. At present, when meteorological changes are persistent almost to a certainty, the cautious physician can perhaps prevent exacerbation of the symptoms of these patients by a strict observance of the above laws.

THE SPEECH OF THE EYES.

Prof. Hugo Magnus recently delivered in Berlin a lecture on "The Speech of the Eyes" (*Deutsche Med. Zeit.*, November 12, 1885). First he showed how various thoughts and emotions may find their expression through the eyes, how rage, joy, sadness, sympathy, all may be indicated by one look, and how a question may be asked or be replied to simply by one scarcely observable movement of the eye. But the most interesting part of his lecture was a point with which many a physician may not be acquainted: not from ignorance, but simply because he has never given the subject any thought, viz., the fact that all the various expressions of which the

eye is capable, are not at all made by the eye itself, *i. e.*, by the eyeball, but by the movements of neighboring parts. The eye itself may be stationary, not the least motion may be observed in it, and yet the raising of the lids expresses our surprise, half-closing them together with contraction of the brow indicates our displeasure, and a peculiar fibrillar-like movement of the lids, the orbicularis palpebrarum, and the parts around the nose, together form what we are in the habit of calling "a merry twinkle." Many a one who will read these lines will at once acknowledge that such is the case, and that the facts are as stated, but at the same time he will acknowledge that he had never thought about it, and had never imagined that in all the manifold expressions which we ascribe to the eye—the mirror of the soul—the eye itself has no share. When a criminal has his character pictured in his eyes, it is not they that tell us the moral depravity of the man, but the play of the neighboring muscles, which, perhaps, for years, always obeying the impulse from the brain, form together the group we call physiognomy.

Notes and Comments.

Abdominal Gestation.

A case of this form of extra-uterine fœtation has recently occurred in the practice of Dr. T. Chambers, Lecturer on Midwifery at the Sydney University. It is reported in the *Australasian Medical Gazette*, the organ of the combined Australasian Branches of the British Medical Association. The patient, 38 years of age, underwent Emmet's operation and the operation for ruptured perineum within a fortnight, in December, 1884, having suffered injury during labor two years previously. She ceased to menstruate in February, 1885. In May she suffered from constant discomfort about the lower part of the abdomen, the uterus was found to be enlarged and high in the pelvis. Pregnancy was suspected. On June 10 she was seized with severe abdominal pain, with extreme collapse. The pain was intense along the line of the transverse colon. Scybala were cleared from the rectum, and the patient rallied. On June 17 a second attack occurred, followed by jaundice. A third seizure followed the disappearance of the jaundice a week later. Early in July, the cervix was dilated with tangle-tents. A swelling was detected, pressing the posterior wall of the uterus forward; this swelling could plainly be felt from the rectum. The swelling was aspirated, and several ounces of liquor amnii escaped. The patient's general condition became very unfavorable, and on July 18 abdominal section was performed. The uterus was found to be fixed posteriorly. After an omental adhesion was removed, and the operator's index finger introduced behind the organ, a great quantity of jet-black, intensely fetid fluid escaped from a swelling somewhat to the left, and more fluid of a similar character welled up from the sides of the pelvis. It appeared impossible to proceed further, so the cavity from which the black fluid issued was stuffed with antiseptic lint and two sponges. The patient rallied for a short time, but died eight hours after the operation. The ovaries and tubes were found to be intact; but behind and to the left of the uterus was a large cystic cavity, the walls of which adhered to Douglas's pouch, the ureters, and other soft tissues. The cavity was divided into two portions; the left and posterior part contained a fœtus, of about the thirtieth week, with detached placenta and decomposed blood-clots. The other part lay between the back of the uterus and the left compartment of the main cyst. It contained liquor amnii, and was lined with a smooth delicate membrane. The three attacks of pain and collapse probably represented repeated hemorrhage into the cyst, due to detachment of the placenta.

Rare Tumor of the Orbit.

The *New York Med. Jour.* tells us that Story (*Ophth. Rev.*) reports an interesting case of orbital tumor occurring in a young girl who had never suffered from any inflammation or painful affection of the eyes or orbits. As long as could be remembered there had been noticed a small lump beneath the left lower eyelid toward the nasal side. This lump became more prominent at certain times, and slightly discolored, and this was especially noticeable when she laughed or cried, or after stooping or taking violent exercise. On palpation, a hard body of about the size of a small pea could be felt beneath the discolored skin, and was freely movable in all directions in the orbital cavity. It could be drawn forward and made to project through the fornix beneath the eyeball. On dividing the skin and fascia over it, the tumor projected through the opening, inclosed in a thin, but firm capsule. On dividing this capsule, the tumor popped out upon the cheek, there being no pedicle. It was nearly spherical, being one centimetre

long and seven millimetres broad, and at one extremity of the longer diameter a smaller spherical tumor, about two millimetres in diameter, was firmly attached to the primary one. On making a section with a saw, the tumor was seen to be formed of a series of concentric lamellæ, the peripheral layer resembling bone in appearance. A microscopical examination, however, showed no bone, but only a series of different layers of fibrous tissue and calcified matter.

A New Test for Human Milk.

Dr. Hélot (*Lyon Medical*, October 18,) has discovered a method at once simple and practical to test the quality of woman's milk. While, of course, chemical analyses are reliable, yet they are so long and difficult that M. Tarnier has recommended physicians to accustom themselves to recognizing the richness of milk by the sight. Over this method, that of M. Hélot has the great advantage of precision. It consists of a comparison by means of a dropper of the number of drops in a volume of distilled water at 15°, with that in an equal volume of the milk. Good milk, that which will cause a gain of 25 gm. per day in the weight of the child, gives a proportion of 35 drops to 30 of distilled water. The number of drops may vary, increasing to 36, 37, or 38. The milk is then of superior quality. If, on the contrary, one gets only 33 drops, or less, he should mistrust the milk. The Pravaz' syringe allows of the accurate accomplishment of this examination; it only being necessary to remember the ratio of 5 to 6 between water and good milk. The test should be applied to each breast in the middle of the nursing.

Connection between Affections of the Eye and Spinal Curvature.

A Polish physician, Dr. Jasinski, has traced a connection between errors of refraction and curvatures of the spine. In thirty-seven cases of curvature he was able to prove with certainty the previous existence of these or other abnormal conditions in the eyes, such as insufficiency of the internal rectus, astigmatism, asthenopia, etc. Myopia alone, however, does not appear to cause curvature. Unequal vision and insufficiency of the internal recti seems to be most efficient in the production of spinal curvature. Spasm of the accommodation also is capable of producing it. Removal or relief of the eye affection is followed by improvement in the spinal curvature—a troublesome and obstinate class of cases in orthopædic practice.

The Treatment of Lienteric Diarrhœa in Children.

M. J. Simon (*Prog. Méd.*) orders the following powders in cases of rebellious lienteric diarrhœa in children five or six years old:

Powdered crabs' eyes	15 grains.
Sodium bicarbonate	8 "
Magnesia	30 "
Calumba	4½ "
Nux vomica	1½ "

Divide into twenty powders, one to be taken twice a day, before eating. If the child refuses to take the powders, he orders:

Tincture of cinchona, rhubarb, calumba, each	75 grains.
" nux vomica	8 "

Dose, five to ten drops, before each meal. In addition, the diet is to be regulated.

Ovariotomy in Madrid.

The Madrid journal *El Genio Medico-Quirúrgico* publishes in a tabular form the statistics of six cases of ovariotomy performed in Dr. Kispert's clinic in Madrid, from June, 1882, to October, 1885, all of which were successful. There was ascites in four cases, a multilocular cyst in four cases, and omental adhesions in three cases; while one case was a unilocular parovarian cyst, and one a dermoid cyst. After the operation metrorrhagia occurred in all cases; in three as early as the second day, and in one not until the ninth day.

Vaccination for Measles.

In connection with the recommendation of vaccination as a cure for whooping-cough, we note that Dr. A. O. Strout writes to the *Cincinnati Lancet and Clinic*, October 31, 1885, that three years ago they had several cases of small-pox in his vicinity, also an epidemic of measles at the same time. On account of the small-pox almost every one was being vaccinated, and he observed that all the children who were vaccinated about the time they were exposed to the measles had them so light that they were not confined to the bed at all, and this not in one case, but probably twenty. Let us hear from our readers about this.

Latent Pneumonia.

Dr. Frank Grauer concludes the report of a case in the *N. Y. Med. Journ.*, December 19, by making the following valuable suggestions:

1. That the tolerance of pneumonia is variable in different persons. Here was a man with organic disease of the heart and three lobes of his lungs completely solidified, who yet did not complain of dyspnœa or shortness of breath, showing that the two upper lobes were sufficient to do the work of respiration.

2. That we should never rely on the remarks of a patient, and direct our attention only to the part he thinks is affected, but examine every organ carefully and thoroughly, so as to do justice not only to ourselves, but to all who are interested in the case.

Chloride of Gold and Sodium in Pertussis.

Dr. G. L. Magruder, of Washington, D. C., reports in the *American Journal of Obstetrics* successful results from the use of "chloride of gold and sodium" in pertussis. His formula was:

R. Auri et sodii chlorid.,	gr. ij.
Aq. destil.,	℥j.

With directions to give five drops every two hours, beginning as soon as possible.

Special Report.

PROGRESS OF OTOLOGY.

BY LAURENCE TURNBULL, M. D.,

Of Philadelphia.

Aural Surgeon Jefferson Medical College Hospital, etc.

THE DEAF MUTE.

Most of my readers are aware that I have taken a lively interest in the relief and education of the deaf mute. I have written and printed at various times communications on the subject, and I have obtained action of the Philadelphia County Medical Society in advocating the articulate system of instruction.

In a recent paper read before the American Association for the Advancement of Science, Prof. Graham Bell made a startling assertion that there was one deaf mute to every 1500 of the world's inhabitants. This distinguished inventor and able writer holds to the doctrine that the marriage of deaf mutes produces deaf-mute children. This he endeavors to prove by statistics of deaf-mutes, forty-five per cent. of whom marry, and with each succeeding generation the tendency to the infirmity increases, and in one family he found ninety deaf mutes in four generations connected by blood or marriage. He and all thinking physicians must consider this an evil that should be prevented. First, by imparting this information to physicians and friends of the thirty-five thousand deaf mutes of the United States. Again, the number of institutions for the instruction of this class is too small, only numbering forty-eight, the first of which was founded at Hartford, Conn., in the year 1817; so that the great mass cannot be reached and are not available.

It is therefore advisable that branch departments should be instituted and have a separate room and teacher in our public schools; thus they would not be entirely separated from the influence of the family and communication with their fellows of the schools. At present the cost of instruction in our public institutions of the state is about two hundred and twenty dollars per pupil, but by educating them with the children of the public schools by means of a separate teacher the cost would be much reduced, as each teacher could instruct ten pupils, say at a salary of about eight hundred dollars; the cost of boarding the pupils would be thus saved. We also advise all pupils to be taught by the German method, namely articulation, as I feel satisfied from my experience that all bright deaf mutes can acquire articulation. In a conversation with Prof. Bell we stated the following as our opinion and the result of our experience in a number of deaf mute marriages which had come to our knowledge where both parents were absolutely deaf to all sounds, and were so from their birth. The children born to them were only in a few instances deaf mutes. When one or both parents could hear the human voice as sounds but were unable to distinguish words, the whole number of children born were hearing children. In those who could distinguish loud noises, such as clapping of hands, the ringing of bells, thunder, cannon firing, etc., a part of the children were born deaf.

To remedy the evil of deaf mutes marrying, Prof. Bell advocates the separating them as much as possible from each other during the time he or she is being educated. They should not be sent to asylums; they should be taught English instead of the sign language. Of 2,106 pupils in the Deaf Mute Asylum at Hartford, 33 per cent. had relatives afflicted in the same way. The statistics of the Pennsylvania Institution for the Deaf and Dumb, which have been carefully collected and collated by the special committee of investigation, covering a period of ten years, hardly bear out Mr. Bell's theory. Three hundred and forty families have in

this period sent children to this institution. In the case of six only of these families the parents are deaf, in five of the six congenitally deaf, and the total number of deaf children sent by deaf parents is ten; of these four were born deaf, and the other six became deaf by accident or disease. The same parents had twelve hearing children. In the case of the graduates of the institution, forty of them, twenty couple, have married since leaving the institution, sixteen of whom are known to have been congenitally deaf. To these twenty couples of deaf mutes there have been born, so far, just twenty children, of whom but two were born deaf.

Of the 364 graduates of the Pennsylvania Institution, whose record is given in detail in this report, 132 were born deaf, 232 lost their hearing from some adventitious cause, and of these 154 were deaf, as the result of some form of fever. The large number who became deaf from disease is accounted for by the fact that they were nearly all the children of poverty, which had brought with it the inability to secure timely proper medical treatment.

Dr. R. Mathison, Superintendent of the Ontario Institution for the Deaf and Dumb, at Belleville, writes: "As far as Ontario is concerned, Mr. Bell is very much astray in his theoretical conclusions." In this Institution there are the histories of 661 mute children, who are now or have been pupils since its establishment. He has acquaintance with the parents of about 300 of the children, and has made inquiries during the last five years of many of the others. Up to this time he has been unable to find that any of the parents were or are deaf and dumb. A few of the grand-parents however were mutes. A considerable number of deaf and dumb persons in the province are intermarried and have children, and in every case that has come to his knowledge the children can hear and speak." He further says: "That as the instances of hereditary deafness are so few in proportion to the number of deaf and dumb persons, and form such a small fraction of the population, an evolution of a distinct race of mutes need never be feared. Of the 661 cases above noted 262 were born deaf; the others lost their hearing by fevers, measles, colds, etc.

A rough calculation of the number of deaf mutes in the world is given in the *London Echo* to be from 700,000 to 900,000, and of these 83 per cent. are said to be born deaf, the others losing their hearing by different accidents. The number of deaf mutes in Great Britain is about 20,000. To meet the educational wants of these there are on the face of the globe 397 institutions, containing 26,473 inmates of both sexes, and employing over 2,000 teachers.

Excepting those who are immediately interested in and connected with the education of the deaf mute, there are few who fully appreciate the great amount of care, attention, and patience necessary that even the simplest principles of an intellectual education may be inculcated.

The theory that muteness does not always imply dumbness has given rise to much discussion as to the proper method of teaching deaf mutes, and of the two systems now employed leading writers on the subject are divided in opinion as to which is the better one.

Advancing science has taught that the organs of speech in a mute person can be developed to some extent if the muteness is the result of deafness and not of the absence of the organs of speech. In the latter instance the system of educating by articulation could not be of any avail, but all those who have the organs of speech should be taught, as far as possible, by articulation, and a thorough examination should be made of every pupil to ascertain this fact. Many of the most prominent institutions for the education of the deaf mute employ both methods, and the Pennsylvania Institution, of Philadelphia, one of the oldest and best managed schools of the kind in this country, has adopted both methods. And in the branch school at the corner of Clinton and Eleventh street, Philadelphia, under the management of the directors of the Pennsylvania Institution, the education of the deaf mute in this department is by articulation only. It is attended now, 1885, by seventy pupils, being recently changed from a day school to a boarding school, for the benefit of those living outside of the city. The principal, Miss Emma T. Ely, has nine assistants, and the school is managed with great success. Of deaf mutes now in the school many are far advanced, and compare in some branches very favorably with other children of the same age where the acquirement of knowledge has not been hindered by the loss of speech or hearing and who have had the double advantage of both eyes and ears.

The sign language, further than the simple letters of the alphabet, is not taught in the Pennsylvania Institution; and the system which consists in the formation of ideas by illustrations and observation, which the pupil is taught to write, has been adopted and is very successful in its results. It is

as interesting as the system of articulation, and also requires the same diligence and patience on the part of the teachers. When the pupil is sufficiently advanced in the knowledge of words and their meanings, he is then taught to read and study such branches as geography, physiology, history, and composition. In teaching by lip-reading or articulation, the pupil must learn to speak the word before he learns to write it. The pupils that have at one time had the power of speech advance rapidly, but the child that is born deaf not only has no knowledge of his power in this respect, but does not know what spoken words are when he utters them; but in spite of all these difficulties, is made, in time, to talk, and some of them surprisingly well.

The introduction of the improved methods and important changes which have recently been made by the Pennsylvania Institution, have attained highly satisfactory results. When we visited the school and were shown through the various departments by the principal, Prof. A. L. E. Crouter, a very proficient teacher, who by long and careful study of the best known methods, has become well fitted to fill the place of our friend Professor Foster, we found but one difference between it and other places of learning: this was the lack of covert whispering behind slates and around the corners of desks; the pupils were for the most part diligently at work, and the best order prevailed.

The following is an account of a deaf mute's* experience given by himself, whom we had the opportunity of knowing, and who was examined by ourself and Dr. C. T. Turnbull:

"At the age of fifteen years he enjoyed apparently good health, but was suddenly transformed into a deaf mute by *cerebro-spinal meningitis*, the result of a cold taken at a circus on a cold, rainy night. After remaining in an unconscious state for two weeks, he found his hearing and speech were both gone. On gaining strength, his voice partially returned, but his deafness was total. The usual remedies were applied, but without any apparent benefit. His friends all came to his rescue with catalogues, circulars, 'phones,' ear-drums and ear-trumpets, etc., and cures of every description; but a scientific treatment was deemed the best.

"He accordingly came to a Philadelphia aurist. All treatment proved of no avail, and after trying all kinds of instruments, he was advised to enter an institution for deaf-mutes to pursue his studies, and to take special care of his voice, and practice lip-reading as well as articulation. All this was very discouraging, and he was not inclined to enter an institution at first, but after some months did so. In the meantime, his voice improved by efforts to converse at home. On entering Columbia Institution, Washington, he was very favorably impressed, finding everything so different from his expectation. The text-books used were the same as in other schools. The sign language and dactylology were the means by which questions were asked and answered; also conversation and illustration were set forth. Instruction in lip-reading and articulation occupied a part of the time. He was taken in hand by a faithful and efficient lady teacher, and notwithstanding his inability to read a sentence spoken orally, in two weeks' time he was able to understand the greater part of what was spoken by the teacher, and a good deal said by those at home. Lip-reading was a great help, and gave him a great advantage."

He states: "Though not an expert at lip-reading, he can understand pretty much of what is said, especially at home and among friends, but cannot rely upon it as a means of conversing, and he does not think progress can be made as well by the oral as the combined method. His experience has not been great in this case, but he thinks he has seen sufficient to convince."

He further says: "If the public knew more of the manual alphabet, deaf persons would get along much better than they do now. After three years' experience, he finds but little disadvantage in being deaf."

CONCLUSIONS.

1st. When the deaf mute has the power of hearing at all, it should not be neglected, but should be improved as much as possible by means of hearing trumpets, etc.

2d. Physicians in charge of public institutions should prepare careful, accurate statistics as to the cause and condition of the ears of the deaf mute on entering and leaving the Institution, and what results to the hearing have been developed or improved by their efforts at treatment.

3d. It is an important matter that obstetricians and nurses should be carefully taught the anatomy and pathology of the ear, as the deafness of many of the so-called congenital deaf mutes is the result of mucus or blood in their meatus or tympanic cavity at birth. Another cause is physicians not attending in time to the catarrhal deafness, the result of cold from exposure or teething. The nurse

* Robt. Bell, Jr., 3d, Alexandria, Va.

is often at fault in placing the ears of infants in draughts of cold air, and allowing cold water to enter the meatus, pass back to the membrane, lodging there and causing acute inflammation, shown by intense pain and persistent earache, not relieved until perforation of the drum-membrane takes place or extension to the internal ear or brain.

4th. Then again, hereditary tendency to disease of the ear in tuberculosis and so-called rachitic scrofulous or syphilitic children should be watched from infancy to puberty so that every acute catarrhal attack commencing at the nose and extending through the Eustachian tube to the middle ear, producing deafness, should be carefully treated by the relief of pain, cleansing by a mild antiseptic solution or powder, followed by constitutional remedies adapted to the peculiar constitution* of the child. By these means we shall still further reduce the number of the so-called congenitally deaf mutes. I have found a most valuable aid for the relief of the deafness of little children after the acute attack, is the use by the mother of a tube to inflate the Eustachian tube, also to teach the child as early as possible to blow its nose, as by this latter means we often get rid of the mucus in the Eustachian tubes and pathway to the ear. The throat must also be attended to by applications to the naso-pharyngeal mucous membrane.

5th. The only true plan to come to a definite conclusion as to the deaf-mutism being acquired or congenital, is to examine the outer and middle ear, Eustachian tube, and the sound-conducting apparatus with the throat, eyes and nose.†

1502 *Walnut street, Phila., Nov.* 25, 1885.

Foreign Correspondence.

Paris Letter.

Paris, Dec. 18, 1885.

Eds. Med. and Surgical Reporter:

Pasteur is undoubtedly the hero of the hour; his experiments and inoculations, more frequently and correctly here termed vaccinations, against hydrophobia are monopolizing, to a large extent, the attention of scientific bodies.

As the question is largely discussed in your newspaper press, we need only mention the fact that Pasteur himself considers that only those cases where inoculation has been performed during the first ten days should be held in account when the efficacy of the operation is in question. The incubation of rabies is, in certain cases, as short as that period, but as the learned savant has become assured that his method is devoid of danger, he inoculates from two to six weeks after the patient has been bitten, and it is generally during that period, that is, from the twentieth to the sixtieth day, that the first symptoms of hydrophobia manifest themselves.

At the Académie de Médecine the principal objector to M. Pasteur's method was M. Guerin, well known in connection with the pansement ouaté. As this treatment may not have attracted much attention outside of France, it may be well to devote to it a few lines.

M. Guerin applies over large open wounds, such as compound fractures of the leg, for instance, layer after layer of common cotton wool, until the patient's leg is almost as thick as his body. Outside this he applies, with strong compression, the common linen roller in use here; and that is all.

The dressing is left in situ one, two, or even three weeks without changing; frequently the pus filters through, and forms a disgusting and ill-smelling mass. The results are however excellent; the patient, notwithstanding the presence of pus, rarely presents high fever, and recovers perfectly after severe compound fractures.

The newly appointed professor of diseases of children, M. Grancher, is one of the ablest clinical teachers in Paris. I passed one vacation season with him in Prof. Sée's service at the Hotel Dieu, and profited much from his clear and succint descriptions and methods of diagnosis. It is M. Grancher who performs the operation of inoculation for Pasteur; and, as might be expected from so great an admirer of that savant, he is an enthusiastic advocate of the germ theory.

In his inaugural lecture he boldly formulated the following declaration: "All morbid conditions of the human system have, as a starting point, either some microbe recognized or unrecognized, or some chemical alteration."

This doctrine would certainly simplify the study of general pathology, but does not accord sufficient allowance, particularly in infantile pathology, to the original condition of the individual himself, which has certainly a great influence in the development of contagious germs.

The second public annual séance of the

*See author's work on the "Hygiene of the Ear," 3d Ed. J. B. Lippincott & Co., Philadelphia.

†See the same work for the means of testing the hearing of the deaf mute.

Academy was attended by a numerous auditory, many ladies being present, who listened with marked attention to M. Proust's dissertation on microbes, which, according to his views, were present everywhere, but were generally innocuous. As is the custom at these public séances, he devoted a greater part of his discourse to the eulogy of two deceased members, M. N. Gueneau de Mussy and M. Robin, referring somewhat severely to the well-known obstinacy of the latter against admitting the germ theory in disease.

M. Rochard spoke feelingly and well of his compatriot from Brittany, the distinguished surgeon Chassaignac, whose extreme radical opinions and actions in the revolution of 1848 prevented his advance in the professorate, and did much to injure him as a practitioner.

One of the most popular of the agregés of the Faculty, who has done much to make the study of histology interesting, M. Mathias Duval, the author of the physiology of Küss of Duval, has been appointed professor of physiology, to succeed M. Robin.

In a report recently transmitted to the Conseil Academique of Paris, the dean of the medical faculty refers in a rather curious way to the mental and moral status of women graduates of medicine. He observes that many who enter do not graduate; the five years' study proves too long, and some marry or enter other occupations. M. Béclard calls particular attention to the statistics regarding lady practitioners in England. It is asserted that one-third of the number become insane, and he draws thence the following curious conclusion: "It is not probable that the statistician who compiled this table considers the practice of medicine as predisposing women to insanity, but he is perhaps of opinion that these women are originally of an eccentric turn of mind to adopt the profession at all."

Prof. Vulpian has recently experimented clinically with salicylate of lithia. He found it to be as efficacious as the soda salt in the treatment of acute rheumatism and gout, and much more so in those forms where the fibrous tissues are affected, and in those forms of subacute and chronic rheumatism, where the soda salt seems to have no effect. The usual dose to be administered is one drachm per diem, increasing by fifteen grains daily, until the symptoms are relieved. The taste of the lithia salt is not very disagreeable, although it contains a greater proportion of salicylic acid than the soda salt. Like the salicylate of soda, it may induce cephalalgia, ringing in the ears, and slight intestinal troubles, none of them of sufficient gravity to affect the general system.

M. Desnos has recently experimented with phytolaccin and juglandin; he found that in the dose of from two to four grains they proved efficacious purgatives and cholagogues, particularly the latter. The last séance of the Société de Therapeutique was largely taken up in discussing cocaine as a topical application to the throat in tuberculous ulceration, and to relieve the spasms of coughing in pertussis. M. Cadet de Gassicourt found a five per cent. solution efficacious, using the brush first on the soft palate, and then ten minutes later on the other parts of the throat.

M. Labbé remarked that he had obtained equally good results with the following lotion applied with the brush:

℞.	Tr. iodin.,	℥jss.
	Potass. iodid.,	gr. xv.
	Tr. opii,	℥j.
	Aquæ,	℥ijss.
	Glycerinæ,	℥ijss. M.

Ft. lotio.

There are this year twenty-two concurrents for the agrégation for the faculty of Paris, while for the provincial schools the number ranges from two to six. The cause of this apparent anomaly is the fact that a man who has spent the best ten years of his life as a student, interne and physician, in almost gratuitous service in the hospitals, does not like to bury himself in a provincial town, where the chances of gain for a man of talent are few. The effort to decentralize the study of medicine in France has thus far proven unsuccessful. ****

The Epidemic in Norwich, Ohio.

Eds. Med. and Surg. Reporter:

Dr. Myers reports from Martinsburg, W. Va., that they have had recently an epidemic of "a hybrid between malarial and typhoid fever." "The average duration was twenty-five to twenty-eight days." Temperature ranging from 100° to 103°. From the little he gives us of symptoms, I presume his cases are similar to an epidemic that prevailed in our small village during the months of August, September, and October. I, with others, would like to hear further from the doctor, for instance, as to temperature, state of pulse, condition of tongue, and treatment.

J. L. Geyer, M. D.

Norwich, Ohio.

—Castor oil applied daily for two or three weeks is said to be a sure cure of warts.

News and Miscellany.

A Typical Swell.

Thank God that all our young men are not like the following, who is described by the New York correspondent of the *Philadelphia Times*. Our *great* men are not made of such timber:

"He was dressed in the tip of fashion and a valet stood by his side, while the porter blacked his boots in the entryway leading to the Hoffman House bar-room. The young man threw the Irishman a half-dollar for the job, and then stepped to a table not far away, ordered a pint of champagne, drank it and sauntered out. 'You have just seen a perfect type of the young New Yorker,' said a friend, who knew the fellow who was so well dressed and who gave the bootblack fifty cents for a shine. 'He is a broker who is just blooming out for himself and has made a fat deal. Money is no object to him just now, and he is hunting any new vice or extravagance he can find. His life will not be long. If he succeeds for any length of time his dissipations will kill him, for, like most of his class, he burns the candle at both ends. He is only one of the many who help to make hotel life needlessly expensive. Chance has brought him a fortune, and it is handed out as easily as it came. If the man who polished his boots got fifty cents, the boy who served his breakfast probably received a dollar. While this practice gets him well waited upon, it compels other people to be equally extravagant or be slighted. This lavish tipping of waiters has become so common here that many times and in many places they make themselves positively disagreeable to guests who do not fee them with an open hand. This one is but a fair type of the swell business. He sits up all night, rises in time to get to his office, and pitches into the excitement of the day only half rested. Wine takes the place of sleep in keeping him in condition to do business. The average length of such life is only about ten years. Some may stand the whirl for fifteen, but the great majority have lost their vitality at ten, and either get broke or go out of the rush and hurry of the street.'"

A Pathetic Picture.

The New York correspondent of the *Philadelphia Times* thus writes to that paper:

"From the windows of the Manhattan Club the New York Hospital can plainly be seen. It is one of those charitable institutions which furnish a great deal of comfort to the poor as well as rich. I saw in one of its broad front windows to-day a strangely pathetic and beautiful sight. A woman, plainly dressed, with an almost death-like pallor upon her face, sat in a rocking-chair pushed almost against the pane. At her feet a little babe, with its arm broken, sat in a chair, playing with a rattle. Near her was a boy holding two other children, eight or ten years of age, one of them with its leg fractured and the other with its arm broken. The mother hardly took her eyes off the children, and the kind-hearted nurse, dressed in her neat calico frock and white cap, was moving backwards and forwards like an angel of mercy, bringing comfort to the stricken little ones. There was such a broad touch of pathos in the picture that a dozen club men, pushed from the whirl of business, paused to look at the striking group in the hospital window. It was one of those sights which touch the heart of the sternest, and in only a few moments quite a purse was made up for the little sufferers. I watched the scene for some time, until one of the directors of the splendid charity was introduced, and he took me over to this home for those who are injured by accidents. The picture was not lightened by close contact, for just as I had reached the inside and was looking at the unfortunate children, the nurse tapped the mother on the shoulder, and said: 'You must go now.' The great brown eyes, set on their framework of white, filled with tears as she arose, kissed the little ones, and went to her cheerless home, for she was evidently very poor."

The International Medical Congress.

To show which way the wind is blowing, we quote the two following letters from the *New England Medical Monthly*, January 15:

"I feel in hearty accord with the sentiments expressed by your correspondent in the November number of *The Monthly*, on the matter of the coming meeting of the International Medical Congress. There is no doubt but that the friends of the original committee, have used every means in their power to misrepresent the action of the new committee, and to belittle its efforts to make the Congress a success. I wonder if the journals which are supporting this sort of thing are not waking up to a sense of their being on the wrong side of the fence. I know where one of them lost four subscribers in this city since the raid began. Is not this a straw which shows which way the wind is blowing? A Subscriber.

"*Providence, R. I., Dec.*, 1885."

"The note in the last *Monthly* from a doctor who signed himself 'Not a Member of the American Medical Association,' has touched the keynote of the whole International Medical Congress business. When a committee appointed by any organized medical body insults its constitutors, as did the original committee headed by Drs. Billings and Hayes, by appointing every one of themselves to offices, and prominent ones too, and some of their members to several offices, we think it is time for the profession to call a halt. A few have followed the original committee; the *mass* of the profession are behind the new committee, staunch and true. Let them rave, rant, revile, and misrepresent; they are the only ones who will suffer, not the International Medical Congress.

"A Member of the A. M. A.

"*Portland, Me.*"

Pasteur.

The *London Med. Times* says that M. Pasteur still pursues the course of his experiments, and nearly seventy persons bitten by mad dogs have been inoculated at his laboratory. There has been some talk of creating a "clinique" for M. Pasteur and his rabid patients. The proposal, however, has been hitherto non-suited, upon the ground that the celebrated bacteriologist is not a medical man, and, holding no diploma, has no legal right to practice. It might also be said that, before lending the weight of official authority to the system of inoculating hydrophobia, it might be as well to let the matter be well tested, the proposition in itself being at least rather startling, to say nothing more. At all events, the friends of "progress," who are always ready to cry loudly against persecution, cannot, in the present instance, inveigh against government, which has certainly allowed more liberty to M. Pasteur for the prosecution of his experiments than he would have found on this side of the Channel.

The *Gazette Hebdomadaire* states that, since M. Pasteur's announcement, the prophylaxis of hydrophobia has occupied the attention of all Paris, in the press, the societies, and the salons, the impressions varying from enthusiasm to skepticism. Fortunately, the most prudent and the wisest of all who occupy themselves with M. Pasteur's investigations is M. Pasteur himself, as shown by his statement of his views before the Conseil d'Hygiène. In possession of a method which at all events has been very successful among animals, he has believed himself authorized to extend its application to man, but he is the first to admit that time must be given to form a final judgment upon the matter. In the meantime, patients are arriving from all parts, including Algeria; and, in spite of the length of time that may have elapsed since the bite, M. Pasteur undertakes the cases, in the hope that the inoculation may still be effective five or six weeks, and perhaps longer, after the accident. Experience can alone decide this point. In the meantime there is a sufficiency of virus in the laboratory, and this is kept up by daily inoculations; but if the present eagerness continues, a special institution will become indispensable.

Disinfection of Rags.

Dr. J. Howard Gaylord, of Baltimore, Chairman of the Special Committee on Disinfection of Rags, reported to the American Public Health Association that it is an admitted fact that the importation of rags is a prolific cause of the spread of infectious diseases, and that ports of entry are the gateways for their introduction. Foreign disinfection was not to be relied upon, and the committee proposed that a resolution should be passed by the Association that all health authorities having jurisdiction over matters connected with maritime systems of disinfection, should thoroughly destroy all germs before the rags are permitted to be distributed for manufacturing purposes.

The report was, after a prolonged discussion, recommitted for further investigation by the committee during the coming year, and Dr. J. H. Raymond, of Brooklyn, and Dr. Joseph Holt, of New Orleans, were added to the committee.

Observations on the Cape Fear River Water as a Source of Water Supply.

Before the American Public Health Association Dr. Thomas F. Wood, Secretary of the State Board of Health of North Carolina, narrated the experience of a company formed to make artificial ice by the ammonia process. They used the water of the Cape Fear River, which was boiled and the steam condensed, and the condensed water used for making the ice. It was found that the ice had a decidedly greenish color, and an odor of tar and creasote, and that a core formed in the centres of the frozen cakes which was highly impregnated with these wood products, and this in spite of every care being used to keep the water in the boiler as fresh as possible. An examination into the cause of this showed that the river water was impregnated, to a certain degree, with substan-

ces capable of yielding these products when they underwent a process of destructive distillation in the boiler. The trouble disappeared only when well water was used and the river water wholly abandoned.

An Attack on Pasteur.

The London correspondent of the *Jour. Am. Med. Ass.* says that M. Henry Rochefort is never happy for a long time, if some one, or some thing, is not attacked in his organ. This paper has made itself remarkable by the acerbity with which it has attacked M. Pasteur, whose equanimity, however, is not disturbed. A week or so ago it printed a sensational paragraph concerning a tragic incident which it affirmed had just occurred in Paris. A child six years of age who had been bitten by a mad dog was placed by her parents under M. Pasteur's care; and, as the paper asserted, had lost her life in consequence of his treatment. As a matter of course, the absolute correctness of the story was vouched for, defying M. Pasteur to contradict it. It turns out, however, that it omitted to state the real truth, which very materially alters the circumstances of the case related. The little girl placed under M. Pasteur's care met with the accident which proved fatal six weeks before he was consulted. The dreaded malady—hydrophobia—had consequently time to develop itself; and the case, evidently, cannot be accepted as furnishing a proof against the value of the distinguished savant's theories.

The Discovery of Auscultation.

The *Virginia Med. Monthly* tells us that "Lænnec told one of his friends that he discovered the principle of auscultation thus: One day, in the court of the Louvre at Paris, he noticed children amusing themselves by holding a cylindrical piece of wood to the ear, and scratching with a pin the farther end. Thus they heard a louder noise than the pin usually produces. At his next visit to his patients in the Hospital Necker, he made a hollow cylinder out of a roll of paper, and applied it over the heart of a patient. This was the first stethoscope. After a time, he used one made from cedar-wood. In 1819 he published his treatise on Mediate Auscultation."

Vaseline in Pastry.

M. Dubois, in a communication to the Société de Biologie, stated that, wishing to ascertain whether vaseline is injurious, and its use ought to be prohibited in pastry, he fed two dogs on soup exclusively made with vaseline. The animals did not present any symptoms of gastric disturbance, nor imperfect nutrition. Their excrement was slightly yellow; their weight was not altered; the slight diminution of urea observed in their urine was explained by the absence of meat from their diet. M. Dubois concludes that pastry made with vaseline may not be pleasant to the palate, but that it is not injurious to the health.

American Public Health Association.

OFFICERS FOR ENSUING YEAR.

President—Dr. Henry P. Walcott, of Cambridge, Mass.

Vice-Presidents—Dr. C. W. Covernton, of Canada; Dr. G. B. Thornton, of Memphis, Tenn.

Treasurer—Dr. J. Berrien Lindsley, of Nashville, Tenn.

Executive Committee—Dr. Pinckney Thompson, of Kentucky; Dr. Henry B. Baker, of Lansing, Mich.; Dr. Joseph Holt, of New Orleans; Dr. Charles Smart, U. S. A.; Dr. C. N. Hewitt, of Minnesota; and Dr. H. A. Johnson, of Chicago.

Secretary—Dr. Irving Watson.

The British Medical Association.

We learn from the *Medical Times and Gazette* that Dr. Austin Flint has consented to deliver the address in medicine at the next annual meeting, which is to be held in Brighton on the 10th, 11th, 12th, and 13th of August. The American profession will appreciate the compliment to our country implied in the invitation to Dr. Flint, and we trust that the distinguished President of the next International Medical Congress will enlighten our English cousins in reference to it.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE WEEK ENDED JANUARY 2, 1886.

Guiteras, John, passed assistant surgeon. Upon expiration of leave of absence, to reassume charge of the service at Charleston, S. C., December 29, 1885.

Tattic, J. B., assistant surgeon. Appointed an assistant surgeon December 28, 1885. Assigned to duty at Baltimore, Md., December 29, 1885.

Items.

—Several correspondents in the *Lancet* have lauded hydrastis as a most useful drug in dyspepsia.

—We refer our readers to an extract from Ziemssen's Cyclopædia by the celebrated Professor Juergensen, on Catarrhal Pneumonia, on third page of cover.

—A letter from Berlin to the *Therapeutic Gazette* reports the case of a girl of eight with gonorrhœal rheumatism, communicated by connection with a boy of twelve.

—In *L'Union Medicale* is reported a case where a woman was confined while her husband was suffering from a mild facial erysipelas. There followed a fatal attack of puerperal septicæmia.

—M. D'Arsonval has shown that the nerve of the frog, hitherto regarded as the most perfect of galvanoscopes, is 200 times less sensitive than the telephone. In consequence of this property, several physiologists now employ this instrument in their researches.

—Dr. Guichard, of the Maternity Angers, records the following case: A stoker of a railway company had erysipelas of the face, which declared itself on January 15th, and was cured on the 30th. His wife was delivered of a child on January 17th, and died on the 30th of that month from puerperal septicæmia.

—Demange says in *L'Union Medicale* that diabetes insipidus is best treated by valerian in doses of two to four drachms of the powder per diem. This drug was highly praised by Trousseau, and has been revived since by Bouchard. Excellent results are also claimed from the use of electricity, in the form of the constant current applied over the spinal column.

—In a case of alleged epithelioma involving the facial bones, with extensive infiltration of the tissues, where an operation was not deemed desirable, Dr. Antonio, of Mazzara del Vallo Maggio, applied an ointment consisting of fifteen parts of resorcine to twenty parts of vaseline twice a day, with the result, it is said, of completely curing the disease, nothing remaining but a white scar a centimetre in diameter.

—Dr. Edward Pritzel, of Vienna, reports the case (*Wiener Medizin Woch.*) of a young woman, aged twenty-six years, who entered the maternity hospital of Prof. Braun. It was found that she was very susceptible to hypnotic influence, and when her labor came on, as it was slow and painful, she was hypnotized. While in this state of artificial anæsthesia the child was born, with no pain and with but slight loss of blood.

—Dr. C. G. Roehr, of Milwaukee, Wis., writes to the *Med. Record* that he has used peroxide of hydrogen, with excellent results, as a disinfectant and stimulant to old ulcers and sinuses. When injected into sinuses containing exuberant granulations it destroys these, leaving uninjured the healthy tissues. There is very little pain, and a rapid improvement ensues.

—Small-pox is very prevalent in Vienna; and, in consequence, orders have been given for the vaccination of soldiers in barracks; and the municipal authorities have issued urgent appeals to proprietors of schools, workshops, and employers generally, to have the children, servants, or working people under their charge, vaccinated. In Berlin, where revaccination is now universal, small-pox has for some years been almost completely stamped out.

—The prize of eight thousand francs offered by the Belgian Academy of Medicine for an elucidation by clinical facts of the "pathogenesis and treatment of diseases of the nervous centres, and principally of epilepsy," has not been awarded; but a sum of five hundred francs is offered by way of encouragement to the author of the essay bearing the motto, "Traditionem pondero, doctrinam respicio, sequor veritatem," on condition that he allow his essay to be printed in an abridged form with the criticisms of the Commission.

—The Russian members of the Committee for Collective Investigation of Disease, appointed at the International Congress of Copenhagen, have begun their work. They publish a long circular in a recent number of the *Russkaya Meditsina*, setting forth the object of the committee and explaining the method to be pursued. A list of questions is appended for the guidance of those willing to aid in the work. The first subject proposed for collective investigation is the etiology of rachitis. The members of the committee are Rauchfuss, of St. Petersburg, and Runeberg, of Helsingfors.

QUERIES AND REPLIES.

MESSRS. EDITORS:

Has any member of the profession ever advanced the idea that diseases peculiar to the female sex are prolonged and kept up by little living (microscopic) organisms?

Ans.—There is scarcely a disease known to man—or woman either—that the germ theorists have not claimed. Abnormal vaginal or uterine discharges have been repeatedly attributed to microscopic growths.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1509.] PHILADELPHIA, JANUARY 30, 1886. [Vol. LIV.—No. 5.

Original Department.

Lecture.

THE TREATMENT OF VOMITING.*

A CLINICAL LECTURE BY DR. DUJARDIN-BEAUMETZ,

Of Paris, France.

Under the head of atonic dyspepsia, we have studied the consequences of enfeeblement of the contractile power of the muscular coat of the stomach; we are now to consider another modification affecting this muscular investment, attended with perversion and exaggeration of its movements; phenomena which manifest themselves by the rejection of alimentary matters contained in the stomach. And since we are frequently to meet this symptom in the course of these studies, permit me here, in a general manner, to discuss the therapeutics of vomiting. Do not think, moreover, that in doing this I am digressing from my subject. Deven has in fact said that vomiting never takes place in a healthy stomach, but that, apart from toxic and other irritant causes, it is always due to dyspepsia of more or less long standing. Although this opinion, taken as a whole, may seem a little exaggerated, it nevertheless applies to a great many cases of vomiting.

Vomiting, you know, is characterized by the sudden expulsion of substances contained in the stomach, resulting not only from the abnormal and exaggerated contractions of the muscular coat, but also, and especially, from the simultaneous contractions of the diaphragm and muscles of the abdomen, the whole constituting a true reflex act, which may have its point of departure in variable regions of the economy.

In this definition of vomiting, I have assigned the important part to the stomach and the contractions of the abdominal muscles. This is a view which I am well aware is not adopted by all the physiologists, and when you consult the writings of Boyle, Schwartz, Hunter, and especially those of Magendie, you will see that these authorities ascribe but a secondary rôle to the stomach. At the same time, on reading attentively these memoirs, you will observe that the experimental researches which have been made show only this: that when the stomach is removed from the influence of the abdominal muscles and diaphragm, vomiting does not take place; but this is no reason for denying to the muscular coat of the stomach all participation in the ordinary act of vomiting.

Scheff shows, on the contrary, that the stomach takes an active part in vomiting, that under certain circumstances the normal movements of the muscular coat of the stomach, which habitually take place from left to right, that is to say, from the great tuberosity toward the pylorus, may take place in an opposite direction, and force the contents of the stomach from the pylorus toward the cardia.

If we quit the domain of physiology for that of clinical experience, we shall find indubitable evidence that the stomach by its mucous and muscular coat, plays an important part in the mechanism of vomiting, and that in this complex act the abdominal pressure is far from being the only factor. Here, for instance, are two patients; the one has a very severe bronchitis, with incessant fits of coughing, and yet, despite all these paroxysmal efforts of the thoracic and

* From advance sheets of a forthcoming work.

abdominal muscles, he does not vomit; by his side is a phthisical patient, who has but few fits of coughing, and yet whenever the cough comes on, he vomits his food. How do you explain this difference? In the case of the one the functions of the muscular and mucous coats of the stomach are intact, while in the other the existing dyspepsia explains the facility of the vomiting under the least pressure of the abdominal muscles.

Recall to your minds that curious, almost unique, case which you observed in this hospital in No. 15, ward St. Lazare. I refer to a certain patient who, with the intention of suicide, had swallowed a caustic liquid; you remember that the autopsy of this patient showed us almost the entire stomach—mucous and muscular coats—transformed into a vast eschar; and for eight days he lived thus, drinking a great quantity of milk, and without once vomiting in all this time. Here the transformation of the walls of the stomach into a non-contractile and insensible eschar sufficiently explained the absence of the vomiting.

While, therefore, I am free to admit in explanation of the mechanism of vomiting, the preponderant *rôle* assigned to the contractions of the abdominal muscles, I must also insist that the muscular and mucous coats of the stomach have an important part, and that perfect integrity of the functions of these membranes is antagonistic to the act of vomiting.

I have said that the reflex act, which is called vomiting, has for its point of departure variable regions of the economy. We will now examine into these different sorts of vomiting, and the treatment which should be opposed to them. It seems to me most advantageous to give you, first of all, the general therapeutics of vomiting, applicable as they are to nearly all cases, and to reserve for a special description the remedial means necessitated by the different varieties of vomiting.

An important place must here be given to dietetics. Experience has demonstrated the efficacy of iced drinks, effervescent waters, and abstinence from all food, whether solid or liquid. Recommend the employment of a mixture of milk with ice and seltzer-water, which may be sucked in small quantities through a straw or pipette. With these means you can associate internal and external medication.

Among the pharmaceutical means we have first the potion of Riviere, which bears a marked resemblance to the *mistura effervescens* of the United States Pharmacopœia. This potion, as you know, consists of two parts. There is No. 1, which is alkaline, and No. 2, which is acid. You give the patient first a tablespoonful of the alkaline solution, and immediately follow it by the same quantity of the acid potion. Then come the preparations of opium and belladonna, and here you may advantageously avail yourselves of the hypodermic method for the introduction of morphine and atropine. Medicinal lavements have been recommended, but it must be confessed that this method generally fails, on account of the efforts of vomiting not permitting these lavements to be retained; you can, however, utilize the rectum for your opium and belladonna suppositories, which are better retained.

To this treatment, you may add the use of plasters, applied to the epigastric region. Gueneau de Mussy has long insisted on the happy results which may be obtained from the employment of this means in obstinate vomitings. You can make use of the diachylon plaster with or without belladonna; the emplastrum thereacæ, or the opium plaster, all may render you service. Finally, with still greater prospect of benefiting your patient, you may resort to revulsives applied over the stomach, such as sinapisms, vesicatories, and the cautery.

Such, gentlemen, are the general means to employ in the treatment of vomiting, from whatever cause it may arise. Let us now take up the consideration of certain species of vomiting. We have, first of all, dyspepsia with vomiting predominant. In fact, certain persons vomit with a strange facility; the least error in diet, a little food badly borne, too strong a smell, exercise a little too energetic, a keen emotion—all this, in these patients, manifests itself by vomiting. As the rejection of food is a common symptom in all forms of dyspepsia, you will have, first of all, to combat, by appropriate means, the dyspepsia; then you will be able to employ against the vomiting the different pharmaceutical means which I have just enumerated. Hyposulphite of sodium, and salicylate of sodium, have also been recommended to combat certain kinds of acid vomiting, where one often meets a peculiar alga, which Goodsir was the first to find, the *sarcina-ventriculi*. These substances have for their end to destroy these parasites, whose intimate action in the production of vomiting, despite the researches of Windmuller, is far from being clearly defined.

As for directions respecting diet, much judgment is required in the selection of the

proper food, and you will often have to be guided rather by the caprice or idiosyncrasies of the patient than by the most carefully formulated scientific considerations; for nothing is more strange and unaccountable than the way different persons are affected by different aliments—one who, for instance, vomits substances the most digestible, will often tolerate without inconvenience substances that are really indigestible.

Then we have a particular condition in which vomiting plays an important part, a condition which is temporary, but which may be the cause of more or less serious evils—I allude to sea-sickness. Although we are ignorant of the primary cause of these vomitings, a cause which is without doubt multiple, and in which we have the influence of sight, smell, and modifications produced in the equilibrium of the abdominal viscera, it is nevertheless a form of sickness which is very common, and which every physician will be obliged to treat.

It has been recommended to support the abdominal parietes by a broad bandage, whose object is to prevent the displacement of the intestinal mass; I think that small results must follow this means.

Another mode of treatment has been scientifically tested; I refer to the chloral treatment. Geraldes was the first to recommend this mode of managing sea-sickness; after trying it on himself, he adopted a hint which he obtained from Pritchard and the London *Lancet*. Being called to England on business, and having suffered in all his previous voyages from protracted vomitings, he took a draught of chloral, and had no more vomiting. Since then this practice has become general, and the physicians of the Transatlantic Company and the navy surgeons derive great benefit from the chloral treatment of sea-sickness. The chloral is taken at the moment of the departure, the dose, which may be given in potion or in syrup, being from 15 to 45 grains. If the patient suffers from thirst, you can advise him to drink iced champagne, which is also indicated to combat the vomiting. Dr. Garepuy has also employed the same treatment in cases of land-sickness; I refer to that vertigo and those attacks of vomiting which some persons experience when they are subjected to any trembling movement, whether of carriages or of railroad cars.

You can also use in sea-sickness another means which has given good results: I refer to injections of morphine. The Baron of Theresopolis is one of the strongest advocates of this mode of treatment, and he cites a great number of observations where these injections have caused disappearance of all the grave accidents caused by sea-sickness. Dr. Philippe Vincent also commends these injections in sea-sickness.

You should be very sparing in the use of these injections, and watch attentively their effects. Morphine, in fact, determines of itself in some persons severe and prolonged vomiting. In those cases where the injections of morphine are badly supported, you can sometimes advantageously make use of the mixture of which I have spoken to you before, and in which atropine is combined with the morphine. It is especially in these vomitings which have for point of departure an intense pain, whether in the stomach or in some other organ of the abdominal cavity, that you will derive benefit from these injections of morphine and atropine.

Among the organs which have a direct influence in causing vomiting, the uterus is pre-eminent, and we see certain metrites, certain uterine congestions and ulcerations, accompanied by this symptom; but it is principally in pregnancy that these vomitings are, so to speak, the rule.

This vomiting is more likely to supervene during the first four months of gestation. It is an inconvenient and painful symptom for which the physician is often consulted, but which has ordinarily little gravity. Sometimes, however, this morning sickness acquires a formidable intensity and persistency, and one finds himself in presence of incoercible vomitings, which if not combated in time by an energetic medication, and even by the intervention of the accoucheur, may end in death.

It is desirable, then, that the physician shall have at hand powerful therapeutic means to combat these vomitings; and, without going farther into the subject, which would require for its complete treatment details which you will find in the special treatises and text-books of obstetrics, I shall set forth the different measures to which you may advantageously resort. Here everything has been tried, everything has succeeded, and everything has failed; hence the list of remedies is a long one.

In the first rank, we have the alcohols, which Bouchardat has vaunted, and which are in common use in the treatment of the vomitings of pregnancy. I have even seen pregnant women who before had a great repugnance to spirituous liquors, not only bear them well during this period, but even long for them. And here, gentlemen, it is just

those alcohols which are the strongest which give the best results. You will then prescribe whisky, rum, cognac, and especially the elixir of Grande Chartreuse,* which may be taken in the dose of a few drops on a lump of sugar.

By the side of these remedial measures you have a medicament which also gives good results, and which our regretted friend, Dr. Gross, long ago recommended: pepsin given in the dose of from 5 to 10 grains has sometimes arrested the most obstinate vomitings.

(To be continued.)

Communications.

THE EFFECTS OF COCAINE ON THE CENTRAL NERVOUS SYSTEM.†

BY D. R. BROWER, M. D.,
Of Chicago, Ill.

We have recovered from the primary effects of the brilliant discovery of Dr. Carl Koller, that sixteen months ago electrified the medical world, and can now reason together calmly and dispassionately about this powerful therapeutic agent.

I have been using in private and hospital practice the preparation of the coca leaf for about six years, and for about one year past the alkaloid cocaine, and have reached certain conclusions as to its beneficial and its baneful effects on the central nervous system, that I propose to present for discussion in this paper. I say beneficial and baneful effects, for my first proposition is, that it is as powerful for evil as it is for good.

First. Its effect upon the brain.—In small doses, that is, three or four drachms of the infusion, or one-half to one grain of the alkaloid, it is the most certain and agreeable of all cerebral stimulants. It increases the frequency of the pulse and respiration, and elevates the body temperature. It gives a sense of well-being, a freedom from care, and a pleasant mental exaltation. The first effects of the drug is upon the cerebrum, then upon the medulla oblongata, the sense of mental exhilaration preceding the stimulation of respiration and circulation. In small doses it also stimulates the spinal cord, producing a desire for muscular activity, and increasing activity of reflexes.

The effect upon the spinal cord, according to the experiments of Dr. Alexander Bennet,* are due entirely to its effects upon the posterior column of the spinal cord; an observation that may make the drug useful in locomotor ataxia. I am now making clinical investigation in this direction.

This increased activity of the central nervous system is usually followed by a quiet, composed, self-satisfied condition of the mind and body, that eventuates in sleep. These agreeable effects are accompanied with a loss of appetite, frequently with nausea, constipation, and diminished activity of the kidneys, of the sexual functions, and of the skin. In large doses, two to ten grains of the alkaloid, there are produced tinnitus aurium, photophobia, illusions, hallucinations, great loquacity, and a marked tendency of the mind to exaggeration and misrepresentation. If continued for some time, this dose produces perversion of the affections, a disturbance of the moral emotions, a tendency to quarrel with friends and former associates, and to form alliances with persons formerly regarded as inferiors.

This state of the nervous system may become very like delirium tremens, with the same kind of muscular tremor, and the same kind of horrible hallucinations. During this time the loss of appetite and diminished activity of assimilation result in extreme pallor of the face, dryness of skin, extreme constipation, very much diminished urinary excretion, loss of sexual function, and great emaciation.

Second. Cocaine in the Alcohol and Opium Inebrieties.—Much has been written upon the use of this drug in efforts to cure this form of nerve mal-nutrition. Lewis Bauer, M. D.,† in an admirable article, details his experience with it in a case of alcohol inebriety. He began with one-fifth of a grain, which the patient soon increased to ten grains by hypodermic injection, with the same disastrous result upon the nervous system as has been mentioned; but he expresses the opinion that cocaine inebriety was less objectionable than the alcoholic.

Dr. Erlenmeyer‡ gave it, in various doses, in 236 cases of opium inebriety, and expresses sentiments that entirely agree with my own. He says that while cocaine does modify and mitigate the phenomena of opium abstinence, its effect is only transient and of brief duration; he regards it of trifling value as a substitute for morphine.

Dr. J. T. Whittaker‖ reports, in an elab-

* See Dunglison's Dictionary under head of Arquebusade.

† Read before the Chicago Medical Society.

* British Medical Journal, April 18, 1874.

† Weekly Medical Review, vol. i, No 12.

‡ Centralblatt für Nervenheilkund, July, 1885.

‖ Medical and Surgical Reporter, August 15, 1885.

orate paper, the results from its hypodermic use in two cases of opium inebriety, that were satisfactory. Dr. Palmer, of Louisville, Ky., who was one of the first to advise its use in such cases, continues to be an enthusiastic advocate of the drug.

My own experience is against its use in either of these inebrieties; it undoubtedly makes the withdrawal of either of these agents much easier for the patient, because its effects are so similar to opium and alcohol that he scarcely feels the need of either; but you place within his reach an agent much more rapidly disastrous and destructive to the nutrition of the cerebral convolutions; an agent that will soon sink him to a degradation much lower than is possible with either of the others.

Third. Cocaine in Melancholia. — The best results yet obtained from the administration of the drug have been in conditions of mental depression. Dr. Jerome K. Bauduy,* in a valuable paper read before the American Neurological Society, June 17, 1885, relates a very extensive experience with the drug in melancholia. His method was to inject one grain of the muriate of cocaine, and he frequently witnessed the morose, silent, taciturn patient, a prey to the most profound grief or sadness, recover his normal self, begin to talk about his case, and wonder how he could ever have experienced such gloomy ideas. He reports one case of suicidal melancholia which recovered in less than one month, and to whom he only gave five injections of cocaine. Dr. Alexander B. Shaw,† in an able paper on the uses of the drug, speaks with the same degree of positiveness of its value in the insanities with depression.

My own experience with cocaine in this form of insanity is in accord with Drs. Bauduy and Shaw, although the bad effects of the drug upon the digestive and assimilative processes, and upon the secretions, have frequently disappointed me in its use. I have observed his valuable suggestion of giving the drug several hours before eating, in order to avoid the anorexia and nausea, but even with this precaution I have frequently found it impossible, while using it, to give that great abundance of food, systematic feeding, which, after all, is the most valuable therapeutic measure in the relief of melancholia.

Then again, the excretory organs are often at fault; indeed, often the foundation of this form of insanity, the mal-nutrition of the brain being due to the accumulation in the blood of the waste product of tissue metamorphosis. In such cases the further depression added to those vital necessities by cocaine, must more than counteract the beneficial effects of cerebral stimulation. In such cases alteratives and stomachic tonics added to the treatment may make it successful.

I recall two cases of profound melancholia. One, a physician, aged 45, from a neighboring town of this State; an uncomplicated case, the result of excessive professional work in a large country practice. He received the cocaine in one-grain doses three times a day, with pil. hydrargyri, aloes, and strychnia. His recovery was rapid, and has continued for four months. The other case was that of a woman aged 48, from Indiana, laboring under melancholia, that seemed to have its origin in the fret and worry induced by a tumor of one of the mammary glands. Under this combined treatment she recovered about as rapidly as the case detailed by Dr. Bauduy. In both these cases the drug was administered in pill form, and probably because of its combination did not interfere with the free use of egg-nog and other concentrated food in large quantities.

I have now under treatment a case of melancholia in which I am using the drug with the atomizer, using about four grains a day, on the nasal mucous membrane. The stimulating effects on the brain are manifested in a very few minutes after it is used. I am of the opinion that cocaine is the most valuable recent addition made to the therapeutics of melancholia, especially if its bad effects are guarded against in the way suggested.

Fourth. Neurasthenia. — Cocaine is of value in the treatment of this tedious and perplexing derangement of the nervous system. Dr. J. Leonard Corning,* in his scientific review of the cerebral form of this disease, calls it "the remedy *par excellence*." Dr. William Oliver Moore,† in a very valuable paper on the physiological and therapeutical effects of coca and its alkaloid, gives his personal experience and the observations of others as to the value of the drug in all depressed conditions of the nerve-centres, as well as its effects upon himself in various doses.

My experience coincides with the testimony of these writers, but I observe the same care in sustaining the digestive function and stimulating the eliminations as

* New York Medical Journal, Sept. 26, 1885.

† The Weekly Medical Review, vol. xii., No. 17.

* Brain Exhaustion.

† Quarterly Bulletin, New York Post-Graduate School, Vol. i., No. 2.

stated before. Cocaine, as mentioned in the beginning of this paper, is as powerful for evil as for good, and it requires no special prophetic gift to say that more disastrous results will be experienced by the laity from its indiscriminate use than have been known from either opium or alcohol. Indeed, its action upon some persons in moderate doses is alarming. Dr. G. W. Kinnicutt* relates a case of poisoning from three and a third grains of the drug applied to the nasal mucous membrane, in the case of a female aged twenty-five, who had been using it for hay fever. When he arrived, she was in an alarming comatose condition, from which she recovered in about three hours, under the liberal use of brandy, ammonia, and digitalis, with heat to her extremities and epigastrium.

Dr. J. Spear,† U. S. Navy, publishes a case of alarming coma closely simulating opium poisoning, in a private, U. S. M. C., aged twenty-nine, the result of the hypodermic use of ten grains in divided doses, extending over about twelve hours. The case was supposed to be opium poisoning, and was treated with atropia, coffee, and flagellation, and in about nine hours he recovered from the immediate effect of the poison. Dr. T. H. Burchard ‡ gives an account of a case in which the hypodermic injection of four-fifths of a grain produced a sudden and complete loss of consciousness, and in which respiration stopped, and the radial pulse was scarcely perceptible. Artificial respiration, hypodermic injection of one-twelfth grain of atropia, and sinapisms to heart and extremities, relieved the patient. Fifteen minutes after the prostration, the pulse was forty-eight and feeble, the respiration seven or eight, and the pupils contracted. Unconsciousness continued about twenty minutes.

Dr. Merriam§ relates the case of a gentleman who had been taking cocaine for four months for sick headache, beginning with about two grains a day, and gradually increasing till he was taking from ten to fifteen grains daily. He was very weak, with a pulse of 100, and his mind wandering somewhat as in delirium tremens. Drs. Bandny and Shaw, in their papers already mentioned, dwell especially upon the dangers of the continued use of the drug in large doses. My experience is in accord with these several observers. Several cases of the poisonous effects of the drug have been under my treatment during the past six months, and I will call the attention of the Society to two of these cases, both physicians:

First. The case of Dr. W., aged about thirty, of excellent physique, of neurotic tendency by inheritance, who began the use of the hydrochlorate of cocaine upon the nasal and pharyngeal mucous membranes for hay fever. He gradually increased the dose to five grains taken in one dose in the evening, when his attack of hay fever was usually most distressing. This dose gave almost immediate relief from the hay fever, and gave a sense of mental stimulation very like champagne. He was almost at once seized with a desire for brain work, and would pass the greater part of the night reading and writing on professional topics, experiencing a keenness of perception and a mental vigor greater than normal. He describes his sensations during the period of activity of the drug as exceedingly delightful. Towards morning he would fall asleep, and on the next day he would have no appetite and but little desire for work, the excessive stimulation having been followed by a corresponding depression of the vital forces.

He soon found a very irregular and rapid action of the heart, and passed by rapid stages to a condition of deplorable neurasthenia, from which he is slowly recovering. He had the same derangements of digestion, assimilation, and elimination that have been already mentioned. He had but little desire for food, a thickly coated tongue, a feeble digestion, considerable emaciation, urine scanty, and much of the time loaded with uric acid and urates, with dyspnœa and the irregularity of heart action before mentioned. The stools for some time were chalky, skin dry and pallid, pupils dilated, reflexes, especially the patellar tendon, much increased, and muscular powers much diminished.

He continued the use of the drug about ten days, and stopped it because he feared its enslaving power. This profound depression of the nervous system followed immediately upon its stoppage. The agents used to overcome this neurasthenia were an abundance of easily-digested food, mild alteratives, moderate alcoholics, strychnia in small doses, cinchona, and the compound syrup of hypophosphates. As stated, the depression is gradually passing away, but the ten days' use of cocaine has incapacitated him for four months from the practice of his profession, and the probability is that at least three months more will be required to complete his restoration.

* Chicago Medical Journal, October, 1885.

† The Medical Record, Nov. 14, 1885.

‡ The Medical Record, December 5, 1885.

§ Quoted by the Medical Record, Nov. 28, 1885, from Ohio Medical Journal.

Second. The case of Dr. B., aged thirty-five, a man of decidedly neuropathic temperament, a hard-working, conscientious, and skillful physician, in the enjoyment of a fair but very laborious practice, with an excellent family history. Three years ago, with my assistance, he discontinued the use of opium, which he had been using excessively. He began the use of cocaine last May in one-eighth grain doses, having been led to believe it to be a harmless stimulant, and being at the time much run down by excessive professional work. It gave him such a sense of well-being as he had never experienced from any agent before, the sense of complete repose and self-satisfaction it produced being very much more marked and agreeable than that derived from opium. He gradually increased the dose until he consumed about fifteen grains a day by hypodermic injection. The large doses soon began to produce mental disturbance; he became irritable, quarrelsome, impetuous, and considered himself to be possessed of a mission, and that to revolutionize the medical practice, claiming to be able to cure all diseases by the potency of cocaine. He gave it indiscriminately to all his patients. He gave it to obstetric cases and to syphilitic cases. He gave it to his wife, his three children, and his mother. He was formerly a modest man of science; he became bold and unscientific in his method, went about engaging in lawsuits, carrying a pistol and frequently brandishing it in public places, threatening vengeance upon all who dared to doubt the correctness of his various extravagant statements—a perfect terror in his neighborhood. He had been a very devout member of the Roman Catholic Church, but the priest of that church could now do nothing towards restraining his wild impetuosity. He neglected his practice, and by his manner alienated those whom he did not neglect, so that very soon he lost it. Piece by piece his horse, his buggy, and his furniture disappeared, until his family was reduced to poverty. My repeated efforts to persuade him to stop the use of the drug were unsuccessful; indeed, simply resulted in making me the recipient of his wildest denunciations and of his severest threatenings. Several physicians and druggists who made attempts to restrain him met with an equally positive rebuff. The same general deterioration as before noticed was manifest in his case: extreme pallor and dryness of skin, great emaciation, loss of appetite and no desire for sleep, so that for at least one week he did not assume the recumbent position.

He continued to go from bad to worse until his friends thought it best to restrain him. In pursuance with this object, Dr. F. L. Wadsworth and I appeared before the county court, and advised his removal to the Washingtonian Home. Here the cocaine was gradually withdrawn, but his mental extravagance continued unabated. He left this institution clandestinely, and is now supposed to be in Canada.

To sum up:

1. Cocaine in small or moderate doses is a cerebral stimulant, but produces derangement of the digestive and assimilative functions, and diminishes the elimination of waste.

2. The use of cocaine in the alcoholic and opium inebriates is not satisfactory; while it is a more or less perfect substitute, yet its use is attended with greater danger than alcohol or opium.

3. The use of cocaine in mental depression, if we carefully guard against the depressing effects of the drug upon digestion and assimilation, will often give better results than any drug hitherto used.

4. The use of cocaine in neurasthenia is a valuable addition to the treatment.

5. The drug, if administered in large doses persistently, causes a very marked deterioration of the central nervous system, producing a profound cerebral neurasthenia, and may produce such a malnutrition of the cerebrum as to develop insanity.

6. Cocaine, occasionally, in doses heretofore regarded as small, produces alarming depression of the central nervous system.

COCAINE AND HAY-FEVER.

BY J. E. SHADLE, M. D.,
Of Shenandoah, Pa.

The remarks of Prof. Da Costa before the College of Physicians on the treatment of hay-fever by cocaine prompt me to report a case which came under my observation over two years ago, and was at last successfully treated by a local application of a four per cent. solution of cocaine:

During the month of August, 1884, John B., eighteen years of age, paper-carrier by occupation, presented himself at my office suffering from an affection of the head and nasal passages which I diagnosed hay-fever.

There were present frequent seizures of sneezing, pain in the eye-balls, excessive lachrymation, frontal headache, and a feeling of constriction throughout both nasal passages.

I prescribed for him liberal doses of iodide of potassium for an indefinite time. Seeing that no good arose from a regular use of this remedy, a change was made from it to increasing doses of Fowler's solution of arsenic, accompanied by posterior nasal injections of a carbolized solution of iodine. This mode of treatment was continued sufficiently long to give it a fair trial. The result was unsatisfactory, and my patient remained unrelieved until a few October frosts came and removed the difficulty.

From this time on he enjoyed good health until August, 1885, when he was seized again by the same annoying trouble. His suffering this time seemed greater than the year before; and as the distress was almost unbearable, he again applied for treatment with the hope that something might be done to relieve him.

Knowing that in the previous year all that had been prescribed for him failed in producing the least benefit, I was considerably perplexed in conceiving as to what should be done on this occasion for the young man, in order to afford him relief.

After a little research for a remedy, cocaine presented itself to my mind as being worthy of trial; whereupon I instilled into each nasal passage, with a medicine-dropper, about ten drops of a four per cent. solution of Squibb's cocaine. In ten or fifteen minutes after the application the patient said he felt some relief. Upon his departure from my office I asked him to report the result in two days. He did so, and he was overjoyed with what the new remedy had done for him. In fact, all the formidable symptoms of the disease were so much ameliorated that it seemed needless to pursue the treatment any further.

Two more instillations four days apart were made, after which the treatment ended, and my patient continued perfectly free from the attacks.

He was so well pleased that he expressed a desire to be similarly treated next year, should the disease then occur.

Two points are to be noted in this case:

1. The disease did not yield to the usual remedies prescribed in hay-fever.

2. Cocaine, locally applied, furnished immediate and permanent relief.

—"Let us pursue the subject a little further," said the medical students at the bedside of a dying patient. So the next night they went out and stole the body from the cemetery.

Hospital Reports.

PHILADELPHIA HOSPITAL.

Service of Dr. Theophilus Parvin.

Diagnosis of Pregnancy.

Those of you, gentlemen, who have read "Hume's History of England," will remember the peculiar case of Queen Mary, who was supposed to have conceived by her cousin Philip. She claimed that she was conscious of the movements of the child, and she was sure it would be a boy. Prayers were offered up that he would prove a strong, wise, and virtuous man. She was examined by eminent physicians, and they were of the same opinion. Time passed, and no child appeared, and subsequently "Bloody Queen Mary" died with abdominal dropsy.

Another famous case of feigned pregnancy was that of Johanna Southgate, who claimed that at the age of seventy she was pregnant with a "new Jesus," and she endeavored to rally about her those who saw in this miraculous event divine interposition, for the purpose of forming a new religion. She was examined by doctors, who thought they felt the movements of the fœtus, and her abdomen was enlarged. It all turned out to be a myth, for the old woman had a fatty tumor. This was before the recognition of the fœtal heart-sounds, which constitute for us now a positive means of diagnosis.

It was in 1818 or 1819 that the first observation was made on the fœtal heart-sounds, and shortly afterwards attention was called to the uterine souffle, which has, until recently, been erroneously called the *placental* souffle. That this sound is really produced in the uterus and not in the placenta is now abundantly demonstrated. I must here caution you about a source of error very common in observations: when a man looks for a certain thing, he generally finds it; when we start out to demonstrate a fact from preconceived theory, we can usually find sufficient evidence to make a *prima facie* case; hence facts, or supposed facts, arising from theories seldom amount to much, while the greatest discoveries in science have usually been the results of accidents—that is to say, they were not being looked for when they were found. Thus it was with the souffle and the fœtal heart-sounds; those who found them, were not specially searching for them, but were making other observations on abdominal auscultation, when these unlooked-for facts were forced upon their notice. If

you look at the sun through a frosty window-pane on these cold, winter mornings, you might imagine the universe to be made of gold; the power of imagination in making seemingly real that which we wish to be so, is very great, hence you must always make allowances for this source of error. As evidence of how slight and accidental are oft-times the suggestions of great facts, let us turn to vesper-time some centuries back, in the beautiful cathedral of Pisa, where during the hypnotic singing of psalms, a man sat, thinking of other matters than those of religion, when his drowsy attention was riveted to the swinging to and fro of the sanctuary lamp, and from this slight incident was suggested to the fertile mind of Galileo the theory of the pendulum. Again, let us remember how Newton, on a warm summer's day, lay down beneath a tree to doze, when an apple, striking him in the face, suggested to his mind the great fact of gravitation. Still further, let us ever bear in mind how thoroughly accidental was Jenner's immortal discovery.

To go back to our subject, we may have morning sickness, uterine enlargement (real or apparent), changes in the breasts, all due to causes other than pregnancy, but it is simply impossible for any other cause to give us the fœtal heart-sounds; nothing under heaven can simulate this condition; when we have positively detected them, we can formulate a decisive verdict that will never be overruled. It is ordinarily easy to discover these sounds, but not invariably so; and it is not at all an easy matter to detect the shades of difference in them, that are frequently of considerable importance. In his great work on auscultation, published in 1819, the second edition of which appeared in 1826, Laennec tells us that abdominal auscultation is much more difficult than that of the chest, and I assure you that it is so. It is difficult to diagnose the position of the child, but by practice you can do this, and it will sometimes tell you when to use the forceps.

When we auscult the abdomen of a pregnant woman, we will hear four sounds: 1. The uterine souffle; 2. The fœtal heart-sounds; 3. The fœtal circulation; and, 4. The movements of the child. The uterine souffle you will commence to hear about the close of the third month, and it will grow gradually louder until the seventh or eighth month, from which time on it retains the same degree of intensity. I trust that no one will speak of this as a *placental* souffle, though in a recent edition, a distinguished teacher does so call it, and his French reviewer says that "we never hear of a placental souffle in France any more," and I trust we will hear no more of it in the United States. You will surely realize that it cannot be placental, when I tell you that we can hear it for some time after the removal of the placenta, and also in some cases where there is no pregnancy. This sound will give no indication, as some supposed, to the site of attachment of the placenta. Some years ago I read in the *Practitioner* an article by an Irish physician, who claimed that when the sound was heard near the right oviduct, it was evidence that the fecundated ovule had come from the right ovary, and *vice versa*; and he endeavored in this way to determine the sex of the child, claiming that male germs come from one ovary and female from the other. The answer to this statement it to be found in the fact that women who have had one ovary removed, have subsequently borne children of either sex. Some have contended that the souffle was caused by pressure on the aorta and the primitive iliacs, but there is no shock in this souffle. It is an undulatory sound; like a wave it ascends, there is a height and it descends, there is a pause, and this process is repeated. Sometimes the sound is sibilant, sometimes sonorous. I think the true theory of its causation is founded upon the passage of the blood through the uterine sinuses. We know that when a fluid passing through a canal of uniform dimensions, passes suddenly into a canal of greater dimensions, or into a number of canals whose united dimension is greater than that of the original channel, it will produce a sound. For instance, the water in a canal "lock" is quiet and still, but when it is let out into the canal beyond, there is a splashing, gurgling sound; "still water runs deep," but when it broadens out, we have a sound. The blood-vessels leading to the womb are much enlarged in pregnancy, but the vessels of the womb itself are still much more enlarged, in fact, the veins become so distended that their coats are almost lost, and they really form sinuses in the body of the organ. The souffle is heard most distinctly at the sides of the uterus.

Now, an important question arises: should we resort to immediate or mediate auscultation; that is, should we use a stethoscope? I say, undoubtedly, yes. I consider that it is indelicate, aye, almost indecent, to apply the ear directly to the abdomen; while in labor, the cry of pain shrouds the cry of shame. While, as Prof. Jackson used to say, "the

martyrdom of maternity" drives every other thought from the woman's mind, it is not so beforehand: and a delicate and refined lady would not, and ought not to be expected to, submit to the ear on the abdomen; but gentlemen, no matter whether the woman be *delicate* and *refined* or not, no matter if she is one of the large army of unfortunates, you should always remember that you are gentlemen, and treat the patient with becoming delicacy. Always remember the story of the railroad conductor out in Iowa, who was very polite and attentive to an old lady; when it came time for her to leave the train, he lifted off her bundles, and paid her every attention. Said one lady to another (loud enough to be overheard by the conductor) "She must be his mother." "No, madam," replied the conductor, "but she is somebody else's mother." Remember that your patient is *somebody else's* mother, sister, or wife, and do not forget the golden rule, to do unto others as you would have them do unto you.

Remember, that woman's salvation is in her modesty, and as you value your good name, do nothing to break it down. Observe the most careful precautions in your intercourse with your female patients. Do not shock or break down this beautiful barrier of modesty, and let this caution be doubly enforced in your intercourse with fallen women, who are usually more sinned against than sinning. Another reason for using the stethoscope is that you cannot bury the ear in the flanks without causing pressure that will prove annoying both to the patient and the doctor. Still further, in this constrained position of the neck, the muscles, and the beard against the abdomen, will cause misleading sounds.

Before auscultting, the bowels and bladder should be emptied, so that the abdomen may be thoroughly relaxed, and you should always auscult in the intervals of pain if performing this operation during labor. The room must be quiet (which is not the case in this room, for some of the class seem to forget that my clinic, which commences at nine o'clock, like time and tide, waits for no man). The ordinary expression of the greatest quietude is that you could hear a pin fall; but in her description of a wedding (that did not take place), Mrs. Browning furnishes us with a new and expressive phrase, when she says that the church was so quiet that "in the silence of that vast throng, a babe could be heard sucking in the most distant aisle." Such is the quietude necessary for proper auscultation.

Delicacy dictates that a covering should intervene between the abdomen and the stethoscope, and I am quite sure that we can hear just as well through a thin, unstarched chemise. The instrument must held *in situ*, otherwise it will slip, especially from the redundant abdomen of a multipara. Remember that as the uterus enlarges and rises, it does so in the axis of the inlet, and the stethoscope must be applied perpendicularly to the fundus during the earlier months; later it can be applied at any point. Let us draw a line from the ensiform cartilage to the symphisis pubis, and cross this by a line intersecting it at the umbilicus, then drawing a line from the umbilicus to the anterior superior spinous process of the ileum, we will have the fœtal heart-sounds about the middle of this line. Remember that ninety-five per cent. of labors offer the vertex presentation, and that in fifteen out of twenty of these it is the left occipito-anterior, when the sounds will be heard on the left at the middle of this imaginary line; in the other five it will be heard on the right. The average beat is 140 per minute, and the sound resembles that of a watch under the pillow, a *tic-tac, tic-tac*, but remember that the interval between the *tac* and the *tic* is twice as long as that between the *tic* and the *tac*. I do not credit the claims as to the prediction of sex from the rate of pulsation. I have a friend out in Louisville who claims that when the pulse is under one hundred and thirty-five it is a boy, and when over that a girl; you know the poet tells us that the pulse beats our funeral march to the grave, and it would seem from this that women beat faster, commencing even in utero; it is a fact that in many cases my friend has happened to be correct in his forecasts, but I do not attach any importance to these signs. The sounds will vary in distinctness, in force, and in frequency, so that I might say that to be proficient, it will not do to merely hear the sounds, but we must tell all about them. I listen and listen to this supposedly pregnant woman's abdomen, but I cannot hear the sounds, though my resident says she has heard them. Babies, even in the uterus, sometimes go to sleep, and take exercise, etc.; they are very fond of kicking, which might account for the tendency to football in later life. There is some obscurity in this case, and it demonstrates the necessity of serving an apprenticeship to fœtal auscultation. I do not believe in early success, and think it a good thing for a doctor to meet with downfalls, which only serve to gird him with renewed strength. We remember the fable of the giants who were worsted in

battle; falling to mother earth, they acquired renewed vigor, and proved victorious.

So with us, we require to be sometimes thrown down, that we may gain new strength from our disappointments. There was a countryman one time, who reading the sign in a store-window, "helps to read," went in to buy one. The "helps" were spectacles, and the storekeeper tried several pair, but the rural gentleman would invariably answer that he could read no better. Finally, he was asked if he knew how to read: "No, of course not," said the man, "I supposed what you were selling would help me to read." So with fœtal auscultation, you must by practice learn the principles, before it will help you to elucidate problems.

In some cases you will have a sensitive abdomen and an irritable uterus, when it will be necessary to desist; and in such cases the irritability may be allayed by an opiate, preferably a half teaspoonful of laudanum in half a cup of water by injection. Now I am going to ask this student to count the fœtal heart-sounds, for while we are all supposed to be *accountable* beings, yet it is but rarely that any two men will make the same count, even of the radial pulse. Some men have advocated placing the woman in a quadrupetal position when auscultating, as it would bring the uterus nearest to the abdomen, but I would not envy the position of a doctor with his patient in such a position. The uterine souffle also varies in location and intensity; sometimes it may be heard all over, at others only in spots; and it is also sometimes heard in fibroid tumors, and in some cases of ovarian tumors, though it is very exceptional in the latter; and it may be heard when the fœtus is dead. So, taking all in all, the heart-sounds will prove the diagnostic point par excellence. There is what we term "painless contraction" of the uterus, by which the circulation is aided in the uterine sinuses, and which will serve as an aid to diagnosis; it also serves to determine the position of the fœtus.

In some rare cases the fœtal heart-sounds may not be heard throughout the whole of pregnancy. If you hear them, you can be sure of pregnancy, but if you do not hear them, you cannot be absolutely sure of its non-existence. If you have surely heard it, and later fail to detect it, you can be sure the fœtus is dead. These sounds will also aid you to form an opinion as to the health of the fœtus. If it is sick, the sounds will be irregular, very frequent, or very slow. A diagnosis of multiple pregnancy can be better made by auscultation than in any other way. It is of the utmost importance that you should study this matter carefully, for a man might as well cut off his right arm as make a mistake. Nearly every city has its tradition of a case of overlooked pregnancy where ovariotomy has been performed. We may confound the maternal with the fœtal circulation, if we are not careful to feel the mother's pulse and note the discrepancy in the two. We are also liable to confound our own circulation, especially if the position assumed be constrained. Do not trust to a single examination, but repeat it.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

Service of Dr. William Thomson.

Iridectomy.

I will show you, gentlemen, two cases upon whom I operated last week, performing Graefe's operation, which is the one that I prefer. Cocaine was used, and both patients declare that the operation was painless, though I think that some pain must be experienced when the iris is cut off, because I do not believe that the cocaine is sufficiently absorbed to deaden the sensibility within. In one of these cases we had a very severe experience, for notwithstanding the fact that the matter was fully explained to the man, he seemed to dread the operation, and while endeavoring to make the primary incision he rolled up his eye half a dozen times; finally the eye had to be held in position with forceps, and there was so much tension that the knife came out too soon and, as there was difficulty in catching the iris, I passed a wire loop down behind it, and removed the whole crystalline lens with its capsule, after which there was a slight escape of vitreous humor, the first time this has occurred in this amphitheatre in years. The eye is now practically well; I never saw a case where there was so little irritation. This is one of the peculiarities of surgery. The surgeon will sometimes tell you that he has removed a very small stone from the bladder, and the after-effects have been very serious, while in another case where the stone has been large and has required great manipulation and crushing, the sequelæ have been favorable from the start; so you cannot always predicate results from the severity of the operation.

Conjunctivitis.

Of the several forms of conjunctivitis the simplest is the traumatic, as that caused by some foreign body or some irritant in the eye. There is a gritty, sandy feeling, as it

were, with some watering and redness; next in severity comes catarrhal conjunctivitis, though I am not quite sure that that this is a correct name for it, because it does not possess the characteristics of catarrh elsewhere. As an illustration of traumatic conjunctivitis, look at the eye of one who has had some cigarette smoke blown into it. If catarrhal conjunctivitis lasts long enough, there may be some exudation and thickening of the mucous membrane. Here is a woman from the country who, after exposure to cold last Tuesday (this is Friday), commenced to have lachrymation, a sandy sensation in the eyes, and found the lids glued together in the morning. The eyes look as though they were varnished, but there was no photophobia; in more severe cases, when the cornea is involved, intolerance of light will be marked. The mucous membrane is very red, and the inner caruncles are much swollen. I recognize this as a case of catarrhal conjunctivitis from the absence of acute pain and photophia. If there was pain in the head, extending down the sides of the nose, we would know that there was more severe trouble; the eye might look as it does here, yet there be a severe iritis impending. Now, I cause this woman to close one eye, and shading the other from the light the pupil dilates, when exposed again to the light it contracts; the same is true of the other eye; therefore, I know that since the iris responds so well it cannot be inflamed; this is a practical point for you. Another point in favor of my diagnosis is that both eyes are affected; if only one were attacked I would examine more critically for some deeper trouble. Now, I tell the woman to close her eyes and I palpate each, to see if there is any undue tension, for, if there be, it would cause us to look for glaucoma. The only treatment that this case has received has consisted in the application of salt water to the lids. It is of the utmost importance to first make a correct diagnosis before instituting treatment; and having decided the nature of the trouble in this case, I will order a weak wash of alum (gr. ii.–f.℥j.), or in some cases boracic acid or borate of soda (gr. v.–f.℥j). Into a pint of warm water, she will put a small salt-cellar full of salt and bathe the eyes therewith, using the alum wash every two hours. You must instruct your patients to hold the head back, drop the liquid in the corner of the eye, with the eye closed, then draw the upper lid up and the lower lid down, that it may be well applied to every part. As a rule, it will take about ten days to cure such a case. The lids should be smeared at night with cold cream, vaseline, or cosmoline, to keep them from sticking together. We will direct this woman to come back at once if her eyes get any worse, for we may have a serious time here before they get well.

Then we have purulent conjunctivitis, which is a most serious affair; the $\frac{1}{1000}$ part of a drop of gonorrhœal pus applied to the eye would cause it. It is characterized by enormous swelling, the eyes are closed, the lids project, and if we separate them there will flow out, maybe, half a drachm of a greenish pus. The all-important matter in such cases is to keep the infecting material from the other eye; it must be hermetically sealed, for the disease is horribly contagious. An ingenious plan to accomplish this is to cover the well eye with a watch crystal and fasten all around its sides with adhesive plaster; this will absolutely protect, and will, at the same time, allow of vision. The inflammation may be so violent in these cases as to strangle the blood vessels and cause sphacelation of the cornea. The condition is an awful one. Here is a young man who had a piece of iron in his eye; whether this caused sympathetic inflammation of the other eye or whether he contracted purulent ophthalmia from the hands of an attendant, I am not prepared to say; but he had the worst eyes I have ever seen, and has been left totally blind. In some of these cases we will have staphyloma of the cornea, there will be a bulging outwards from the pressure of the iris on the thin and weakened cornea. The treatment in such cases must be energetic; we must at once subdue the inflammation, applying ice constantly, night and day, and using every little while a five grain to the ounce solution of alum, everting the lids and painting them with a twenty grain to the ounce solution of nitrate of silver. A parturient woman, with a leucorrhœal or other discharge, even of a non-specific nature, may give to her child a purulent conjunctivitis that will relegate it to the list of the incurably blind.

Medical Societies.

CHICAGO MEDICAL SOCIETY.

Meeting, January 4, 1886.

Discussion on Cocaine. (*See page* 132.)

Dr. E. L. Holmes opened the discussion by saying that the South American Indians ate large quantities of the coca leaf, without injury.

Dr. D. R. Brower said that in the early history of Peru the Catholic Church authorities sought to stop the use of coca in that way, because of its deleterious effects upon the people. But it was impossible to do it; they used it clandestinely, and the prohibition was withdrawn. Dr. Brower said that used in that way the result was a similar condition of mental deterioration to that mentioned in the paper; while these people were capable, under its influence, of performing muscular efforts in climbing the hills and mountains of that country, they were a puny, sallow, emaciated people, with intellectual capacity very little above the brute creation.

Dr. E. L. Holmes said that his experience had been wholly in connection with local applications on the eye. He had seen one case, in which he had placed cocaine in both eyes for an operation, in which it was followed by considerable depression and nausea through the night, but no alarming symptoms. He had twice used it in his office for strabismus, placing a not unusual quantity in the eye, where the patient felt sick and almost slipped out of the chair, and the operation was performed with the patient lying on the floor, but he suspected it to be a fit of fainting at sight of the instruments. He had found from experience that very minute doses will be absorbed, but had never seen the slightest influence from the amount which is usually given in the eye. It is exceedingly satisfactory in performing operations and in removing little motes and pieces of iron or steel lodged in the cornea.

Dr. C. W. Earle said it appeared to him that when Dr. B. was in the Washingtonian Home he got along with a very small amount of the drug, very much less than Dr. Earle had anticipated it would be possible for him to get along with. Dr. B. informed him that he had been in the habit of taking from 15 to 18 grains a day. After he went into the home, the first three days he took less than grs. iij, and after that time did not take any. He regained his appetite very well, and appeared to improve in every respect up to the time that his wife and brother or brother-in-law came from Canada to visit him; then he was seized with an idea that he must go home, or at least to Canada, and from that time he was uneasy and did not do well. Dr. Earle said that it seemed to him that there had been more said in regard to the use of cocaine than there was any use in saying. While Dr. B., was at the Home he was not unlike an ordinary opium eater. The depression which followed withdrawal was somewhat similar, although there were none of the symptoms of dizziness, or nausea and sneezing, which are usually present after the withdrawal of opium.

Dr. Sarah Hackett Stevenson said that she was surprised at the deleterious effects found by Dr. Brower from the use of cocaine in hay fever. She had had a number of cases in which it was used, without any of the symptoms mentioned in the paper. She used a 4 per cent. solution, applying with a camel's-hair brush, or simply by snuffling. Dr. Stevenson said she had used cocaine a great deal hypodermically in surgical operations, with good effect so far as anæsthesia was concerned.

Dr. F. W. Coleman said there are two lines of practice in treating the narcotic habit; to cut a man off from his drug completely, at once, or to taper him off. He believed in depriving him of the drug at once. If he found a man poisoned, he would not add another dose, but stop it immediately. He knew nothing practically of the internal use of cocaine, but was surprised at the grave effect mentioned by Dr. Brower. Cohn-Mueller asserts that he kills a frog with four-tenths of a grain, but to human patients he gave indiscriminately five grains, and it produced no perceptible ill effect. Locally, Dr. Coleman had had some experience with the drug; and there is this point about its immediate effect, it relieves pain in acute otitis, but it is a grave question whether it does not prolong the case, and while it relieves pain it is doubtful if it is better than hot water or other remedies. In its application to the eye there was not this objection; it produces anæsthesia and allows almost any operation to be performed without pain; it does not prolong congestion, and gives permanent relief.

Dr. D. W. Graham said that he noticed Dr. Brower quoted a case reported by Dr. Burchard in the *Medical Record*, in which a patient sustained a loss of consciousness and stoppage of the pulse after an injection of four-fifths of a grain of cocaine. Dr. Graham doubted very much whether the bad effects were due to cocaine; we get the same effect in many patients by injecting water, or by showing them the hypodermic syringe, and he thought it probable that it was simply a fainting fit. There was nothing in the report that would lead to any other conclusion, except that Dr. Burchard says it was the result of the injection of cocaine. Dr. Graham doubted the conclusion, and thought it unreliable.

Dr. F. M. Weller said he had had some experience in the use both of cocaine and the

fluid extract of coca. He had never used such large doses as those mentioned, but had seen that very large doses of the drug would produce unpleasant symptoms about the head, dull heavy headache, something like doses of other narcotics. Hypodermically he had used as much as five grains at one time without any unpleasant effects whatever. He was inclined to think that the real difficulty in some of these cases was that some other circumstance was overlooked. It seemed to him that some idiosyncrasy might exist that would make one peculiarly susceptible to this kind of narcotic, and it would hardly be reasonable to charge it all to cocaine. His reading of the history of the use of the drug in South America, where it originated, led him to think that it could be used a long time without injury. He thought one lesson is to be learned from the paper, viz., that no drug should be continued beyond the time of its necessity. This principle laid down and strictly adhered to, the patient would never suffer from the deleterious use of any drug.

Dr. D. R. Brower in closing the discussion, said that Dr. B. bought cocaine wherever he could get it, and he did not know what preparation he used. The other physician mentioned in the paper used Merck's cocaine altogether. He used it for hay fever, and took five grains by inhalation every day for ten days. Dr. Brower said that he did not suppose that such disastrous effects, as occurred in these cases and others, would result unless there was some weakness of the nervous system; he thought possibly a person perfectly robust and with a well-governed nervous organization could take cocaine with impunity, but a person with a nervous temperament could not use this drug continuously without some such results following. Dr. Brower said his plan of treatment was that of gradual withdrawal, as well with opium and chloral as with cocaine. This plan could be followed with less inconvenience to the patient. Dr. Brower said he was well aware that cocaine was one of the most valuable additions to the therapeutics of hay fever; it had been administered in perhaps thousands of cases in Chicago, and with few disastrous effects. As to the case reported by Dr. Burchard, the doctor reported it as a case resulting from hypodermic injection, and it struck Dr. Brower as being a reasonable result in a very susceptible individual, but it might be that the man had a fainting fit. The case was reported in the *Med. Record* of Dec. 5, 1885; it impressed Dr. Brower as being undoubtedly a case of cocaine poisoning.

After the reading of a paper entitled "Opium Smoking," by Dr. C. W. Earle, and one entitled "Hygienic Clothing," by Dr. L. L. McArthur, on which there was no discussion, the Society adjourned.

CINCINNATI ACADEMY OF MEDICINE.

Stated meeting, November 28.

President, Samuel Nickles, M. D.

Dr. J. H. Taite, late obstetrician to the Cincinnati Hospital, reported the following, which he believed to be

A Case of Superfœtation.

A healthy American woman, æt. 28, in her second gestation, missed her menses November 21, 1884. A few days later she complained of nausea and occasional vomiting. She said that her feelings were just like those experienced during her first pregnancy. Two hundred and eighty days from the disappearance of her menses, she felt the premonitory pains of labor. These pains she said were in no respect different from those she had before when labor really began. These pains recurred again, at intervals, until real labor took place. This occurred October 15, 1885, 326 days after the disappearance of the menses. The labor went on normally, except that the pains were rather slow. The woman was in labor 30 hours, and gave birth to a well-developed female child. It was apparently at full term, and would weigh 7½ pounds. The placenta to which the cord was attached came away in twenty minutes after the birth of the child. The placenta and membranes were in every respect normal, except that they were a little under size. The delivery occurred between 9 and 10 at night. The doctor visited the patient the next day between 9 and 10 a. m. He found that something like a piece of membrane with the placenta attached was lying at the orifice of the vagina. On endeavoring to remove this the fingers were passed into the vagina, and it was found that membranes and cord were present. To these another placenta was attached, which was the size of the first. This was fresh, and in every respect resembled a normal placenta, with the exception that the cord had a diameter no greater than that of two or three broom-straws. No portion of a fœtus was found. This may have escaped with the clots which came away with the first placenta or immediately after, but if so, they were not discovered. As is his habit, contrary to the teachings of most authorities,

in removing the placenta he not only made pressure on the fundus, but also traction on the cord. In the lower animals estruation frequently occurs coincident with fecundation. This leads us to believe, reasoning from analogy, that it may occur in the human female. Gestation and ovulation can go on in the bifurcated uterus, why not in the single? He referred to the records of the English Peerage, where the birth of each child is carefully recorded, and which records show several instances of superfœtation. He quoted the case of Tyler Smith, also one which occurred in Strassburg. In this case a woman was attended by a midwife, and delivered of one child at term. She said to the midwife that she thought there was another child in the womb. She was brought before the surgeon of the barracks, who examined her and told her that she was right. A second child was born 140 days after the first.

Dr. J. T. Whittaker, in the discussion which followed, said we must have a clear understanding of the difference between superfœtation and super-fecundation. The former means the impregnation of a woman after a pregnancy has advanced to a considerable period. Super-fecundation is the impregnation of more than one ovule at or near the same time. Super fœtation is a physiological impossibility. The evidence for superfœtation is valueless, so far as the specimen presented here to-night is concerned. It is claimed that menstruation occurs during pregnancy—not every hemorrhage from the uterus is a menstruation. True menstruation does not occur during pregnancy. True menstruation is physiological; metrorrhagia is pathological. One child at full term may weigh five, another ten pounds at full term. Twins vary greatly in size. Is it at all surprising that twins in a bilobed uterus should show difference in development? This claim of superfœtation is a most superannuated doctrine. The cases reported by the speaker of the evening are all from ancient literature. Ancient literature abounds in marvels. Not one of these cases will bear criticism. Gestation precludes ovulation as a law. Lactation only precludes it as a probability. Proof puts the whole question beyond a doubt. There is no doubt but that conception requires an egg. If any one will find proof positive of pregnancy in a woman, he must find a ruptured follicle, and in a fresh case the corpus nigra, subsequently a corpus lutea. A fresh corpus nigra or corpus lutea has never yet been demonstrated, except the one which fills the uterus. Thus, superfœtation ceases to be a fact, and becomes a myth.

Dr. T. A. Reamy cited the recent case of Dalton as not ancient. The appearance of the corpus lutea, he said, is not conclusive evidence of pregnancy. Dalton cites a case where a woman never ovulated, yet conceived. I have the notes and addresses of twenty patients who never menstruated, yet conceived. The classical article and reports of cases by Dr. Bonnar, of Cupar, in the *Edinburgh Medical Journal*, January, 1865, and many other facts, are a downfall to the statements that ovulation cannot occur during pregnancy. Some women may conceive from menstruation to menstruation, others only a few days before or after this time. As to the specimen presented, he desired to say that it must be a part of the placenta removed the day previously. He then reported two cases of superfœtation from the literature.

Dr. Taite, in closing, gave his reasons for still believing the second placenta removed to be entirely different from the other. But two of the cases he had cited antedated this century. The others were subsequent to 1840. He was glad of the fact that his case had stood the test of critical examination.

PHILADELPHIA CLINICAL SOCIETY.

Stated meeting, November 27th, 1885.

The Vice-President, Dr. John B. Roberts, in the chair.

Discussion on Typhoid Fever (*See page* 98).

Dr. Edward T. Bruen said that the fever was an incident, or feature, of the general process of enteric fever. Since we cannot limit the course of the disease, it is well not to treat the symptom of rise of temperature, even when as high as 104° or 105° F., unless mischievous brain symptoms arise, or other direct evidence that the elevation of temperature is decidedly unfavorable to the comfort of the patient. The cold water treatment is the most efficient antipyretic agent, but it may induce such exhaustion of the patient that it does more harm than good. In August he supervised the treatment of sixteen cases of typhoid fever, many of them in the University Hospital, and in *five* of these cold water was used to reduce temperature, but in only *two* of them was it followed by a good result—in the others the treatment produced decided discomfort.

He does not habitually employ *antipyrin* as an antipyretic, because he does not habitually aim at reduction of temperature. But his experience with antipyrin went to show

that this agent will reduce temperature more quickly than quinia, and without unpleasant consequences. The drug is particularly useful when the temperature lingers above normal in the closing stages of enteric fever, or at the close of a relapse. The reduction of temperature may continue several days after the use of antipyrin. The dose he employed was *ten* grains every hour, in compressed pills—sometimes using forty grains. Antipyrin can, however, be given in solution, but has an unpleasant taste.

In reference to *phlebitis*, he objects to the use of mercurial ointment, because it is difficult to remove it without causing much suffering to the patient, and because constitutional symptoms may follow, especially under certain plans of internal treatment which may be carried on conjointly. Blistering is a painful mode of treatment, and the good effects are not marked. The use of hot applications, especially vinegar or laudanum and hot water, and sometimes hot lead-water, are very soothing and useful.

In the *prognosis* of typhoid, the state of the *heart* is a most reliable guide, and he believes in an early supporting treatment. Perhaps all will admit that the early use of alcohol is very serviceable, but at all events the diet, if limited, may be very nourishing. Beef-tea he seldom uses unless as a laxative, but if milk is badly digested, there can be no objection to the use of custards, plain rice pudding, milk-toast. In this way the strength of the patient is preserved, though, of course, the amount of food given must be within the reach of the powers of digestion.

Dr. Edward R. Stone said that he had had good results from quinia per rectum. He had seen one case of convulsions in typhoid fever, but it was rather the convulsions of childhood ushering in the disease in a child æt. 8 years, who had an unstable nervous system. He had seen one case of prolonged cerebral inactivity, in a boy of 14 years, after a long and prostrating course of typhoid fever. It was a long time before he could read, but after two or three months his physical condition improved, and with it his mental condition. He thinks that patients are rather *over-fed* than *under-fed*. It is necessary to lay down directions in regard to the *amount* and *time* of feeding.

Dr. L. Brewer Hall said that he had sometimes found small thromboses in the veins of the eye and hemorrhage into the retina after typhoid fever; and he questioned if there might not be the same condition in the vessels of the cerebrum in these cases of cerebral inactivity.

Dr. Henry Beates said that he was especially desirous of giving emphasis to a point made by the author of the paper in regard to the administration of quinia, and that is its use per rectum, whereby its local irritant effects are avoided, and the undoubted serious mischief almost necessarily following its administration by the mouth are also avoided. In reference to the successful and unsuccessful use of antipyrin, in a very limited experience, he has been forcibly impressed with two clinical facts, which, before being stated, will be premised by the teaching of Prof. H. C. Wood regarding fever: 1. *Pyrexia is due to* —heat production being normal, and heat elimination subnormal; 2. heat production being *above* normal, and its elimination normal. Now take two instances of high pyrexial typhoid: they each, for three or four consecutive evenings, possess a temperature of 104.5°, but the one does not emaciate as the other, neither does he, notwithstanding that the temperatures are identical, evince that serious inroad of his vital forces indicative of approaching dissolution. Indeed, were it not for the thermometric observation, we should be ignorant of the high degree of pyrexia. He believes that these two pictures indicate the proper use of antipyrin. Where the temperature is high and emaciation not correspondingly marked, antipyrin will successfully, *temporarily*, reduce it; but where pyrexia is high, and emaciation great, it is valueless. The *one* fever point is maintained, principally, by *nervous phenomena;* the *other* by *active tissue change*.

Dr. John B. Roberts said that he had seen ulceration of the cornea, and of cellular tissue, as a result of typhoid fever.

Dr. Walker, in closing the discussion, said he believed in *free* feeding in typhoid fever, but not in *over*-feeding.

In a case running a mild course, without severe intestinal symptoms, he permits the use of soft-boiled or poached eggs, or egg-custard with milk toast, at times, to vary the monotony of the milk diet; but where the milk agrees he considers it a sufficient and superior diet for any case, in from three to four pints daily.

As for the prognostic significance of complications, no doubt they add to the gravity of the case whenever occurring, and require greater care on the part of physician and attendant than an uncomplicated case; but the *exact* influence, in increasing percentage of deaths, was not known to him. As regards the idea thrown out by Dr. Hall, that on account of extravasations and ecchymoses in the retina, after typhoid fever, it might

be inferred that similar changes exist in the cerebral tissue, inducing the mental hebetude, etc., he would simply say that, inasmuch as the eye changes induced more or less permanent defect in many cases, and whereas the mental hebetude was almost invariably without permanency, and cerebration was thoroughly re-established, he thought we have sufficient indication that central extravasations and ecchymoses were extremely uncommon as a cause of imperfect cerebration.

EDITORIAL DEPARTMENT.

PERISCOPE.

An Operation for Pruritus Vulvæ.

Prof. O. Küstner, of Jena, in the *Gynæcol. Central. Blatt.*, xi., 1885, discusses the above subject.

In the year 1884 Schroeder published a lecture on the Operation for Pruritus Vulvæ. He had operated on four patients. He could enlarge this number very much if he would add to it those on whom he had operated for carcinoma of the vulva.

In regard to the ætiological factors in the disease, the author is of the opinion that it occurs quite seldom from a primary neurosis, and more frequently from an irritation of the part, through which an abnormal sensitiveness of the vulvar mucous membrane is occasioned. This sensitiveness comes mostly from catarrhal secretion of the uterus or vagina, which continually moistens the vulva. Only in the commencement of the condition can it be cured through the removal of the catarrhal condition. If the morbid sensitiveness is of old standing, it has become of such a high grade that it does not subside when the diseased condition of the uterus or vagina is removed. The disease is made worse through the rubbing and scratching. Then occur miliary formations (two cases reported by the author), or sclerosis of the mucous membrane (three cases by Schroeder), eczema, eruptions herpetic in character, and similar affections.

The first case in which the author did the operation was a maiden, how old is not stated, who had suffered from a uterine catarrh and pruritus vulvæ. The catarrh was improved, but the pruritus remained. Its position was on two symmetrical places situated between the nymphæ and hymen. These parts were thickly studded with miliary bodies, as is often found to be the case where there is no pruritus. The author removed two lips of the mucous membrane, filled with these miliary bodies, and united each of the wounds by means of a suture. Recovery followed. The pruritus was cured, and has not yet returned, after four years.

Case 2 was an unmarried woman, æt. 36, who had earlier been addicted to masturbation. She suffered from uterine catarrh, from neuralgias of all kinds, and from pruritus. Here also were numerous miliary bodies found in the diseased place. The operation was made on the posterior part of the labia minora. Recovery. For a short time the pruritus was not entirely removed, but disappeared entirely later, though the uterine catarrh was still present.

Case 3 was a woman, æt. 48, who complained of bleeding from the genitalia resultant from scratching. Suspecting malignant disease, the high amputation of the vaginal portion was made. The suspicion was not confirmed. The abnormal secretion and the hemorrhage continued after the operation; notwithstanding this, the itching increased to so high a grade that the patient became very melancholy, and sought to commit suicide. The location of the pruritus was a place on the perineum, where a defect was found covered with pale mucous membrane, dating from one of the births. After a perineoplastic operation, the pruritus disappeared and has not returned again. As especially noteworthy, the author mentions the fact that the perineal defect had remained many years without causing trouble. The pruritus, which at the time of the severe hemorrhage and the separation of material from the broken-down vaginal portion was only moderately great, after the removal of this broken-down tissue began so strong in the place on the perineum. The author cannot give an explanation for the peculiarity.

Case 4 was one in an old maid, in which the author had assisted Olshausen, in Halle. In this case the mucous membrane of the hymen, up to the labia minora, was removed with success.

Jejunostomy.

Mr. C. H. Golding-Bird thus reported to the Clinical Society of London:

The case upon which the reader founded his remarks was that of a man, æt. 46, who had had symptoms of pyloric obstruction for ten months. When admitted into Guy's Hospital a tumor could be felt at the seat of the pylorus, and the man's general condition was one of extreme emaciation through the inability to retain the food he took, and his voluntary abstaining from eating on account of the pain he suffered. After three weeks' treatment under Dr. Carrington, of drugs and washing the stomach out, he passed into Mr. Golding-Bird's hands; and when all the risks had been explained to the patient, and all methods of palliation had failed to improve his condition, arrangements were made to explore the diseased parts, and remove them if expedient. Mr. Golding-Bird, therefore, on October 25th, 1885, cut down on the pylorus with a view to performing pylorectomy, following the lines laid down by Billroth; but finding the tumor adherent to the liver, determined to go no further in the radical operation, but to convert it at once into a palliative one of opening the jejunum—in other words, of performing jejunostomy. Having seized the jejunum two inches from the duodenum, it was held up on a pair of tongue forceps, whilst the wound in the parietes was united; to the lower or right end of this wound was the jejunum now stitched by interrupted sutures. The patient suffered in no way as the result of the operation. He was fed partly by rectum, partly by mouth, until the third day, when the bowel was opened, and food administered solely through the fistula. It was observed that as long as the meal amounted to a pint, or nearly so, the patient each time he was fed had a severe attack of indigestion, but that this ceased when the meal did not exceed ten ounces. On this the author founded the suggestion that some cases of indigestion were due to the pylorus allowing too free passage of chyme, rather than to anything wrong with the gastric or pancreatic secretions. Everything went on perfectly well till the ninth day, the patient putting on flesh; but on that day, through an error in feeding him, some food passed into the peritoneum, and he died in twelve hours. The post-mortem showed such adhesion to, and infiltration of the liver, of the cancerous pylorus, that pylorectomy could not have been performed. Except the narrow track made by the probe, and along which the food passed into the peritoneum, the adhesions of bowel and parietes were perfect. The author then reviewed the operation of pylorectomy, speaking in favor of it in suitable cases, and the operation of gastro-duodenostomy, as performed by Wölfler, and pointed out the great drawback in this operation, that the stomach is not relieved of its physiological duties at all, the pylorus not being required to act. For the operation of jejunostomy, as he termed the one that he detailed, he claimed that, whilst it possessed the same disadvantage as gastrostomy, in that the patient had to be fed through the fistula, it was otherwise the best palliative operation for pyloric cancer, inviting less risk than gastro-enterostomy, and requiring less interference, in its performance, with the other viscera. By duodenal digestion, he also pointed out, full nourishment could be assured, and there was, for physical reasons, less chance of regurgitation of food than after gastrostomy; regurgitation in these cases being a serious drawback to that operation in œsophageal constriction.

Gastrostomy.

Mr. C. T. Dent reports this case in the *Med. Press*, December 2, 1885:

The patient, a man, æt. 44, had suffered for about four months from symptoms of malignant disease of the œsophagus. When admitted he could swallow fluids with difficulty, and had occasional attacks of vomiting. A bougie, passed a long way down, met with an obstruction, and struck against something hard. Gastrostomy was advised, but the patient did not consent to the operation till nearly two months later. The first stage of the operation was performed by means of a curved incision in the left linea semilunaris; the stomach was easily recognized, and the part lying beneath the wound was attached to the surface. This part was subsequently proved to be rather near the pyloric end. The stomach was opened on the fifth day. For the first few days subsequently the man improved, but then the stomach became very intolerant of food, and constant thirst was complained of. The patient died on the eighth day after the second operation. Post-mortem, extensive malignant ulceration was found, seven inches and a half below the thyroid cartilage. A large part of the wall of the œsophagus was destroyed, and the edges adhered to the spine. The right bronchus and lung were involved. Lower down still, a second malignant growth completely blocked the œsophagus. There was no trace of peritonitis. The author remarked that in this case the operation probably neither accelerated nor retarded death. Gastrostomy for malignant stricture was not,

in his opinion, justifiable as a "last resource," and could only be advocated in the hope of prolonging life. This it would do if performed very early. The occurrence of vomiting was a very valuable guide, perhaps the most important, as indicating the advisability of gastrostomy. The author cited another case where the œsophagus was affected at two distinct points, and pointed out that such instances were not infrequent, and formed an additional argument against œsophagostomy in cases of malignant stricture. Finally, it would be better to enlarge the abdominal wound if necessary, so as to attach a part of the stomach to the surface remote from the pylorus and near the large curvature.

A Case of Syphilitic Phthisis.

M. Gaudichier reports the following case (*Annales de Derm. et de Syph.*, No. 3, 1885). A man, aged 39, was admitted into the Hôpital St. Louis, under the care of M. Fournier, on March 1, 1884. The patient said he had been wasting for two months, and that he had lately become so easily fatigued that he was unable to work. He had only had a cough for a few days, and had not suffered from night sweats or hæmoptysis. After admission, however, he spat a blood-stained, muco-purulent fluid. At the left apex there were all the signs of a large and advanced cavity—cavernous breathing, gurgling, and cracked-pot sound on percussion. Over the right lung, the breathing was somewhat blowing in character, with subcrepitant râles. M. Fournier diagnosed tuberculosis of both lungs, but most advanced in the left. The left tibia was enlarged and irregular, and on the same leg were two gummy ulcers. There were also nodes on the right tibia and left clavicle. The discovery of these signs led to the administration of iodide of potassium in a daily dose of 60 grains. After two months' treatment, the signs of lung mischief had almost disappeared, and the nodes had considerably diminished in size. Eleven months later, the patient was again seen. His general health was then excellent, and the chest-lesions appeared to be completely cured. The patient, however, had only continued the iodide for a month after his discharge, and ulceration had reappeared on the left leg. Attention is directed to the fact that there were no physical chest-signs in this case, by which the diagnosis between tubercle and syphilis could be made. It was only by the effects of treatment that the true nature of the affection became evident.

Treatment of Catarrhal Phthisis, of Hæmoptysis, and of Chronic Bronchitis, by Terpene.

In the *Bulletin de l' Académie de Médicine*, No. 30, 1885, Prof. Germain Sée gives the following *résumé* of his paper on this subject:

1. It diminishes and quickly arrests purulent expectoration in catarrhal forms of phthisis. Whether the muco-purulent secretions proceed from the bronchi, irritated by tubercles, or from the walls of pulmonary cavities; whether the malady is at an early stage, or at a phase of purulent breaking down, or even of cavities already formed; terpene should be used whenever the formation of pus is sufficiently abundant to tire the patient, to exhaust the strength, or to cause him to waste away.

2. It should be used with success in the hæmoptysis of the early stages of tuberculosis; that is to say, when the disease has not yet developed large cavities, with aneurisms of the pulmonary arteries.

3. In the treatment of pulmonary catarrhs, of chronic bronchitis not dependent on asthma, and only producing dyspnœa by choking the bronchi, terpene constitutes the best method of lessening bronchial hypersecretion.

4. The action is quick, sure, and free from physiological inconveniences, rendering it preferable to preparations of syrups of turpentine or tar, or of shoots of pine, which contain so little of it; and to essence of turpentine, which is not tolerated. It even offers advantages over creosote, on account of its perfect innocuity and easy digestion.

5. The best way of administering this medicine is either in the form of pills or tincture, and the best dose is one gramme.

6. In catarrhal, or emphysematous, or nervous asthma, which is to be distinguished from primary catarrh, iodine and pyridine have an incontestable superiority.

The Influence of Antipyrin on Nitrogenous Metamorphosis and Assimilation in Febrile Patients.

In a preliminary note in the *Vratch*, No. 30, 1885, p. 489, Dr. P. A. Walter publishes the outcome of his observations (on several febrile patients at Professor V. A. Manasseïn's clinic) undertaken in order to answer the question—"Does or does not antipyrin fulfill the conditions which are essential for every useful antipyretic remedy?—that is, does it or does it not diminish the process of decomposition of tissues or the production of heat, without any interference with assimilation of

the food, and without any harmful action on the heart, brain, etc.?" The patients (with pleuro-pneumonia, bacillar phthisis, typhus fever, pleuritic exudation) experimented upon received for six days only milk, cranberry juice with water, and common water. For the first three days of the observation, no antipyrin was given; for the next three days the drug was given in such doses as to constantly keep the temperature at an apyretic level, the purpose being attained by daily doses varying from 3 to 8 grammes. The milk and urine were analyzed after Kjeldahl-Borodin's method. The results as given by Dr. Walter are these:

1. Antipyrin is an excellent and sure anti-febrile remedy, free from any unpleasant accessory action.

2. While lowering the febrile temperature, antipyrin also lowers the nitrogenous metamorphosis of tissues, without producing any injurious effects (such as enfeeblement of the cardiac action, action on the brain, etc.).

3. In the majority of cases, the assimilation of nitrogenous substances of the food undergoes improvement under the influence of antipyrin.

The author notes also that antipyrin sometimes exercises a favorable influence on diarrhœa.

Spasmodic Croup Complicating Measles.

Dr. A. B. Holder, of Paris, Miss., thus writes in the *St. Louis Courier of Med.* for December:

Louisa M., 19 years old, nervous temperament, had measles, progressing normally till second day of eruption, October 15, at night. At 7 or 8 p. m., she was observed to be voiceless, and breathing with difficulty. The breathing grew more difficult, and presently she failed in an inspiration. There was evidently a spasmodic closure of the air-passage. The spasm yielding gradually, there was noisy and then easy breathing, and presently other spasms, returning every few minutes for half an hour, and similar attacks of shorter duration succeeding this till 3 a. m., and recurring for two nights thereafter, never occurring in daytime.

The individual paroxysms lasted from a moment to twenty or twenty-five seconds. The trouble was solely in inspiration. In the interval breathing would be normal. She was conscious throughout the attacks. She had slight pain and dryness in the throat, partial aphonia for several days, the usual slight bronchitis and cough. Patient never, even as a child, had "croup" before. Temperature 100° to 101°, pulse 80 to 90, and unaffected by paroxysm. Patient now convalescent (October 22).

Meigs and Pepper, Tanner, Wood, etc., mention pseudo-membranous croup as a rare and fatal complication. Bristowe states that "very often croupy symptoms manifest themselves," but leaves us ignorant whether of membranous or spasmodic form.

Dr. Hardaway alone, of writers consulted, clearly mentions the complication.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A neat reprint of 120 pages, entitled "A Study of Air-Embolism," appears from the pen of Dr. N. Senn, of Milwaukee. It is an exhaustive monograph on the subject.

BOOK NOTICES.

Organic Materia Medica and Therapeutics. By James Y. Simpson, M. D. 8vo., pp. 337. J. H. Vail & Co., New York.

The labor of compilation and abbreviation in this work appears to have been carefully performed, but from the nature of the subject, many of the statements made, especially with regard to the action of drugs, are unsatisfactory and need support. With this proviso, the volume is a convenient one for pharmaceutical and medical students. The author makes no reference to the work of similar title and upon the same plan, which was written by Prof. L. E. Sayre, of this city, and published a few years ago at the office of this journal.

Essentials of Vaccination. By W. A. Hardaway, M. D. Cloth, 8vo., pp., 146. St. Louis. J. H. Chambers & Co., 1886.

There is room in the book market for just such a hand-book as this. Even among physicians there are a great many points about vaccination, especially about the production and use of bovine virus, of which they are ignorant. We know this from personal observation. From an examination of Dr. Hardaway's manual, we think he covers the more essential points, though his scheme is a little too large, or his book too small, to go into as many details as in our opinion would be beneficial to his readers. We hope he will soon be called upon to prepare a second edition, which can be amplified.

THE

Medical and Surgical Reporter.

A WEEKLY JOURNAL,

ISSUED EVERY SATURDAY.

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JOSEPH F. EDWARDS, M. D., } EDITORS.

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THE

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The attention of our readers is especially called at this season to the *QUARTERLY COMPENDIUM*, which we publish.

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THE MEDICAL RECORD AND THE CONGRESS.

The *Medical Record* takes exception to our recent editorial, and says:

"We are pained to see the MEDICAL AND SURGICAL REPORTER is departing from its usual conservative and straightforward methods in order to misrepresent the status and statements of the *Medical Record*. Quoting only a portion of our editorial of January 9, in which we published the letter of Dr. Johnson, of Paris, it makes us say that 'a considerable part of the best men of the profession have been excluded from the International Congress.' Our contemporary must know that this is not the whole of the sentence, and it misrepresents our meaning when thus quoted alone. We are forced to add further, that our esteemed contemporary appears to have forgotten that the management of the proposed Congress is not now in the hands of the American Medical Association, but in those of an Executive Committee which has declared itself entirely irresponsible of that body. Appeals to the 'loyalty' toward the Association, therefore, are simply a process of beating the wind. Finally, our ever-welcome contemporary should remember that italics and small caps cannot make an inherently weak argument vigorous. The REPORTER is unjust in attributing to us motives of action which do not exist. It is unfair, we think, to its readers, in giving them a distorted history of the present status of medical feeling as regards the Congress."

To commence with, the MEDICAL AND SURGICAL REPORTER, far from departing from "*its usual methods*," is now pursuing the course that it adopted and that made it a success long before the *Medical Record* saw the light of day. The REPORTER was founded as a journal for the profession, *as a body*, and never has, does not now, and never will, acknowledge subserviency to any clique, set, or coterie of medical men. So long as the American Medical Association represents the *mass* of the profession, so long will it receive the hearty support of the REPORTER.

Secondly, our quotation does not misrepresent the meaning of the *Record*, for in addition to quoting "a considerable part of the best men of the profession have been excluded from the International Congress," we were careful also to quote "or have been forced in self-respect to withdraw from all connection with it," a clause that the *Record* would have done well to leave out, as it can only be construed that the *patrician* could not affiliate with the *plebeian* without fear of contamination—that the *New*

York and Philadelphia leaders were "forced in self-respect to withdraw themselves" from all connection with the vulgar herd, the mass of the profession. This does not sound like consistent language from a journal that calls itself a journal for the whole profession, but it does exactly fit, "shust like de paper on de wall," to an organ that is, as we claim the *Medical Record* is, the champion of the autocrats.

Thirdly, we do not forget anything; we have heard a rumor to the effect that the present Executive Committee has declared itself independent of the American Medical Association; we doubt it, but if true, we have also heard of the Emperor who battled with and claimed to have conquered the sea. Let the Committee *declare* all they please, no one with a grain of sense (and we always supposed the editor of the *Record* abundantly provided with such commodity) would give a fig for such claims. They *are not* independent of the Association, and they know it; they are in accord with the Association, and the editor of the *Record* knows that. If they were to attempt any autocratic methods with their creator, the Association who made would unmake them very quickly, and this journal would be gladly in attendance at the obsequies. Such a flimsy charge is unworthy of the *Record*, and if it has no better ammunition, we advise the editor to take off his war paint and "eat crow;" he is yet vigorous enough to digest it, but if he continues much longer in his present suicidal course, his assimilative functions will be so weakened that it will be then likely to produce a fatal case of "Collapsus Subscriptionum."

Fourthly, "appeals to the loyalty towards the Association" are not a process of beating the wind (the applicability of which we cannot comprehend), but steadfast loyalty to the profession is a means of beating the *Record*, that has been loyal only to the select few, foolishly dreaming that the mass of the profession have no minds of their own—that they would, calf-like, accept the dictatorial mandates of the autocrats issued to them through the advisorial columns of the *Record*.

If our younger brother had asked our advice before embarking on this unpatriotic and unprincipled warfare, we should have told him that, after years of experience, we were fully prepared to say that the mass of the profession are not sheep, to blindly follow a leader even to the slaughter-house; that they are wont to think and act for themselves—a fact that the *Record* seems now to have found out.

Finally, we would say that since our editorial friend does not hail from Boston, we would take issue with him, and contend that italics and small caps do serve to impress more firmly a fact, because they rivet attention to such fact; and since the caps were not at all used in argument (weak or strong) we will use them again to emphasize what we said before, and what is the reason for the course we have taken, "THAT EVERY TRUE PHYSICIAN UNQUESTIONABLY OWES HIS ALLEGIANCE TO THE AMERICAN MEDICAL ASSOCIATION."

Come on, Brother Shrady; we are determined to champion the American Medical Association, and the more you misconstrue our utterances, the better opportunity you afford us to expose your rebellious and unpatriotic position. We have unquestioned right on our side, and can always feel secure in our assertions.

By the way, you have forgotten to answer the two questions we asked you some time since: "Who started the ethical revolt in New York?" "What journal supported the rebels?"

DISAGREEABLE EFFECTS OF COCAINE.

The foreign medical journals still continue to publish reports concerning the effect of cocaine in all possible internal and external disorders. Though here and there—especially from ophthalmologists—complaints have been heard about certain effects of the remedy, which had not been expected, the general opinion amongst physicians still seems to be that the hypodermic injection of a small dose of muriate of cocaine does not only cause no annoyance to the patient, but is also innocuous.

Dr. Litten, in a debate about the action of this drug at the meeting of the Berlin Medical Society, held November 4, 1885 (*Deutsche Med. Zeit.*, November 12, 1885), cautions against the too general use of cocaine. He says that in some individuals it exerts a powerful influence upon the circulation, it increases the blood-pressure, excites the heart, and acts as a diuretic, as the urinary secretion is augmented in quantity under its use. In consequence of this action, the patients feel an increased warmth, and some complain of a very annoying pricking sensation. Several of L.'s patients remarked after the injection that it seemed to them as if molten lead were running in their blood-vessels. In some very excitable individuals attacks of mania, occasionally very violent, have been known to occur immediately after such an

injection. This effect always ceases within from one to two hours, but may prove dangerous to some. Then others complain of a peculiar dryness in the throat, forcing the patients continually to make attempts at swallowing; and in some this symptom finally assumes the form of a severe pharyngeal spasm. This action of cocaine, which is rarely wanting, and differs only as to degree in persons, induced L. to try the effect of it in cases of profuse salivation, and in every instance the increased flow of saliva at once ceased after a hypodermic injection of cocaine. Again, others, instead of observing an increase of appetite, which has been said always to accompany the use of the drug, utterly lose it, and when the injection has been made in the forenoon, the patients are utterly unable to eat anything during the remainder of the day.

The various disagreeable effects mentioned in some individuals reach such a high degree, that actual danger to life seems to threaten the patient. Litten recommends, therefore, strongly, in all cases where it is possible, to prefer simple local application to the hypodermic medication. Dr. Böcker has used during the last two months the following methods to dull the sensitiveness of the soft palate in laryngoscopical examinations, and to induce anæsthesia of the Schneiderian mucous membrane for the painless removal of polypi. He takes a solution of muriate of cocaine of 20 per cent.; of this he drops a few drops on the mirror, and also dips the sound into it. A similar procedure is employed by him for the nose. In every case the local anæsthesia developed was sufficient and lasted long enough to enable him to perform the operation without causing the patient any pain or other disagreeable symptom. Only in two cases did he observe dryness and attempts at swallowing, with a choking sensation, as effects of the local use of the drug, but they were much milder than usually occurs after a hypodermic injection of the remedy.

Wherever it is possible, it may be well first to try the local application ere we have recourse to the subcutaneous method; and should the latter be employed, the dose of the cocaine should be as small as possible, at least until the fact has been determined whether the patient has a special idiosyncrasy against the drug or not.

CLINICAL TEACHERS.

We have already on two occasions adverted to the negligence and neglect of duty on the part of clinical teachers, in coming late, or, as frequently happens, entirely neglecting to come at all, to their posts of duty.

We dislike to make this exposé, for we dislike to let it be known that our clinical teachers, many of whom have world-wide reputations, have so little sense of the duty imposed upon them, and, impliedly, willingly assumed by them, when they accept their positions.

On a recent occasion we visited the Philadelphia Hospital, when Dr. Parvin delivered the very interesting lecture (he is a teacher who is always on time—let our readers make a note of this, for they can always count on his presence and on hearing something valuable and interesting) which we publish on another page. When his hour concluded (at ten o'clock), there was no one to succeed him (owing to some misunderstanding as to whose duty it was to lecture), and Dr. Parvin good-naturedly instructed the class for half an hour longer, when they were left, through somebody's fault, for thirty minutes to do and learn nothing.

The announced schedule of the Philadelphia Hospital provides for three hours of clinical instruction on each Wednesday and Saturday morning, yet we say from personal observation that it is a rare occurrence for this programme to be carried out.

Very many of our teachers in other institutions are derelict, but as the omission of duty is particularly marked in the Philadelphia Hospital, we call attention to it especially.

We have prepared a list of those who are punctual and those who remiss, and if any physician sending his student to the city desires to instruct him whose clinics to attend and whose to avoid, we will furnish him a list on application.

We are jealous of Philadelphia's good name, and realizing that it has the best clinical facilities in the United States, surpassed, in this respect, by no city in the world, we regret to see this good name being ruined by those to whom the utilization of these clinical facilities are entrusted.

Notes and Comments.

A New Remedy in Diphtheria.

Prof. Rossbach reported some time ago good results he had obtained from the employment of papayotin in diphtheria and croup. Several authors later contended that the remedy did not cure all cases. Rossbach,

who is known as a reliable and painstaking observer, has now published a reply to these attacks. (*Deutsche Arch. f. klin. Mediz.*, 1885, No. xv.)

Based upon many positive evidences, he maintains that while papayotin is no specific for these diseases, and can especially not cure cases that have lasted too long, and where the heart is already beginning to be paralyzed, it is by far the best remedy thus far known for the dissolving of diphtheritic and other false membranes. He says that if employed in time, it will make tracheotomy superfluous and greatly lessen the mortality, as the membranes can be destroyed as rapidly as formed, and thus further infection (as proceeding from false membranes) of the system becomes impossible, and the fever is averted. The only objection which Rossbach had against the general employment of this valuable drug is the fact that in grave cases, where the false membrane is very large, considerable quantities of the drug are needed, while the price is so very high.

Rossbach recommends papayotin so strongly, and his reputation for veracity is so well established, that the remedy should surely be tried on a more extensive scale. Our therapeutics for diphtheria have thus far been but very little satisfactory, and no drug should be neglected that promises any success. There seem to be no dangerous effects of the remedy, which is employed locally and in quantities sufficiently large to insure complete removal of the false membranes. These first become soft, and finally nearly fluid, and on examination of the detritus no cocci of any kind are found in the mass.

Influence of Chloral on Digestion.

From an article in the *Archives Ital. de Biologie*, vi. 3, p. 412, we learn that Professors Fiumi and Favrat had the opportunity, in a man suffering from a gastric fistula and insomnia, to study the effect of chloral on digestion. Finely cut up albumen was sewed up in tiny bags, and from twenty to forty grains of chloral were administered daily in divided doses, one an hour before digestion began, another during the meal, and a third two hours later. All scientific precautions to insure a correct result were employed.

The observations extended over a period of nineteen days. Hydrate of chloral, administered in from twenty to forty grain doses before or at the beginning of a meal, retarded digestion by increasing the secretion of mucus from the stomach, and thus thickening the gastric juice. This effect increases with the height of the dose, and it is specially strong if the remedy be taken while fasting. The acidity of the juice also diminishes, but before an hour is over it has returned to its normal. The secretion of pepsin is not interfered with, either as regards quantity or quality, so that the disturbance can be ascribed only to two factors: increase of mucus by irritation, and diminution of acidity. If the remedy be administered two hours after a meal, provided the dose is not more than forty grains, no effect whatever is observed concerning any influence of the drug on gastric digestion.

The authors, besides, demonstrate the fact that chloral is absorbed but slowly by the gastric mucous membrane, for one and even two hours after its introduction most of the dose was still contained unaltered in the stomach. This explains partly the fact, that its administration by the rectum is followed by a quicker and prompter effect than when given by the stomach.

Treatment of Colles' Fracture by a New Method.

Before the Rhode Island Medical Society, Dr. George F. Keene read a paper descriptive of this method, which consists in putting up the fracture with the hand extended nearly to a right angle with the arm, and supported by a wire splint. If the forearm is placed on a flat splint so that the fingers are flexed over the end, it will be noticed that the radius does not touch the splint at all, and the ulna only on its upper third. If, however, the hand is lifted until fully extended, the radius will touch the splint at its lower end, the thenar and hypothenar eminences of the hand being lifted out of the way. The flexors act at their best advantage when the hand is thus extended, and regain flexibility and strength rapidly when the splint is removed. When the hand is clenched, it moves quite perceptibly to the ulna side of the arm. In the treatment of this fracture, the flexor muscles should be placed at their best advantage, the extensor muscles should be placed at their greatest disadvantage, and the end of the radius should be brought down upon the splint.

To accomplish these ends it is only necessary to bend a piece of ordinary telegraph wire, first into the shape of an ordinary hairpin, then bend up sharply about two and a half inches of the closed end, flattening somewhat the top of the bend so that the fingers may rest easily upon it at their ar-

ticulation with the hand. The ends of the wire are fastened with a strip of tin curved to fit the arm, and with a second strip under the end of the radius.

Dr. Keene reported three cases in which his splint fulfilled all the conditions of success, avoiding pain and swelling during treatment, and preventing subsequent deformity and impaired function of the hand and forearm.

The Prevention of Mammary Abscess.

Dr. Philip Miall thus writes in the *Brit. Med. Jour.*, November 21:

A method of treating inflamed breast after delivery may be worth notice in connection with Dr. Edis's paper on the use of support by a bandage or towel. Dr. Edis appears to use his method after every delivery, and, by beginning it before lactation is established, assures success; but one occasionally sees cases where abscess is on the point of forming, either from neglect or injudicious treatment, and where, consequently, something more is required.

I have repeatedly seen a hot, heavy, inflamed breast, with redness of skin, throbbing, and deep-seated pain, the pulse being 120 in the minute, yet these symptoms have disappeared in the course of a few hours under fomentation with hot water and ammonia. An ounce of carbonate of ammonia is dissolved in a pint of boiling water, and, when solution is effected, the temperature will scarcely be too high for fomentation with cloths dipped in the liquid. These must be assiduously applied for half an hour at least, and repeated two or three hours later if necessary. It is well to protect the nipples, though I have never known them to be injured. Relief is immediate, and more than three applications are seldom required.

Unless applied too late, or improperly, or some foolish rubbing or drawing with the breast-pump be used, contrary to orders, this remedy may be thoroughly relied on. I am indebted for it to Mr. Douglas, of Banbury, and as it has had a trial of thirty years in my hands, I can speak of it with some confidence.

A Reliable Remedy for Ozæna.

Besides the removal of the diseased bone, the only remedy which has thus far been considered to possess any value in ozæna has been chloride of zinc, and every physician will admit that its effect never answers the expectation.

A new preparation of aluminium, the aluminium acetico-tartaricum, has been discovered to be almost a specific in ozæna. Altenstart and Schaefer (*Deutsche Med. Woch.*, 23, 85,) have tried it in a large number of cases, and say that its effect is really surprising. The fetor of the secretion rapidly disappears, the scabs become thinner under its use and drop off much easier, the atrophic mucous membrane assumes a healthy look, and within two weeks a complete cure may be established in all cases where the bone has not already been so diseased as to be loose like a sequestrum. Of a fifty per cent. solution, one teaspoonful is usually added to one-half to one pint of water. It possesses about the same caustic properties as a solution of nitrate of silver of one to five, and is also indicated in the same morbid conditions of the mucous membrane as the latter drug, but it seems to have a specific effect upon the mucous membrane of the nose and of the larynx. In ulcerations, for instance, of the larynx, its effect is far more rapid than that of boric acid.

We do not know whether the remedy has reached this country, but it will be rapidly imported whenever some of our leading physicians conclude to make a trial of it.

A Painless Escharotic.

The *Med. News* tells us that Mr. C. E. Jennings has recorded in the *Lancet* for October, 1885, two cases in which he used cocaine to alleviate pain, whilst caustics were applied to cancerous growths. One patient was aged 73, and suffered from extensive scirrhous ulceration of the right breast. The surface of the ulcer was covered with rugged, irregular granulations, which bled upon pressure: the veins around the growth were much engorged, and the pain was increasing. After painting the ulcerated surface with a ten per cent. solution of hydrochlorate of cocaine, a paste was applied consisting of cocaine, potassa fusa, and vaseline. After some minutes a burning sensation was experienced; then the paste was quickly removed with the charred tissue, by means of pledgets of cotton-wool previously moistened with water. The denuded surface was again painted with cocaine solution, and the compound paste reapplied. By this means, more than a tablespoonful of cancerous growth was removed by a rapid and painless process. The next day a clean, smooth, and bloodless surface, insensitive to the touch, was presented. By this means most of the scirrhous mass was removed after a few applications. In the second case, the author

destroyed a cancerous growth of the os and cervix uteri, by means of sticks of potassa fusa, and a ten per cent. solution of cocaine

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Massage of the Thoracic Organs.

The *Med. Record* says mechanical therapeutics has acquired for itself in recent years a settled place in medicine, and its advocates are constantly endeavoring to enlarge its scope and widen the field of its usefulness. In the *Allgemeine Medicinische Central-Zeitung*, No. 20, 1885, Dr. Emil Schlegel reports some cases of pleuritic effusion, in which absorption of the fluid would appear to have been induced or accelerated by repeated blows upon the chest-walls. The closed fist was used, the blows being struck by a motion of ulnar flexion at the wrist-joint, combined with supination of the hand. The ball of the little finger came in contact sharply with the ribs and rebounded, the hand turning back into radial flexion and pronation. About two blows were made in a second, or six hundred in the space of five minutes. Two sittings were had each day. Under this mode of treatment a successful result was obtained, in some cases in a much shorter period than usual. The author has tried "concussion strokes" (*Erschütterungsschläge*) only in the case of pleuritic effusions, but he believes that it might be equally useful in promoting absorptions in other portions of the body, as the intra-cranial cavity, spinal canal, etc., which are inaccessible to the ordinary manipulations of massage.

Hemorrhage from a Wound of the Cervix Uteri Simulating an Impending Abortion.

To the Chatham Med. and Surg. Society, Dr. McKeough related the case of a woman who had had two previous miscarriages, and who he supposed was threatened with another. The patient was between three and four months pregnant, complained of some pain in the pelvis, which, however, was not intermittent, and judging from the condition of her clothes and bed, there had been considerable loss of blood. Pulse was quick and feeble; her countenance pale and anxious. Numerous clots were removed from the vagina, which was tamponed with pledgets of cotton-wool, soaked in boro-glyceride. The following day the patient admitted that she had attempted to produce an abortion by violence, a large knitting-needle and a catheter being the instruments used. After the tampon was removed an examination of the cervix was made, and revealed an old bilateral ulceration. In the posterior everted lip was a recent, deep, ragged wound, to which a clot was attached. Its removal caused a fresh spurt of blood, which was controlled by pressure. This occurred six weeks ago, and there have been no symptoms since of a premature expulsion of the fœtus.

Double Popliteal Aneurism.

Before the New York County Medical Association, Dr. I. B. Read read the report of a case in which the aneurism in one leg developed after the other had been successfully treated by ligation of the femoral artery, after various other expedients had been fruitlessly tried. Ligation of the femoral was performed in this instance also, and both tumors have entirely disappeared. From his experience he would lay down the rule, never to be departed from, that, when compression can be made in the artery above the diseased portion, it should always be resorted to as a means of lessening the danger consequent upon ligation of the artery. In popliteal aneurism, if compression of the femoral is made, the blood, being shut off from the latter, gradually distends the profunda and other smaller branches, and if, in the meantime, the surgeon can induce the formation of a clot within the aneurismal sac, so much the better. But in case it is necessary to ligate the femoral, heat and nourishment, and sensation will thus be successfully maintained in the lower part of the limb, and the danger of gangrene avoided.

Schultz's Method of Resuscitating the New-Born Child.

At the last annual meeting of the Medical and Chirurgical Faculty of Maryland, Dr. Neale (*Med. Record*), illustrated Schultz's method of resuscitating the new-born child in case of asphyxia. The child is held by the shoulders, the thumbs resting upon the thorax, the child's head toward the operator, and its anterior surface to the front; it is then swung upwards so that its feet perform a revolution, and lie between the head and the operator's body, the trunk being then in a state of forced flexion. The original position is then resumed by a reverse movement, and the repetition of these movements constitutes the method. Dr. Neale regarded it as more effective than Marshall Hall's or Sylvester's, and related a case in which resuscitation had been secured after ten min-

utes, the measures mentioned and all others having been tried in vain.

Congenital Absence of a Lung.

Dr. Wenzel Gruber has recently published, in Virchow's *Archiv*, notes of two cases of congenital absence of a lung. The first was described by him in the *Oesterr. Zeitschrift für praktische Heilkunde*, in 1870. The right lung was absent in a female stillborn child. On December 10, 1884, he found the left lung absent in a female child born prematurely. The child had also an accessory liver, and three accessory spleens. The left thoracic cavity was occupied above by the left lobe of a very large three-lobed thymus, enveloped in a distinct fold of the pleura given off from that membrane as it passed over the left mediastinum. Inferiorly, the heart and mediastinum filled the left side of the thorax. The right lung was large, and not divided into lobes. An accessory liver lay in the ligamentum triangulare sinistrum, six millimètres apart from the main part of the liver. It was oval and flattened, and a centimètre and a half in its longest diameter. The three accessory spleens were, as usual, in the gastro-splenic omentum.

A New Heart-Tonic.

Prof. Wagner recently employed the new heart-tonic, the nitro-salicylate of caffeine, in his clinic in Buda-Pesth, on twelve patients (*Oroosi Hetilap.*, No. 32, 1885). The daily dose varied from 3 to 18 grains. The results were the same as those observed by Riegel. The remedy is a rival of digitalis, but has the great advantage of being more rapid, and never accumulative in its effect. The only drawback seems to be, that with the discontinuance of the remedy its effect also quickly ceases. At the beginning but small doses should be administered, as many patients evince a peculiar idiosynerasy against the drug.

The remedy is indicated in all cases where compensation has ceased. It here causes a regular and stronger action of the heart, and decided increase of the urinary secretion. All the disagreeable after-effects of digitalis are absent in the employment of nitro-salicylate of caffeine.

Disinfection of Apartments by Volatilized Corrosive Sublimate.

The *Med. News* says that Delbastaille, in *The Annales de la Société Mèdico-chirurgicale de Liège*, highly recommends the method of disinfection employed by Koning, of Göttingen. This procedure consists simply in closing the doors and windows of the apartment, and then throwing about two ounces of bichloride of mercury upon a pan of live coals. The room is to be quitted immediately, and should remain filled with the vapors of the sublimate for three or four hours. It is then aired for several hours, the ordinary precaution being taken to prevent the entrance of the corrosive vapor into the respiratory passages. In order to prevent injury from such portion of the sublimate as may still cling to the room, the subsequent volatilization of sulphur in the apartment, in the ordinary manner, is desirable.

Hemicrania.

In many cases of hemicrania the pathogenic cause is unknown. That the sympathetic ganglia have something to do with it, has long ago been proven by Eulenburg and others. Dr. C. Weigert (*Virchow's Arch.*, 176, '85,) has recently discovered an invariable disturbance in the formation of the supra-renal capsules in cases of hemicrania. Generally they were too small, and in one case, which may be of importance, they were totally wanting. In the same case, the superior cervical ganglion of the sympathetic was also absent. It is possible that the hemicrania as well as the morbid condition of the supra-renal capsules are both symptoms of an affection of the vesical ganglia. This would also explain the favorable result which is often obtained in cases of hemicrania from galvanization of the cervical ganglia.

Optic Neuritis in Children.

The object of a note by Dr. Saundby, in a recent number of the *Birmingham Medical Review*, on the presence of optic neuritis in children, is to draw attention to the possibility of the occurrence of double optic neuritis not depending on coarse intracranial disease or morbus Brightii. Two cases of optic neuritis are recorded, in both of which the patient was hypermetropic, and in neither was there any certain reason to suspect cerebral mischief or Bright's disease as the cause. Reference is made to the suggestion of Dr. Gowers that hypermetropic eyes are specially liable to suffer from optic neuritis. Unquestionably the subject is one of considerable interest, and not solely to neural pathologists. Dr. Gowers has pointed out the occurrence of optic neuritis in at least two

diseases, which are not unfrequently regarded as of functional order—chorea and anæmia.

The Sacrum as an Index of Race.

Professor Turner has communicated to the Edinburgh Royal Society a note upon the human sacrum considered as an index of differences which obtain between the skeletons of various races of men. He has found, as the result of a series of measurements, that this bone is not uniform in the relations of length to breadth in the various races of mankind, but that in some races it is longer than it is broad, whilst in others the reverse of this holds true. Some interesting data with regard to the "sacral index" in a variety of races were contained in the paper.

Oil of Sassafras for Neuralgia.

This remedy is highly lauded by Dr. Thomas J. Miller in the *Virginia Medical Monthly*, who says that it may be given with more safety than the veratrum viride, and in the same diseases. In despondent, hysterical women, he has no doubt it would have a charming effect; and in fevers, and other cases of sanguineous engorgement, or of cerebral tendencies. He suggests that it might be a most eligible mode, whenever convenient, of giving it in a glass of soda water.

Uncontrollable Vomiting of Pregnancy.

In the *Boston M. and S. Jour.*, December 24, Dr. O. W. Doe reports a case wherein no remedy seemed to do any good, and the woman was frightfully emaciated. The uterus was anteverted, pressing down into the pelvis. Tampons were inserted morning and night. Finally, one morning, after removing the tampon and pushing the uterus as far up as possible, and backwards, the nausea left, never to return.

Chronic Ulcers.

Dr. W. P. Howe, of Charleston, Mo., writes to the *Journal American Medical Association*, "that *lime* procured from barrels that have stood open for some time, sprinkled upon chronic ulcers, will cure them when everything else, usually prescribed, fails. . . Cleanse the ulcer with warm water and soap once every two days and fill the sore with lime; no more bad odor, no more pain, and a remedy so cheap that it is within the reach of every one."

Correspondence.

Hydrophobia and Pasteur's Remedies.

Eds. Med. and Surg. Reporter:

Heretofore no cure has been discovered for this frightful disease, and the only hope for favorable results is placed in the discovery of preventives. The mad-stones, eleeampane, skull-cap, and all the other once celebrated prophylactics, have proved disappointing, and are being discarded. Should M. Pasteur's new system of inoculation prove successful, it will be a great boon, not only to the medical profession, but to mankind. Until, however, M. Pasteur shall have succeeded in curing a case of fully-developed canine rabies, the verity of his system remains in doubt, and to my view the outlook is not promising. The analogy between hydrophobia and small-pox is slight, if there is any. In the latter, inoculation mitigates the violence of the disease; it does not cure it. The greater mildness of inoculated over natural small-pox may, I believe, be easily explained. Natural contagion is carried by the atmosphere, and being inhaled by the patient, sets up a poisoning ferment in the blood; in from eight to sixteen days—called the period of incubation—fever sets in, the poison in the blood is carried to the capillary vessels of the skin, and the disease appears in the form of a specific eruption. The skin, therefore, is the final seat of the disease; the initial fever is the effect of the blood-poisoning. By inoculation, this process in somewhat reversed. By developing the disease in the first place on the skin, you escape the general contamination of the blood during the incubative stage; the initial fever is avoided and the disease is rendered milder and more safe through the total abolition of the first stage; the true contagion of the disease being unchanged. One thing remains to be investigated—will inoculation mitigate the severity of the disease if practiced after the contagion has been taken into the system? Vaccination, as I know from experience, will not; neither, as I believe, will inoculation; and, not until M. Pasteur can show that his patients have been actually infected—a difficult conundrum, by the way, —can any reasonable faith be placed in the reliability or success of his experiments. There is this difference between small-pox and hydrophobia, that in the former the contagion is conveyed through the atmosphere, the latter is only communicable by wounding—inoculation, in fact; and it is not possible that the insertion of the poison by

means of a lancet will counteract the effects of the same poison inserted by means of a dog's tooth. In natural small-pox the contagion is carried by the arteries to their extremities in the skin, where it is finally developed—as was before explained; in hydrophobia the contagion is believed to attack a peripheral nerve, whence it slowly progresses to some of the great nervous centres, the large ganglia, and possibly the spinal cord, when, having arrived there, the fatal convulsive symptoms follow; and it would seem that, to be efficacious, inoculation should be made in the final centre, if that can be distinctly located. Any puncture of the spinal marrow, with or without the addition of a specific poison, would be dangerous if not fatal, therefore unjustifiable; and to reach the cervical ganglia or solar plexus would be out of the question. Any operation on the skin would be manifestly futile. What seems to me an insurmountable objection to M. Pasteur's plan is, that hydrophobia differs from small-pox in being invariably fatal, and a *milder degree of fatality* to be caused by inoculation is all that can be expected—*cui bono?*

I do not call M. Pasteur a crank or impostor; I simply believe he is mistaken—his fancied success resting on the fact that a very small proportion of persons bitten by mad dogs ever go mad.

The most reliable prophylactic for hydrophobia is to excise the bitten part as soon as possible after the injury. Should the wound be small, or if so lacerated or in such position that this cannot be easily or safely done, then, after careful ablution, to apply caustic in such manner as to reach all the injured parts; and for this purpose I believe the best would be *arsenic*, in the form of Fowler's solution applied on lint, to remain for about twelve hours; then poultice until the slough separates. Nitrate of silver is not to be relied on. There is no danger and small expense in this mode of treatment—a great saving in the latter regard compared with a trip to Paris or St. Louis.

JOHN T. HUDDLESON, M. D.

Lancaster, Jan. 1, 1886.

Ligating the Umbilical Cord.

EDS. MED. AND SURG. REPORTER:

In your number of October 17, 1885, I notice an article upon "An Original Method of Ligating the Umbilical Cord."

In the early years of the war, when I was serving with my regiment along the Atlantic coast of the Southern States, and upon the Sea Islands, I employed leisure hours in talking to the slaves and their bright-eyed pickaninnies. In every instance, when I asked a mother the age of her baby, and I had hundreds of occasions to do so, the invariable reply was: "Why, bress de Lord, Massa, de nabel string been tied dis six weeks," or whatever number of weeks the child had been born, in cabin or cotton row, depending much upon the accidental whereabouts of the mother at that event.

The reckoning of the child's age was kept in that way—from the tying of a knot in the umbilical cord as close up to the body as possible. The effect of this was visible upon every naked youngster, and quite noticeable in after life; the navel, instead of being depressed, protruded. This is certainly a primitive method of preventing hemorrhage, but I never knew a child to have hemorrhage after this operation. Not being a physician, my knowledge is limited; still, I record what I know.

By the way, while speaking of umbilical cords, have any of your numerous readers, in looking at any picture they ever saw of Adam and Eve, noticed that delightful "bull which is not Irish," that they are always represented as having once had umbilical cords? CHARLES MCILVAINE.

Philadelphia.

NEWS AND MISCELLANY.

Huxley on Science and Medical Teaching.

At a meeting of the Royal Society, Prof. Huxley, in an address of remarkable ability and power, took leave of the great society whose presidency he has filled with so much honor, received from and reflected on that high office. He reviewed the progress of biological science, and dwelt especially on the vast accessions to human knowledge derived from the study of parasitism and bacteriology. This he classes as among the most luminous of the recent achievements of science, and one destined to have an increasing effect in throwing light upon the dark places of medical and biological science. He referred to the recent researches during the year of Dr. Klein, Dr. Roy, and his colleagues, into the specific origin of cholera, carried out in India and in Spain. Touching upon a subject of especial medical interest, he said:

"As a member of the Senate of the University, I am necessarily greatly interested in such projects, and I greatly regret that I

have been unable to take part in the recent action concerning them. This is not the time or the place for the discussion of any of these proposals, but many of my hearers must be as warmly interested in them as I am myself, and it may not be out of place to submit two questions for their serious consideration. In the interests of science, will any change be satisfactory which does not lighten the linguistic burden at present imposed on students of science and of medicine by the matriculation examination? And, again, in the interests of science, will any change be satisfactory which does not convert the examining university into a teaching university? And, by this last term, I do not mean a mere co-operative society of teacher-examiners, but a corporation which shall embrace a professorate charged with the exposition and the advancement of the higher forms of knowledge in all its branches. The future both of pure science and of medicine in this country is, I think, greatly interested in the answer which Fellows of this Society, after due meditation, may be disposed to give to these questions."

A Remarkable Instance of Longevity.

The *Popular Science News* for December publishes a portrait of Madame Girard, a native of the town of Saint-Just-de-Claix, in France. According to the parish records, she was born on the 16th of March, 1761, and is therefore a hundred and twenty-four years old. Like the traditional old lady of all countries, she can sew without using spectacles, and her hearing-powers are still good. Her memory, however, is very much impaired; and she remembers little of the events of her long life. She is still active, and carries her own wood and water, besides doing all the work of her modest house.

Her diet is quite simple, and consists principally of vegetables, with little or no meat. After every meal she indulges in a glass of wine or brandy. The *News* goes on to say: "Our contemporary, *La Nature*, to which we are indebted for the portrait, gives a list of persons, in France and elsewhere, who have exceeded the age of a hundred years. It is surprisingly large, and includes the well-known Thomas Parr, who died at the age of a hundred and fifty-two years, and a Frenchman named Prion, who died in 1838, in his hundred and fifty-eighth year.

It should be remembered that in England and Europe the records of births are much more carefully kept than in this country, and these remarkable ages appear to be well authenticated. Census returns show that in France, during the years 1824 to 1837, there were between a hundred and eleven and a hundred and seventy-five centenarians; while in Russia, in 1838, there was the surprising number of twelve hundred and thirty-eight. They also show that the average length of life is constantly increasing, and the time may yet come when persons a hundred years old will excite no more curiosity than one of eighty years at the present time."

The Doctor's Peculiar Danger.

The *Medical Age* deals with a delicate subject in the following skillful manner: "The physician, especially if he has been favored by nature with physical attractions, is above all men subject to sexual temptations. His relations to his female *clientèle* are of that secret and confidential nature which tends to familiarity. Weak women, who are diffident and shy to all other males, frequently conceive for their physician a passion which it would require but a slight response to convert into a crime. We apprehend there are few of our readers whom professional experience has not convinced of this frailty (which may, after all, be more or less physiological) on the part of the weaker vessel. In view of this fact, it is very complimentary to the profession that there are so few scandals chargeable to it. As compared with even the clergy (the especial conservators of morals), physicians stand well in this respect. Doubtless, too, not a few of the scandals chargeable to medical men have no sufficient foundation, the peculiar relations of the doctor to his female patients laying him especially open to the schemes of the blackmailer."

The Ladies' Tipple.

The *Med. Record* says: That popular abomination known as "Beef, Iron, and Wine," which is now sold so extensively, not only by druggists, but by tradesmen of various kinds, deserves a little special attention from the medical profession. It is an agreeable mixture to the sight and taste; its name is a triple combination of seductive mononyms; while taken into the stomach, it acts as a gentle "pick-up" to the worn and oversensitive nerves of the ladies. It has in consequence become a popular if not a fashionable tipple, and is indiscriminately used to an extent that is, we believe, not entirely free from danger. Every medical man knows that the amount of actual beef or food in these various preparations is insignificant, and that it is the wine, after all,

that makes them liked, and that leads so many persons to purchase their second bottle.

There is no good reason why this mixture is allowed to be sold by those unlicensed to sell wines, and if the law supports the practice, it is the duty of physicians at least to try and lessen it. Inebriety can result from these tipples.

Rapidity of Flight of Carrier Pigeons.

The *Revue Scientifique* says: The distance of Paris from Versailles is 20 kilometres, and the Paris pigeons in 1873 conveyed the minutes of the Académie des Sciences in 10 minutes, which is at the rate of 2,000 metres per minute. The same rapidity has been attained between London and Dover; the distance being 113 kilometres, as the bird flies, from Paris to Moulins (290 kilos), a rapidity of from 1,600 to 1,700 metres has been attained. These figures, however, are maxima; and for distances up to 500 kilos in clear weather the mean flight scarcely exceeds 1,000 metres, while in stormy weather it only reaches 600 or 700 metres.

Abnormal Mobility of the Tongue, with Ability to Project it into the Naso-Pharynx.

Dr. Phelps, of Corry, Pa., writes to the *Med. Record* that a man who lives about a mile from that city, who is about forty-five years of age, came to him about a year ago for the removal of a polypus from the nose. He saw him several times pass his tongue into the naso-pharynx with perfect ease. The tongue is slightly pointed, and the frænum linguæ is apparently absent for some some distance under the tongue. There is nothing abnormal in the formation of his mouth. He says he has possessed this ability for twenty years.

Porro's Operation in Japan.

In the *Berliner Klinische Wochenschrift*, October 19, is published a successful case of Porro's operation by two Japanese, Drs. Omori and Ikeda, of Fuknoka, being the first instance of this operation being performed in that country, where, however, ovariotomy has been performed. The infrequency of Cæsarian section in Japan is explained by the rarity of true rickets, and especially of osteomalakia, in that country. The authors of this communication acknowledge how much they owe to their German teachers of surgery.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE TWO WEEKS ENDED JANUARY 16, 1886.

Sawtelle, H. W., surgeon. To proceed to Los Angeles and Wilmington, California, as inspector, January, 1886.

Godfrey, John, surgeon. To proceed to Chattanooga, Tenn., and Rome, Georgia, as inspector, January 8, 1886.

Poison in Georgia.

A new law in Georgia enjoins that poison must be put up in scarlet wrappers, and the bottles labeled with paper of the same color, the printing to be in white letters. "Of all the hard papers to find in market," says a wholesale druggist, "scarlet is the most difficult, and printers say they cannot print in white upon such a surface. The lawmakers have hit upon an extremely difficult problem for the druggists."

A New Medical Battery.

We learn that a new medical battery has come out, in which the authors use lead in place of zinc, as the positive element, which is easily reducible from most of its compounds. As the negative element they employ a conductor, preferably of lead or carbon, coated or kept in contact with a layer of peroxide of lead.

Cost of Small-pox to Tennessee.

From replies to an inquiry sent by the State Board of Health to the health officers of the several locations in which small-pox appeared in the State during the past five years, it was ascertained that the cost had been nearly $60,000.

Items.

—A sanitary convention is to be held at Howell, Michigan, under the auspices of the State Board of Health, on Wednesday and Thursday, March 3d and 4th.

—The Austrian Minister of War has ordered compulsory vaccination with calf lymph for the whole of the Austrian Army. The order will be carried out with all expedition.

—M. Pasteur has, in a courteous letter, acceded to the application of the Hungarian Government, which had asked him to receive a Hungarian doctor, to be nominated by the State, as a student of his inoculation system.

—The first official recognition of female medical practitioners has just been made by the Italian government. The recipient of this distinction is Signorina Terne, M. D., whom Queen Marguerita has appointed one of her physicians in ordinary.

—The 500th anniversary of the foundation of the Heidelberg University will be celebrated next August. The celebration will be held in a hall specially constructed for the occasion, capable of holding 5,000 persons.

—The Medical Society of the District of Columbia at its annual meeting elected Dr. C. H. A. Kleinschmidt president, Dr. John B. Hamilton and Dr. W. H. Taylor vice-presidents, Dr. Thomas McArdle secretary, and Dr. C. W. Franzoni treasurer. The old board of examiners were re-elected, with the addition of Dr. Raymond T. Holden.

—There has been quite a serious epidemic of typhus fever in the Albany Penitentiary, and among its victims was the resident physician, Dr. Joseph W. Reilly, who died at his home in West Troy, January 15, after two weeks' illness. Between December 1 and January 11, seventeen of the inmates died from the disease.

—Leopold von Ranke, now more than ninety years of age, presents the anomaly of a man who has never taken any physical exercise, and is yet in perfect health. The great German historian has almost lived in his library, working for fifteen hours a day, and he has laid out more work which he hopes to complete before his one hundredth birthday.

—Dr. S. A. Defoe, of Washington, N. J., writes to the *Med. Record* that he has found the following to give excellent results in melancholia. R. Valerianates of zinc, quinine, and iron, each twenty grains, to be divided into twenty pills. One pill is to be taken three times a day before meals. The drugs should be absolutely pure. Dr. Defoe says he has tried this remedy thoroughly, and finds it a specific for the worry of nervous women and for incipient melancholia.

—At a recent meeting of the Biological Society of Paris, M. Brown-Séquard related some experiments he had made, by means of a special instrument, to determine the movements of single muscles in the body after death. He had found that there was a very considerable degree of contraction and relaxation, as much, for example, as 2½ mm. in a muscle measuring only six millimetres in length. He thought that the results of his experiments disproved the theory of coagulation in the muscular tissue as the cause of cadaveric rigidity.

—A London paper says that an apothecary of Thorndale had just received a fresh supply of vaccine points, and some of them happened to be exposed to view on his counter. A burly farmer from that neighborhood was in at the time, and amused himself by using one of the points as a toothpick, pricking his gums in the operation. It "took" in the most approved style, and the man is now in possession of a mouth that is crowding all the other features of his face out of shape.

—An investigation by the medical examiner shows that the recent sudden death of the Yale student which was attributed by the physicians to heart disease, and by others to over-exertion in foot-ball practice, was more probably caused by injuries received in an impromptu wrestling match. The examiner found that on the day of his death, the young man had a friendly scrimmage in his room with some friends. In the scuffle he was thrown violently to the floor. This shock, it is thought, caused the blood-clots in his brain which shortly after resulted in death.

—An International Committee at Nice, in the interest of the abolition of gambling at Monte Carlo, has prepared a memorial to Prince Charles III., of Monaco, in whose personal interest the gambling establishments are maintained. In this memorial is included a list of the suicides at Monte Carlo since 1878, all of them being due to disappointment at play, as an immediate cause. The list, which is explicit in names, dates, and other particulars, embraces, for the eight years, eighteen hundred and twenty persons.

—The adoption of the new rules of the House of Representatives abolished the Public Health Committee, and hereafter matters pertaining to the public health will receive no special attention in the lower House. It was held that the matter of public sanitation properly belonged to the several States, that governmental aid in time of epidemics did not require a special committee to adjust it, and that quarantine very naturally found its place of consideration in the Commerce Committee.

MARRIAGE.

WALTON—GROVE.—January 7, 1886, Levi S. Walton, M. D. (Jefferson Medical College, Class '85), of Tullytown, Pa., and Miss Flora Grove, of New Britain, Pa.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1510.] PHILADELPHIA, FEBRUARY 6, 1886. [Vol. LIV.—No. 6.

Original Department.

Lecture.

THE TREATMENT OF VOMITING.

A CLINICAL LECTURE BY DR. DUJARDIN-BEAUMETZ,

Of Paris, France.

(*Concluded.*)

You may also make trials of Lasegne's remedy, who was in the habit of ordering in these cases tincture of iodine in the dose of from five to ten drops in a little sweetened water. In a recent thesis, Dr. Olli has shown that this remedy may be beneficially tried in all forms of dyspepsias with vomiting. In England they employ creasote, which, since the labors of Bouchard and Gemberd, has been very much given in pulmonary complaints, and may be administered in wine or in capsules mixed with oil. It is a medicine which may be sometimes advantageously tried.

You may also have recourse to a measure which has given me some success, and which has been recommended by Lublesky, of Varsovia. This physician, who had previously published several memoirs on pulverizations of ether, and shown the advantages which might be derived therefrom in chronic affections, has conclusively shown that the same method may give good service in vomiting from whatever cause. With a hand atomizer, like that of Richardson, for instance, you can spray the region of the stomach with ether for three or four minutes, and then make the patient eat a little food.

In the case of one of my patients who had almost incessant emesis, I obtained by this means a notable diminution in the number of vomitings. These pulverizations are attended with no inconvenience. Certain Spanish physicians, and in particular Gulceran and Rodrigues Mendez, have employed these sprays with success.

There is another simple expedient advised by Gros, namely, tobacco smoking. Having remarked that one of his lady patients, who was pregnant and suffered from incoercible vomitings, experienced marked relief when in a room that was full of tobacco smoke, the idea suggested itself to him of recommending this patient to smoke; she did so, and her vomiting entirely ceased.

Make use, then, of all the means that I have indicated; add injections of morphine, lavements of chloral, inhalations of oxygen, which Hayem considers as one of the best remedies in dyspepsia with vomiting, and which Penard has applied to the treatment of the vomiting of pregnancy; resort also to "gavage." Sometimes you will attain your end, at others you will fail, and you will then be obliged to have recourse to dilatations of the neck of the womb, suggested recently, or to premature delivery, which obstetricians have unanimously consented to employ if medicinal means fail.

By the side of these vomitings of pregnancy, I must place those which hysteria determines, and which, like the preceding, are characterized by a persistency which often defies all therapeutic means.

Apropos of these hysterical vomitings, I must make a distinction. In certain neuropathic patients you will see supervene veritable crises of vomiting, and of gastralgia, and for months the patient will tolerate hardly any food; then the gastric form disappears, to give place to other nervous trou-

bles. Nothing in the examination of the patient will reveal to you the cause of these vomitings. The uterine functions are well performed, the urine is abundant and voided without difficulty, and one can invoke in explanation of these disorders only the nervous state to whose influence the patient is subjected; this is the so-called nervous vomiting, to which I shall have occasion again to return when I come to the treatment of hysteria.

Against these vomitings, which belong to the groups of affections which Huchard has very happily characterized by the name of gastric hysteria, you can employ two orders of remedies which have given me excellent results, namely "gavage" (or forced feeding) and electricity.

It is especially in hysterical patients affected with spasmodic troubles of the pharynx and œsophagus, that the method of "gavage" succeeds; and a patient who is in the habit of vomiting all her food immediately after its ingestion, finds that these vomitings cease when the food is introduced by the stomach-tube. You may employ as a nutrient the meat-powder and milk before spoken of; you can also precede each "gavage" by a lavage. I have by this method obtained results which were truly marvelous, such as Charcot and Geoffry have also obtained. But in other cases this method becomes insufficient, and notwithstanding the gavage the patient vomits still; it is then that recourse should be had to electricity.

It is to Apostoli that we are indebted for the rules of the electrical treatment of vomiting, and you have often seen him in my hospital apply his method with success. This method consists in the positive polar galvanization of the right pneumogastric. The positive electrode is placed just outside of the inner extremity of the clavicle, in the point marked by the depression caused by the interval between the two inferior fasciculated origins of the sterno-mastoid muscle; this electrode, which is moistened, should be of small dimensions; the negative electrode is held in the hand of the patient. The battery which is used is that of Gaiffe, with "collector," and the quantity of electricity employed varies between ten and twenty milliamperes. As for the duration of the séance, it is very variable, and one ought not to cease the application of the electricity till the patients find their sensations of spasm and vomiting gone.

You may also employ direct electrization of the stomach with the apparatus of Bordet. You will follow here the same procedure as that which I described to you in a previous chapter under the head of dilatation of the stomach; only it is the positive pole which must be placed inside of the stomach, the negative electrode being applied over the walls of the abdomen. Moreover, it is the constant current which you will use, and not the interrupted. To forced feeding and to electricity you may join the use of prolonged baths, which sometimes succeed, as Ferrand and Douchez have shown. The duration of these baths is from three to eight hours, and the temperature from 68° to 82° F.

In other cases, vomiting in the hysterical is symptomatic of another pathological condition; the urine is not secreted, and this hysterical anuria, which Charcot has mentioned, and of which Fernet, Juventine, and Seconet have given examples, is accompanied with more or less abundant vomitings, in which urea in variable quantity is found. These vomitings resemble those of urinous dyspepsia. The latter is, in fact, almost always a dyspepsia with vomiting, and it results from a damaged state of the kidneys. As soon as these glands cease to perform their functions, the urea and excrementitious matters of the urine, retained in the blood, seek elimination by the intestines or by the stomach. The patient urinates, as it is said, by his stomach, and this it is which explains the frequency of the vomitings which accompany the nephritis, and in particular interstitial nephritis. The treatment ought here, of course, to be different; we are not so much concerned with combating the vomiting as in restoring the secretion of the kidneys by the exhibition of suitable diuretics, and when medical means fail, you will find yourselves powerless to arrest these vomitings, which supply the place of a function which is no longer performed.

In patients affected with urinary complaints, who incompletely empty their bladder, you will often see attacks of vomiting supervene, and it is one of the most common signs of the digestive trouble which afflicts this class of invalids. These vomitings are of a very persistent character, are often even provoked and augmented by all attempts to interfere with or control them, becoming absolutely incoercible.

In pulmonary affections, vomiting is an incident which is sometimes followed by grave consequences by preventing alimentation. This is what happens in young children, in whom the mechanical act of vomiting is so easy. The convulsive cough of pertussis provokes vomiting, which if the paroxysms are very frequent, may be so

numerous that alimentation can no longer go on; the patient wastes away, and may succumb to an intercurrent disease, facilitated by the gradual debilitation. This condition in pertussoid patients demands careful attention. The little patient must be fed regularly, in small quantities, and is sometimes benefited by sips of strong coffee, cognac, or some other alcoholic stimulant which promotes digestion; foods should be given which are rapidly and easily digested.

Phthisis in the first stage gives rise to vomitings which are more or less frequent. In his thesis, Dr. Varda, of Smyrna, one of my pupils, has shown that these vomitings are due to several causes, the principal of which are the dyspepsias, the intensity of the cough, compression of the pneumogastric nerve, etc.

But whatever may be the instigating cause of gastric troubles in the phthisical, they are tributary to one and the same medication, namely, to "gavage." In fact, by a circumstance the physiological explanation of which is lacking, while foods introduced by the mouth are vomited, those which are conveyed to the stomach by the flexible tube are well tolerated; and when I come to speak of the treatment of phthisis, I will show you all the benefits which you may derive from Debove's method.

As to vomitings due to cerebral affections, if from a clinical point of view they present a great importance, they have little interest therapeutically, unless from the fact that there is so little that can be done to relieve them.

Finally, gentlemen, do not forget that there are certain obstinate vomitings which may be cured by the simple application of a truss; this is the case with vomitings caused by certain hernias, either of the stomach or omentum, and which sometimes protrude through the linea alba over the gastric region, and may become irreducible.

Such, gentlemen, are the considerations which I desire to present respecting the therapeutics of vomiting. I have dwelt especially on certain aspects which you will be most often called upon to treat.

—The two chief Russian medical weeklies, the *Vratch* and the *Russkaya Meditsina*, just received, present their readers with pictures of a large stone "Memorial" which has been erected to the memory of 531 medical officers who fell in the war with Turkey during 1877–78. The site of the monument is the Alexander Place, Sophia. It is stated that a similar erection is contemplated in the Caucasus.

Communications.

THE DIAGNOSIS BY AUSCULTATION OF PERICARDIAL FRICTION MURMURS.

BY E. T. BRUEN, M. D.,

Assistant Professor of Physical Diagnosis, University of Pennsylvania; one of the Attending Physicians to the Philadelphia Hospital.

The differential diagnosis of pericardial murmurs by means of auscultation is often a problem of the greatest intricacy, owing to the failure to recognize certain laws which pertain to the foundation of the auscultation of cardiac sounds and murmurs. In studying any case of possible pericarditis with equivocal murmurs, it is always helpful to decide whether the etiological relations in a case favor the presence of pericarditis. This condition is rarely, if ever, present as a primary process, but it is frequently consecutive upon rheumatism or with alterations of the blood-tissue, such as exist in renal processes, pyæmia, or it is secondary to acute or chronic inflammations in adjacent structures, such as the pleura, the peritoneum, the perihepatic tissue, and the mediastinal region.

The special object of this article is to direct attention to the differential diagnostic features of pericardial frictions in general, but especially of those varieties which acoustically closely resemble endocardial valvular murmurs.

In reviewing the causes which produce pericardial murmurs, Hayden has written of acute pericarditis: "I have never met with a case which would warrant me in asserting that a state of simple dryness and vascularity of surface may give rise in the pericardium to veritable friction sounds. I do not, however, deny the possibility of an occurrence which theoretically would seem not improbable. In every instance, without exception, in which I have had the advantage of determining by post-mortem examination of the body, the condition of the serous surface of the pericardium where friction sounds of indubitable pericardial origin had existed during the patient's last illness, I have found lymph in greater or less quantity effused upon the surface." Da Costa supports this statement, and theoretically grants that the initial stage of dryness of the pericardial membrane is associated with murmur, but adds that "practically, I have never seen it, and in the suspected cases, lymph has always been found, with the single exception of a case in which the friction sound had disappeared nearly a week before death, which re-

sulted from kidney lesion, and where it was reasonable to infer that the lymph had been absorbed."

The attributes of a pericardial friction murmur are its quality, including loudness and pitch; its point of maximum intensity; the area of its diffusion, and its rhythm.

1. It is indubitable that the quality of pericardial friction murmurs may be distinctly rubbing or friction-like, and synchronous with the movements rather than the sounds of the heart, which characteristics lead Watson to assign the designation of to-and-fro murmur; but it is equally true that pericardial murmurs are sometimes blowing in quality, and quite indistinguishable acoustically from the endocardial valvular murmurs. The superficial quality of the former murmurs affords a basis of distinction, while intra-cardiac valvular murmurs are audible, as though produced on a different and deeper plane. The rubbing sound will be apparent until the quantity of fluid becomes sufficient to separate the walls of the sac; the friction sound reappearing when the lymph is absorbed. The gradual disappearance of the murmur with a gradual reappearace is a fairly diagnostic sign.

The friction murmur may also be recognized by palpation. Stokes, indeed, looked upon the friction fremitus as separating pericarditis from valvular disease. A true pericardial friction fremitus is not limited to the known positions of maximum intensity of endocardial murmurs, but it may be felt over the præcordia, but not often beyond the normal limit of cardiac dullness, unless there be associated inflammation of that portion of the pleura adjacent to the pericardium.

2. If it is granted that in cases of acute pericarditis the murmur is usually due to roughening of the pericardial surface by the presence of lymph, it becomes inferential that the continuous pulsation of the heart may reduce the roughnesses at one point of the pericardium, while fresh areas of roughness may be developed, and consequently the acoustic phenomena must vary, viz., the point of maximum intensity of the pericardial murmurs cannot always be the same. The friction murmurs must also cease if the fluid effusion becomes considerable, or adhesions of the pericardium may modify or entirely prevent the development of friction sounds. Occasionally bands of lymph have been found on post-mortem examination, stretched like a bridle over the heart across the pericardial sac, which must have favored the development of a murmur during life. When local adhesions of the pericardium permit portions of the free surface, more or less covered with lymph, to exist, the heart being free to move, friction sounds can occur which may be most intense anywhere over the præcordia, except at the points of adhesion. It is evident therefore that the location of maximum intensity must be a variable or shifting point, affording a conspicuous contrast to the organic valvular murmurs, which have fixed centres of maximum distinctness, corresponding with a point at which the chamber of the heart where the murmur is produced, approaches most closely the chest surface. The usual location of friction murmurs, however, is over the heart or near the orifices of the vessels.

3. Special attention should be given to the area of diffusion of pericardial murmurs. It is an ordinary distinctive point that in endocarditis the abnormal murmurs are transmitted upon definite lines of maximum intensity; but in pericarditis one may recognize a very loud murmur, possibly simulating in quality an endocardial murmur, and yet its area of diffusion with maximum intensity is commonly limited to the præcordia, or if transmitted over the whole chest, as may happen in children, or in adults with cardiac hypertrophy, the area of maximum intensity of diffusion will follow some line which does not correspond with the area of diffusion of endocardial murmurs. The latter are transmitted with maximum intensity in a line which coincides with the direction of the blood current by which they are produced. Indeed, by closely observing this single point it may be possible to differentiate in the same case between pericardial and endocardial murmurs, as was illustrated by a recent autopy upon a case in the Philadelphia Hospital. Lesions were found which had caused a double aortic and double mitral murmur, and also a pericarditis with adhesions which had given rise to pericardial friction murmurs. In this instance all these murmurs had been correctly analyzed during life.

4. The rhythm of pericardial frictions has been already noticed as to and fro, and synchronous with the movements rather than the sounds of the heart, yet the rhythm of pericardial friction murmurs may be systolic or diastolic.

5. A change of posture may increase the intensity of a pericardial friction murmur, rendering a murmur which is faint in the vertical quite distinct in the recumbent position, while in endocardial murmurs usually the reverse prevails, that is, in those cases in which change of posture has any effect upon

the acoustic phenomena of endocardial murmurs.

6. It should be borne in mind that certain postures give relief to the dyspnœa of pericarditis when this symptom is prominent; for instance, if the recumbent posture on the left side is selected, the liver and heart both tend to exercise pressure on the pericardium, so that the posture on the right side is usually preferred. This symptom has, therefore, a relative value in estimating the etiology of a doubtful murmur.

7. The alterations common to the walls of the heart in encocardial valvular disease are absent, unless, indeed, endocardial processes are also combined.

In recognizing cases of endocardial murmur, we can estimate the gravity of the lesion rather by the changes in the auricle or ventricle of the heart than by the diffusion or quality of the murmur; but in pericarditis, these changes do not correspond with the hypertrophy and dilatations commonly found in endocardial valvular lesions; and when in uncomplicated chronic pericarditis with adhesions, the heart is hypertrophied, the organ is apt to be drawn up to the left by the adhesions in a more or less significant manner.

8. Friction murmurs can be developed by the movements of the heart in the pleura adjacent to the inflamed pericardial sac, if the former be also covered with lymph. One of the best methods of differentiating this murmur from one developed within the pericardial sac is to cause the patient to cease breathing for a moment, and then by auscultting the heart the friction-sounds persist if of pericardial origin. If the portion of the pleura adjacent to the pericardium be also covered with lymph, the heart's motion transmitted through the pericardium may produce pleuritic friction even while the lung is at rest. The location of the murmur at the border of the pericardium and its transmission beyond its confines will be the best aids to auscultation; since, in pericarditis without associated pleurisy, the murmur will more probably be confined to the normal limit of cardiac dullness, and the same rule will apply to a friction fremitus recognized by palpation.

A friction murmur can also be produced by the action of the normal heart in an inflamed and roughened pleura. This is very difficult to recognize with precision; the foregoing principles can be applied, and the etiological relations of the suspected conditions studied. The murmur is often perceived near the apex of the heart. It may not occur with each cardiac pulsation, and may cease during held expiration.

These observations might readily be extended to include other methods of physical diagnosis applicable to the recognition of pericarditis; but the subject is a familiar one, and only the survey of the results of auscultation has been attempted, chiefly to bring out the characteristics relating to the focus of maximum intensity and the area of diffusion of pericardial friction murmurs.

A CASE OF PERITYPHLITIS WHICH WAS APPARENTLY RECOVERING, BUT WHICH IMPERATIVELY DEMANDED OPERATION AS EARLY AS THE SIXTH DAY.*

BY W. W. KEEN, M. D.,

Senior Surgeon to St. Mary's Hospital, Philadelphia.

George G., æt. 22, shoemaker, of Vineland, N. J., a spare young man, in good general health till Sunday, September 27, 1885. On the previous evening he had eaten very freely of grapes, but went to bed in his usual health. On Sunday evening, the 27th, he was suddenly seized with intense and excruciating pain in the right iliac fossa. Supposing it to be an ordinary colic, he took considerable ginger; but finding no relief, he sent for Dr. Wiley, his usual physician. Dr. Wiley, recognizing the character of the attack, at once applied hot fomentations and administered a hypodermic of morphia.

Though partially relieved his pain continued, with fever, a pulse of 120 to 130, constant bilious vomiting, great tenderness in the right iliac fossa, and dullness over a space as large as the hand. His right leg was not flexed. He had had no chill. His highest temperature was 102.4°; it began to fall October 1st, the fourth day. Opium was used continuously, from 3 to 8 grains daily.

On October 3d, the sixth day, I was asked by Dr. Wiley to see him with a view to operating. I found him in bed, with his legs extended, the belly not markedly tender, and he was generally comfortable. He could turn in bed, and move the right leg without suffering, and was not in much pain. His pulse was 88, and the temperature was 99.4°. He breathed easily. In the right iliac fossa there was a perceptible increase of resistance, with doughiness, but no well-defined tumor. The dullness was not well marked, except on

* Read before the Clinical Society of Philadelphia.

deep pressure, which did not cause much pain. No fluctuation could be detected. There was considerable œdema of this region. A small right oblique inguinal hernia had existed for years, which Dr. Wiley had reduced before I saw him. There was no tenderness in the hernial region, so that I rejected the idea that the hernia had anything to do with his present condition. The vomiting also had ceased, and it should also be remarked that it had at no time been stercoraceous. His bowels had not moved for a week.

The marked amelioration in his general condition, the abatement of the fever, the decrease in the local signs, such as pain, tenderness, and swelling, the absence of chill and fluctuation, all led to the supposition that the attack was probably passing away, and that the wisest course would be to wait. The only signs of evil were the presence of the obscure tumor, the doughy feel, and the local œdema. The tumor might be inflammatory, or it might be caused by a collection of pus. To determine which of these conditions existed, and thereby to determine whether an operation should be done, resort was had to the hypodermic needle. This was filled with pus at the first attempt, and the operation was at once determined upon.

The usual operation was done by an incision parallel with Poupart's ligament, and about three inches in length. Thorough antiseptic precautions were practiced (including the spray), carbolic acid being used. Several small vessels required catgut ligatures, and the hypodermic needle was used twice as a guide to the seat of the pus. When the cavity was reached, a gush of pus occurred. The entire amount that escaped was estimated at nearly a pint. No grape-seed was seen, but it might readily have escaped observation in the pus. The odor of the discharge was offensive in the extreme. The cavity was washed out with the five per cent. carbolic solution until the solution flowed clear; a drainage-tube was inserted, and the wound was dressed with a large mass of antiseptic gauze, in order to absorb the expected abundant discharge.

The subsequent course of the case was favorable in the extreme, and the treatment was very simple. The same dressing was continued. The diet was purely liquid. The bowels were moved by enema on the seventh day. The drainage-tube was kept in for four weeks, but was shortened from time to time, as required. The temperature did not rise above 99° at any time after the operation. The pulse was 84. In about six weeks the wound was entirely healed, and by the end of November, some seven to eight weeks after the operation, he resumed his usual work.

To the late Dr. Willard Parker is due the credit of formulating and establishing the operative treatment of perityphlitis. Previous to 1867 the treatment was almost exclusively an expectant medical treatment. The present case is a marked evidence in favor of the now generally favorable estimate of the operative treatment in suitable cases, due to the diffusion of his ideas. The noteworthy points in the case are the apparent convalescence masking the abscess which was present, the value of the hypodermic needle as a means of diagnosis, and the early date of the operation.

All of us have seen many cases the counterpart of this, in which recovery has taken place without suppuration. In these cases the inflammatory hardness continues after the subsidence of the initial fever, and only disappears gradually, and after a long period. Apart from the evidence of the needle the present case seemed, both by its symptoms and its physical signs, probably to be of this character. Earlier than the fifth day the presence of pus is unusual; but as Parker and Burger have shown, and is now emphasized, after this time it should be suspected and sought for; for if it exists, its presence is a serious menace for the future. True, it will escape either externally (the least favorable course), or by finding its way into the bladder, rectum, or vagina. But such a method of escape is fraught with danger, and should be averted if at all within our power. The simple (and of course not novel) expedient adopted in this case, where the decision as to the operation rested almost wholly upon the verdict of the syringe, is one to which I wish to call especial attention. It is within the reach of every one; it is free from danger, and should never be neglected. If at the first puncture no evidence of pus is found, the needle should again be used at a neighboring point; and thus several punctures may be made on the same or on successive days, till we are sure that no pus exits, and therefore the hardness and dullness are inflammatory and not due to pus.

The earliest operation recorded is, I believe, on the fifth day. In the present case it was done as early as the sixth day, and yet a pint of pus was found. No better evidence is needed to show the value of the early search for pus; and if found, its immediate evacuation by operation is the only rational course.

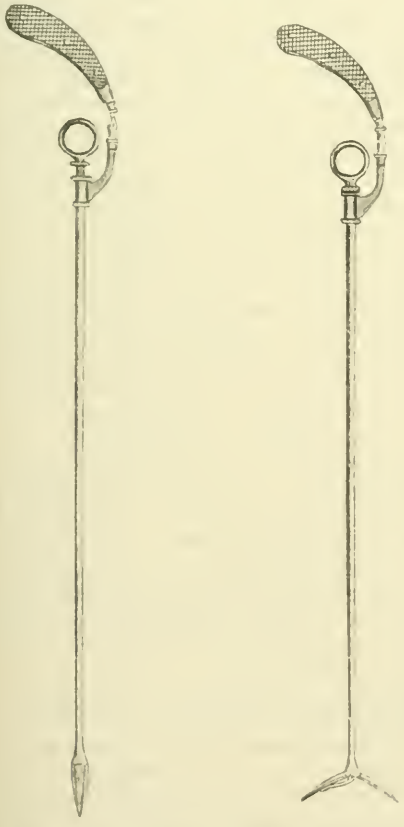
AN IMPROVED BULLET-EXTRACTOR.

BY W. J. HOFFMANN, M. D.,

Of Washington, D. C.

The accompanying illustration represents an instrument for the extraction of bullets from deep-seated localities in the human body, as well as for the removal of foreign bodies from the trachea and œsophagus. For the latter, the contrivance is either curved or it may consist of a flexible steel rod with a tube constructed of a spiral band of steel.

The instrument consists of a tube one-fifth of an inch in diameter, and fourteen inches in length (or more if desired), armed at one



end with two blades, closely resembling a serpent's jaws. To the opposite end is attached a handle. A steel rod passes through the entire length of the tube; a ring for manipulation being attached at the rear end, while at the opposite extremity are secured, by means of a slot and pin, two slightly curved arms which connect it with either blade. By pressing the ring forward, the blades are opened, closing them being effected by drawing it backward. The extremity of one of the blades terminates in a short tooth, directed inwards, the opposing blade being armed with two between which the former enters, presenting a smooth rounded surface when closed and ready for introduction.

The present instrument is a slight modification of one devised by the writer in 1870, while attached to the Prussian medical corps (during the Franco-German war of 1870–71), when it was employed with great success, and in numerous instances in which the then available bullet-forceps entirely failed. The Turkish government recently adopted the above-mentioned instrument, and the writer had the honor of being appointed to supervise the manufacture of a sufficient number for immediate use in the present campaign.

Mr. Charles Fischer, of Washington, D. C., is the manufacturer.

HOSPITAL REPORTS.

PHILADELPHIA HOSPITAL.

SERVICE OF DR. W. H. PARISH.

Cancer of the Cervix.

This woman, aged 58, has had several children, and passed through the menopause as usual. Four years after the climacteric, she commenced to have bleeding from the uterus, which was the first symptom of her present trouble, and for which there was no apparent cause. After lasting for some weeks, this hemorrhage was supplanted by a moderate watery discharge, which gradually became offensive. For some months there was this variation, the discharge being sometimes watery and sometimes bloody. She began to lose flesh and her color to change, she becoming very sallow; so that there were strong reasons to suspect carcinoma. In fibroid tumors, however, we may have an offensive discharge, and hemorrhage may occur. I find, upon digital examination, that the cervix is enlarged, rough, and very friable, bleeding upon the slightest touch, and I note that there is a growth from the cervix, not from the inside of the organ. The disease has gone too far for us to take into consideration the propriety of removing the whole uterus, or even any very considerable portion of it; it has progressed so far that a cure is out of the question, and we can only hope to palliate. As a rule, pain

is not an early symptom of cancer of the cervix, as it used to be said.

I will remove a portion of this mass with the wire and curette away the rest. I find it so soft that by merely pulling on the wire the mass comes away in fragments. I will swab the surface with vinegar, which is antiseptic as well as astringent; it will not irritate, stain, nor give us the annoying coagula that are produced by Monsel's solution. One or two sponges, saturated in vinegar, I will leave in the vagina for a while. The probabilities are that after this operation, there will, for a time, be less hemorrhage and discharge, which will render life more pleasant, and make this woman less of a nuisance to those about her. We must be careful after performing such an operation not to go to a parturient woman until we have disinfected our hands with corrosive sublimate, for such discharges will be very apt to convey child-bed fever.

After the vinegar sponges have been in for twelve hours, they will be removed, and the vagina syringed out with Platt's chlorides, one part to ten of water, injected twice daily. Sometimes these cancerous masses will form adhesions to and ulcerate into the bladder or rectum, forming one large cavity common to all, and, of course, producing incontinence of both urine and fæces.

The question of the advisability of the removal of the whole uterus for cancer is still *sub judice*, but, in my opinion, it is only justifiable in the very early stages of the disease, at which time the affection is very rarely recognized.

Bloody Urine in Pregnancy.

I have here a pregnant woman who passes blood in her urine, both as streaks and intimately mixed with the urine. I once had a patient (pregnant) who passed between a pint and a quart of pure pus; upon previous examination two tumors had been found, one on each side; in one was the fœtus, and there was fluctuation in the other. At first it was thought to be an ovarian cyst, but after the passage of the pus it collapsed. After the cessation of the pus in the urine, this tumor became again apparent. Labor finally came on, after which there was a high temperature, and the patient died. An autopsy was not allowed, but I am quite sure that there had been an accumulation of pus in the pelvis of the kidney. Ovarian tumors may form adhesions to the bladder, and suppurating, open into and discharge pus into that viscus, giving us the phenomena of purulent urine.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

Service of Dr. Theophilus Parvin.

Uterine Fibroids.

This woman, gentlemen, is said to be suffering from sub-mucous fibroids. She is thirty-six years old, has been married ten years, and has had no children. Now, this sterility is not due to an inability to conceive, for the woman has had several miscarriages, from which I conclude that the sterility in this case is due to some condition of the lining membrane of the uterus that renders it unfertile soil for the product of conception. Now, sterility is a not infrequent consequence of uterine fibroids. They cause catarrhal and congested conditions of the endometrium, which is relieved by hemorrhagic discharges, which wash away the product of conception. In this case we have the history of a profuse flow after each miscarriage. I find the cervix is unchanged. I feel a hard mass in the supra-cervical portion of the vagina, which seems continuous with the cervix, but the abdominal muscles are so rigid that I cannot say, with any degree of certainty, that I can feel the fundus or a tumor above it.

Now, when we have fibroids that cause uneasiness by producing hemorrhage, we can have no better remedy than the hypodermic use of ergot. I would inject from twenty to thirty drops of the fluid extract of ergot into the hypogastrium, or directly into the tumor, if it be accessible. We might inject five or six drops of Fowler's solution into the tumor, but this latter is very uncertain, and will disappoint our expectations in one-fourth of the cases where it is used. The next step would be dilatation of the cervical canal. If the alarming conditions still persist, then we must enucleate the tumors. But this is a dangerous operation, unless they are clearly pedunculated, hence it should be undertaken only as a last resort.

Hypertrophic Elongation of the Cervix.

Dr. Emmett seems to believe that there is no such thing as true hypertrophic elongation of the cervix; he considers that all such cases are merely apparent, and are, in reality, merely a pulling down, as it were (as you might pull out putty), of the cervix from its own weight. Now, I am quite sure that there is such a thing as true hypertrophy, and I am quite sure that we have this condition in the case before us, where the vaginal cervix measures three inches, while, normally, it should not be more than half an inch. In such cases, of course, we can only afford re-

lief by amputation. This is in some respects a simple and satisfactory operation. The cervix should be split into two lips, as it were; above the point at which we propose to amputate, we should pass several stitches through each lip; then, after amputating, we should draw down the threads and tie them together. Thus we unite the mucous membrane, get union by first intention, and avoid the danger of the two sides agglutinating and causing stenosis. Besides, if we allow the wound to heal by granulation, the process is much slower, the danger of sepsis greater, and the general results less satisfactory. If you find the fundus in its normal position, and the cervix away down at the vulva, you know that you have either stretching out or hypertrophy. For the purpose of amputation you may use either the galvano- or thermo-cautery or knife, or the ecraseur. Secondary hemorrhage is a contingency to be dreaded in these cases, while the primary hemorrhage may be quite severe: I have known one death from each. On the whole, I prefer using the scissors for this operation, but I would not use them in cancer, save where it was strictly limited to the neck. In eighty or ninety per cent. of all cases of uterine cancer it is not limited to the neck, but has a decided tendency to extend upwards and implicate the body of the organ. You will sometimes be surprised to see how far up it has extended, when you had supposed that the cervix alone was involved.

The Sexual Passion.

As bearing on the case of nymphomania about which I lectured to you last week, I wish to say a few words about the very prevalent notion that cantharides excites the sexual passion. It not infrequently occurs that this drug is given to young girls for the purpose of causing them to desire intercourse. In ancient times it was believed that a diet of fish stimulated the sexual organs, which idea originated from the fact that Venus was born in the sea. Now, while cantharides will most likely produce genital erethrism in the male, there is no positive case on record where it has produced this effect in the female; I will admit that it is barely possible that such might occur. Again, it has been claimed at various times that certain drugs possessed the power to diminish or hold in check the sexual passion, and for this purpose it was once the custom in Europe to administer to nuns an infusion of white water-lily, which was supposed to destroy all sexual desire. Camphor was also believed to possess this power, and one hundred and fifty years ago in England the women were accustomed to wear camphor about their necks as amulets to preserve their virtue. This came out in a trial for rape, where it was contended that a man had forcibly carried off a girl in a carriage. It came out in the trial that during the journey in the carriage, at one stage, the girl opened the window of the carriage, and also opening the bosom of her dress, removed the camphor from her neck and cast it from the window, which was held to be an act of submission on her part. Of course, the idea about all these drugs is very vague; it is a vague notion to talk about exciting or repressing sexual passion by drugs. If we have any special sedatives, they are to be found in the alkaline bromides and also in the bromide of camphor. These drugs may be used in the treatment of masturbation and nymphomania; but as I have already told you, the most radical treatment will consist in the removal of the cause. In the majority of cases this cause is not to be found in the sexual organs, but in some impure thought planted in the mind in childhood, that has matured and borne most terrible fruit. Therefore the mind must be controlled; moral suasion, and not drugs, must be relied on to work a cure.

Flatulency.

Here is a valuable case, for you will be constantly confronted with similar ones. This woman, who is forty-eight years old, and has had thirteen children, comes to us because her abdomen is enlarged. This is exceedingly common, hence the treatment will be of interest. For some time past her menstruation has been scanty, and it has not now recurred for six weeks. She suffers some from headache about the menstrual period. But she complains chiefly of this abdominal enlargement, which varies, being sometimes greater and sometimes less, and is especially noticeable about the menstrual epoch. The linea albicantes, as you see, are well marked, as we would expect to see them in a woman who has borne thirteen children. Now, what is the cause of this enlargement? I dip my fingers well into the abdomen, but I can detect no tumor; the whole abdomen is resonant, and she is costive. Well, gentlemen, this swelling is simply tympanites. Women will popularly speak of it as "bloating;" they will remark that their abdomen becomes bloated at the menstrual period. It is due to a partial paralysis of the intestinal muscles and a consequent accumulation of gas. To relieve this condition, we must increase

the vigor of the muscular coat of the intestines, which we can do by bathing the abdomen with cold salt-water, with subsequent friction. Remember that this abdomen has been relaxed by thirteen pregnancies, so that the abdominal walls even fail to give the usual support to the intestines. We must, therefore, use artificial support, which will be derived by a strong drilling or flannel bandage. In addition to these measures, we will give the woman a pill containing aloes (gr. ⅓ to ½), podophyllin (gr. $\frac{1}{10}$), extract of nux vomica (gr. ⅓), and belladonna (gr. $\frac{1}{12}$), one, two, or three daily; much improvement will be noted in a week. These cases may seem trivial, but they are very annoying to the patients, and will call for relief.

Sterility.

Here is a woman who has been married for two years and a half, and has never been pregnant. She has had leucorrhœa for two years, and complains of backache. You will note that these women who complain of backache will tell you that they put pillows into the small of the back to afford relief. Instinct seems to teach them this. Shakespeare tells us, "Take some new infection to thine eye, and like rank poison the other will straightway die." I imagine this pillow custom rises from the endeavor to throw higher up a body that is pressing downwards. It is an unconscious invocation of the general law of gravitation. This woman comes to us mainly because she is sterile; she desires to have children. When you resort to bi-manual examination, always put the index finger of the left hand in the vagina, keeping the right hand free for the external work, that is, unless you are left-handed or ambidextrous; ordinarily there is more facility in the right hand. I touch the os, but this contact reveals nothing. When making a bi-manual examination, it is always well to have the woman's head somewhat elevated, that the abdominal muscles may be relaxed. I find the neck of the uterus nearer the symphisis pubis than it ought to be; I should find it about in the centre of the parturient canal, and about the middle of a line drawn from the iliac spines, but here it is only about half an inch from the symphisis pubis. Why is it so far pushed forward?—for it must be either pushed or drawn forward. Away up in Douglas's cul-de-sac, I find a hard mass about the size of a small apple. Now I am sure that there is either retroflexion of the uterus or a tumor in its wall. How can I tell which it is? I feel with my right hand above, and as I know that the uterus cannot possibly be in two places at the same time, I know it is not retroflexed into the hollow of the sacrum, because I feel it well up in the median line of the abdomen. Now, when I press on this mass through the posterior vaginal wall, I find it almost as hard as this table; it is altogether too hard for the uterus. In doubtful cases, where there is no suspicion of pregnancy, the sound must be passed. This has been done here, and it passes not into the tumor, but anterior to it; where the cervix seems fused into the tumor, there is an abrupt line of demarcation, which would not be the case if this mass were the uterus. Now knowing that a tumor is causing all the trouble, what shall we do? I have a case up-stairs similar to this, in which I have accomplished a great deal by gently, gradually, but persistently pushing the uterus upwards. A great deal can be done by this method, but you must be patient; you must not be discouraged, for your progress will be very slow. Remember the story of the man who was able to lift an ox; commencing when it was a little calf, he daily picked it up, and it grew so gradually, the increase of weight was not appreciated, and he was finally able to lift a full-grown ox. So day by day you can push the uterus up a very little at a time, and in the aggregate you will accomplish a great deal. The woman should be placed on her knees and face, and you should operate with two fingers, working for say five to ten minutes at a time, then allowing her to maintain the knee-face position for twenty to thirty minutes. The success by this method will sometimes be very great. Do not abandon this procedure until you have given it a very thorough trial, even though several weeks may elapse without any apparent benefit. When the uterus is well lifted up, it will add greatly to the comfort and safety of the patient.

Intra-mural Fibroids.

This colored woman, aged 42, has had no children, but she complains of abdominal enlargement, which seems somewhat most marked on the right side. Now what is this tumor? Is it physiological, or is it pathological? The tumor extends to a little above the umbilicus, and slopes off. At its summit it is not quite broad enough to be the fundus of the uterus. If it were a physiological enlargement of the uterus, we would have the involuntary muscular contractions, which are wanting; so also if it were so large physiologically, it would yield at some points, but it does not, it is very

hard; so also in such a case we ought to hear the fœtal heart-sounds (for it is large enough for the seventh month of pregnancy), but we do not. The cervix is found high up, is soft and pulpy; the sound passes one and one-half inches, then goes off to the right one inch, then forward one inch, and then backward one inch, giving the sensation of sliding over a lump. It is reported that she has hemorrhage every two weeks. Now Dr. Da Costa (not the professor), who has brought this case here, proposes to give the woman muriate of ammonia until he is satisfied that she has hemorrhages, then he will give her half-drachm doses of fluid extract of ergot or gossypium every four five, or six hours.

Metritis (Subinvolution).

Here is a woman who has been married for two years, and miscarried at three months one year and a half ago. She complains of pain in the sacral region that radiates to the inguinal region; her bowels are costive, and her menses regular. It is said that she has subinvolution. Well, you know my views about this doctrine of sub-involution. A uterus evolves; why does it not involve? Because there is some inflammation about it. It is not truly sub-involution, but it is metritis that we have to do with in these cases. There is a glairy, white-of-egg-like discharge from the cervix, which is very characteristic of endocervicitis, the discharge from the cavity of the uterus being more watery. Well, how will we relieve this condition? In the first place, we must lift the womb up and support it, so that its engorgement will be relieved; hot water injections will also aid this purpose. Then we will apply Churchill's iodine or carbolic acid, or the acid and iodine, to the cervix. Pressure will also aid us by diminishing the size of the uterus, by causing absorption of some of the excess of tissue. This compression we can accomplish by means of Hagar's hard rubber dilators. Hagar claims that in one hour we can dilate the cervix so as to admit two fingers; and this will be a good expedient in abortion, to enable us to remove the fragments.

—According to a recent parliamentary return of the total number of persons of unsound mind, not being British subjects, who were patients on the first of January last in any county or borough asylum, it appears that in England and Wales the number of such patients was 434, 287 males and 147 females. There were only four in Scotland.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Meeting October 22, 1885. The president, J. C. Wilson, M. D., in the chair.

Dr. J. Collins Warren read a paper on

A Comparison of the Changes in Arteries after Ligature, and in the Ductus Arteriosus and Umbilical Arteries after Birth.

After the ligature of an artery in continuity, the earliest changes noted are the formation of the thrombi within the vessel, and the development of a mass of inflammatory tissue or callus around the point of ligature externally. No perceptible cell action can be observed in the inner wall with low powers during the first week, although under favorable circumstances a proliferation, to a limited extent, of the endothelial cells near the point of ligature can be seen with high powers, and occasionally a few wandering cells may be found to have penetrated the walls of the vessel at the same point. In the second week the bundle of fibres of the adventitia, which were surrounded and held by the knot, have been absorbed, and the two ends of the vessel retract slightly from one another, leaving the ligature imbedded in and partly disintegrated by the granulation cells. The walls of each portion appear to form a complete *cul-de-sac*, and it looks at this time as if the healing process were complete; but it can hardly be said to have more than begun, as the vessel has not yet passed through what may be considered as the first stage of healing. The beginning of the second stage is marked by an unfolding of the ends of the vessel, the walls separating somewhat after the manner of opening of a bud, which permits the entrance of a considerable quantity of the granulation tissue. A disintegration of the thrombus follows, and we have now a fully developed external and internal callus, a small fragment of clot still protecting the latter from the current. The ligature may be totally disintegrated and absorbed, or it may have become encysted, or finally it may have created a small abscess about itself which has discharged the fragments of thread through a sinus opening externally. The second stage is completed when the internal growth has reached the neighborhood of a branch. After this we have an absorption of the callus, which, as in fracture, is only a provisional structure, and eventually the

two ends of the vessel are found held together by a slender cord of varying length. The walls of the vessel are slightly separated at each end by a cicatrix consisting of connective tissue externally, inside of which is another layer consisting largely of unstriped muscular fibre, the surface being covered within by a new endothelium. The cicatrix is always pierced by a vessel which terminates in a number of capillaries ramifying in the cord. We have here a scar made up of three layers resembling closely the three coats of the vessel.

In the large vessel of amputation stumps we have a somewhat different series of changes. Soon after the ligation, the end of the vessel may be seen imbedded in granulation tissue and containing a thrombus of varying length. By the second week there is a marked change in the intima, extending for some distance above the point of ligation, probably to the first large branch or to the origin of the vessel. Examined several months later, when the healing process has been completed, the vessel is found to be preserved in the form of a cord running from the first large sized branch to the cicatrix of the stump; on laying open this cord the walls of the vessel are found preserved, the interior being filled with new tissue, leaving spaces occupied by one or more vessels. There has been a process resembling that known as obliterating endocarditis, by which the calibre of the blood-channel has been narrowed to an extent to adapt it to the diminished blood supply. In this obliterating tissue we find comparatively large vessels, with new coats consisting of an endothelium, an elastic membrane, and also a new media. An erosion preparation would best represent the condition of the arteries of the stump at this time. The main artery would, after giving off its largest branches, break into a spray of smaller vessels, no one of which would predominate.

A comparison of these two modes of healing with the changes seen in the arterial system seen after birth, shows certain resemblances in the two processes. The ductus arteriosus, about the time of birth, differs considerably from the structure of the aorta and pulmonary artery. The media is much thicker than in either of these vessels, it is thrown into irregular folds which are increased at the time of birth and help to narrow its calibre. The distinctions between the different layers of its wall are less marked than in other vessels. The lamina elastica is indistinct, and in places apparently wanting; the media consists chiefly of longitudinal layers of muscular fibres, a few circular bundles existing in the innermost layer. A few weeks after birth a greater portion of the walls of the ductus undergoes hyaline degeneration, the inner or circular fibres of the media alone remaining, these being reinforced apparently by a growth from the media of the larger vessels. At this time there is an active growth of long spindle-shaped cells with staff-shaped nuclei; at the edges of the media bordering on the opening into the aorta, there is also a moderate thickening of the intima. Eventually the hyaline tissue becomes absorbed and is replaced by a ligamentous band of fibres, which becomes continuous at either end with the media of the larger vessels. At the aortic end, in a longitudinal section we see the media slightly separated. At the point of the cicatrix and between them, and also continuous with them, are the longitudinal fibres of the ligamentum arteriosum. In this ligamentous tissue and between the edges of the media are numerous new muscular cells; nearer the surface is a layer of thickened intima, which in the aorta has not only connective tissue in it, but also a deep musculo-elastic layer; in the centre of the depression marking the site of the cicatrix a small vessel is given off which penetrates into the axis of the ligament, where it either loses itself in a capillary network or becomes continuous with a similar vessel coming from the pulmonary artery. We have here conditions closely resembling those which have been described as existing in the cicatrix of a large artery after ligature in continuity, namely, the slightly separated ends of the media, between which lie the fibres of the ligament connecting it with the pulmonary artery, a new intima and a new growth of muscular cells, and finally a central arteriole. The only point of difference is the preservation of a layer of circular muscular fibres which form an outer wall to the ligamentous band, a much-needed support at a point exposed to great tension. Further protection is afforded by the oblique insertion of the ductus into the aorta, diminishing the pressure upon this particular point, at which the umbilical artery, or that usually called the hypogastric artery, the portion within the abdomen, at its origin from the internal iliac, is a vessel of considerable size, being in fact a continuation of that artery. At its termination in the umbilical wound it has greatly contracted, and is filled with clot for a distance of about one inch. The outlines of the various walls are not as distinct as in other vessels, and the elastic lamina for the most part wanting.

No special change is seen in the elements of the walls of the vessel except a slight accumulation of endothelial cells near the apex of the thrombus. A few weeks later there is a distinct growth on the inner surface of the wall up to its point of origin, the terminal portion having undergone a hyaline degeneration and obliteration for a short distance. The vessel has greatly contracted throughout its entire length, and its calibre is further diminished by the growth in its interior. Cross sections taken from the superior vesical artery in adult life show the media as a wall thick out of all proportion to the size of the vessel, and consisting not only of its original wall, containing longitudinal muscular cells interspersed with elastic tissue, but also an inner circular row of cells, which is provided with a well-formed elastic lamina. It seems probable that the greater portion of the hypogastric artery has been preserved, the ligamentous band which extends to the umbilicus consisting of the obliterated extremity of that vessel, much elongated during the process of growth. The series of changes which occur in the hypogastric artery after birth is closely analogous to that seen in the main trunk of an amputation stump—a slight portion of each vessel is destroyed, both retract and are attached to the terminal cicatrix by a band of fibrous tissue, both remain as pervious vessels with thickened coats and narrowed calibre. In both the process is not unlike that seen in the so-called obliterating or compensatory arteritis. Arteritis hardly seems a term applicable to the changes taking place in normal arteries after birth, nor can the alterations which have been developed through the whole length of a large vessel, extending a considerable distance from the original seat of inflammation, be strictly regarded as of an inflammatory nature. May not the obliterating growths found to exist simultaneously in terminal arteries in widely-removed portions of the body of the same individual also be regarded not as of inflammatory nature, but rather as a secondary and formative process, closely connected with disturbances in the mechanism of nutrition, designed to adapt the vessels to a diminished blood supply?

Dr. S. W. Gross said, in view of the fact that Dr. Warren's teaching seemed so directly opposed to that of other observers, he would like to have some points cleared up. He would, therefore, ask if Dr. Warren held, 1st, that instead of the external coat where it is included in the ligature sloughing, and coming away with the ligature, the pressure of the ligature sets up an irritation which causes the adventitia to return to its embryonic state with a reconversion, after the ligature has cut through this, to connective tissue; and, 2d, whether the repair of arteries was brought about by the ingrowth of the cicatricial tissue, which he likened to provisional callus, together with some proliferation of the muscular cells of the media.

Dr. Randall said, that as the result of careful study of the subject, he had always found the clot present at at first, and that it was honey-combed even in the first few days by the contraction of its fibrin; through the spaces thus formed the blood seemed to be circulating. Cells, either original white cells or of endothelial origin, occupied the walls of these cavernous spaces, and seemed to sheathe them. The red cells early melted down into a homogeneous mass, furnishing the framework upon which the reparative tissue was built. The "plastic clot" of some observers he had not seen—the new cells being distributed throughout the old clot, as well as upon the vessel walls, and not specially collected in the immediate neighborhood of the ligature. The obliteration of the vessel was accomplished by the growth and contraction of the trabeculæ of new tissue built upon the remains of the original blood-clot. Even close to the ligature he had not found the vessel walls greatly altered, merely showing a great increase in the nuclei and in the number and size of the vasa vasorum, the lamina elastica being distinct and as a rule intact. Toward the end of the first month the new tissue was largely spindle cells, but careful staining had given no suggestion of muscular tissue. But, not having carried his study beyond the first month, he had no data upon this subject, since the development of muscular tissue is claimed to occur only at a later stage.

Dr. Formad was inclined to favor the views of Dr. Randall. The observation of Dr. Warren that the new-formed connective tissue played the most important part, was to him entirely novel. He thought probably that pressure upon the artery from without, with consequent diminution in its lumen, might bring about a condition more analogous to the growth of fœtal life than to inflammation.

Dr. Mears remarked, we are liable to be confused in considering this subject by the presence of the blood in the vessel. So far as the process of healing after ligature is concerned, we may consider only the structures which enter into the formation of the vessel wall, which is complex in character, and com-

posed of connective, elastic, and endothelial tissues. Dr. Warren has given us a very clear demonstration of cicatrization as it occurs in these structures after application of the ligature.

Dr. Tyson said the newest feature to him in Dr. Warren's observations was the part played by the muscular tissue. This apparent increase in the muscular tissue he was inclined to believe was really only a proliferation of intermuscular connective tissue. He was becoming more and more convinced that there was only one kind of inflammation—the interstitial. He feared that he might himself mistake a proliferating connective tissue with spindle cells for muscular tissue. It is true that new-formed capillaries and arterioles have muscular walls, but the development of these seemed to him to be a slower process. He had expected to find a process of repair in the ductus arteriosus different from that in an ordinary artery. This process, he had expected, would be a true endocarditis, for it seems that the conditions of closure here are rather different from those in the ligaturing of an ordinary artery, and in the umbilical artery, where we have also ligation practiced.

Dr. Warren, in closing, said, in cases where there is much breaking down and little repair there might be a sloughing of the external coat, yet in his experiments this part of the arterial wall did not slough, but was simply absorbed by the granulation tissue, as is the ligature itself in some cases. In the normal condition, even the elastic lamina is not a perfectly continuous plate; he did not refer to these breaks, however, but to numbers of little ruptures incident to the pulling out of the wound of an artery in the act of ligature; however, this need not necessarily occur. He had not attempted to identify anything like muscular tissue early; this could not be recognized till we had a permanent cicatrix formed. He had carefully eliminated all sources of error, and it seemed to him that in almost all cases there was a considerable number of these muscular cells. The layer was not always as well marked as in his diagrams; especially was this true of human cases, but these had all been in alcohol for some years: of the fresh specimens, he had selected only those in which he had considered the process complete. In a specimen which he had here to-night, through an opening in the lamina elastica cells could be traced from the muscular layer, those in the inside resembling exactly those outside. These facts, together with the fact that we have normally a few muscular cells inside of the lamina elastica, lead him to believe in the proliferation of the muscular tissue. The disintegration of the blood-clot is accomplished by granulations growing inward from the callus, there being two sets of blood-vessels, one in the granulations, the other (blood-spaces rather) in the clot itself; these unite about the end of the first or second month.

W. E. Hughes, M. D., *Recorder.*

NEW YORK PATHOLOGICAL SOCIETY.

Regular meeting, December 9, 1885.

John A. Wyeth, M. D., president, in the chair.

Perinephritic Cysts.

Dr. T. M. Pruden reported the result of the microscopical examination of the cystic kidneys presented by Dr. Boldt for a candidate at the last meeting. The perinephritic cyst on the right side contained a litre of gelatinous fluid, while that on the left side contained three hundred cubic centimetres. The surface of the kidneys not covered by the sac of the large cysts was smooth, and on this side was considerable interstitial nephritis. On the other side were a number of small cysts containing a fluid similar to that in the larger sac. The uriniferous tubules also had become distended with a similar fluid, being converted in places into small cysts. This process was probably due to insinuation of the fluid from the larger cysts into the tubules. The specimens were interesting and rare.

Dr. Pruden then presented for a candidate a specimen of carcinoma of the stomach, liver, and omentum.

Sarcoma of the Liver.

Dr. H. J. Boldt presented a part of a sarcomatous liver which weighed nineteen pounds and a half. It had been removed from the body of a woman, and was chiefly interesting from a diagnosoic point of view, some physicians having supposed the enlargement to be due to amyloid change, probably of syphilitic origin. Dr. Boldt made a later diagnosis of malignant disease.

Cystic Degeneration of the Kidneys and Liver.

Dr. J. West Roosevelt presented the specimens which were removed from the body of a man who died in the Roosevelt Hospital, July 12, 1883, having been admitted on the 6th of July. He had suffered from symptoms which could be attributed to renal

trouble for some time before; when he entered the hospital there was some dyspnœa, which increased, and death took place from œdema of the lungs. The urine contained a small amount of albumen, no casts, was of low specific gravity. The liver and abdominal veins were enlarged.

The lesions of chief interest were found to be in the liver and kidneys; the liver contained numerous cysts, varying in size from a lemon down; the kidneys were converted into cysts, which retained something of the shape of the original organs. The speaker said he had, in a brief search, found only four similar cases recorded in medical literature.

Pyonephrosis.

Dr. Roosevelt also presented the kidneys and bladder in the case of a man who entered the hospital with the symptoms of the last stage of pyonephrosis. A stone was detected in the bladder. The autopsy showed one kidney much enlarged, the so-called surgical kidney; the other had been reduced to a small cyst. The walls of the bladder were greatly thickened; the viscus contained a stone the size of a walnut.

Necrosis of the Fibula.

Dr. Wackerhagen presented about two and a half inches of the lower end of the fibula, removed for necrosis, in the case of a girl thirteen years of age, who, about two and a half years before, had sustained an injury of the ankle, followed some months later by spontaneous rupture of an abscess. The lower end of the fibula was removed about seven months ago; the surface of the astragalus was slightly involved, and was scraped. There was no further disease, and the patient now had a healthy joint.

The president remarked that he had never seen necrosis of the fibula without involvement of the bones of the tarsus. He thought it was a rare affection.

Infarctions of the Kidneys; Ante-mortem Heart Clots, etc.

Dr. L. E. Holt presented the heart and kidneys removed from the body of a child about seventeen months old, which had died with symptoms of marked cerebral irritation, depending upon teething. There was marked cyanosis a short time before death. At the autopsy there was found slight milkiness of the pia mater. The vessels of the right hemisphere were extremely engorged, while the left hemisphere was seemingly anæmic. The sinuses on the left side contained firm decolorized clots, while those on the right side were free. The arteries were examined as far as the second bifurcation, and no obstruction was found. Both sides of the heart contained large, firm, closely-adherent clots, which occurred, as Dr. Holt believed, ante-mortem. The kidneys showed white infarctions in a marked degree.

Multiple Myoma of the Stomach and Bladder.

Dr. R. Van Santvoord presented specimens removed from the body of a man seventy years of age, who entered the hospital about two days before death. He was suffering chiefly from dyspnœa. There was considerable fluid in both pleural cavities, and a loud systolic murmur of uncertain origin. He died apparently from dyspnœa. The autopsy showed pleurisy and fibroid phthisis. The lesions of chief interest, pathologically, were in the stomach, rectum, and bladder. The stomach was eight inches long, and a saddle-shaped neoplasm, two and a half inches in length and breadth, and about half an inch thick, occupied the lesser curvature; it was apparently situated in the muscular layer, and was composed of muscular tissue. The capsules of the liver and spleen, and the mesenteries, were thickened, and adhesions had formed among the abdominal organs. The liver and spleen were considerably diminished in size. The vessels of the kidneys were in an advanced stage of fibroid degeneration. The bladder contained a circular tumor, one inch in diameter, one-fourth of an inch thick, presenting the appearance of a muscular growth. There was also a similar tumor in the wall of the rectum, which was adherent to the base of the bladder by an old process. The aorta was markedly calcareous; the cerebral vessels were very brittle.

The Physical Signs of Pneumonic Consolidation of the Anterior Edge of the Upper Lobe.

Dr. Van Santvoord also presented specimens removed in the case of a man who said, on entering Randall's Island Hospital, that he had been sick seventeen or eighteen days with cough and some fever, but no expectoration. Dr. E. D. Maxwell found marked dullness over the upper lobe of the lung, flatness over the lower lobe, absence of respiratory murmur over the lower lobe, and marked amphoric breathing above. The following day amphoric breathing had disappeared over the upper lobe, bronchial breathing having taken its place; flatness had disappeared over the lower lobe, and there was bronchial breathing where there had before been absence of respiratory murmur. The urine contained albumen to the extent of

about one-eighth of its bulk, epithelial and blood casts, and free blood. The last day of his life the patient had three epileptiform convulsions, and died in a state of coma. At the autopsy the arachnoid was found thickened by a chronic process, the pia was infiltrated by a somewhat gelatinous-appearing lymph, which was infiltrated with pus, covered the whole of the brain, and extended into the spinal cord. There was gray hepatization of the right upper lobe, of particularly firm character, and differing from that ordinarily seen in the upper lobe, in that it approached very nearly the anterior edge of the lung. This point was interesting in connection with the physical signs. Dr. Janeway had called attention to the fact that in pneumonias of the upper lobe, in which the infiltration extended almost or quite into the anterior edge, there was frequently not only amphoric respiration instead of bronchial, but also cracked-pot percussion note; the explanation being that the firm wedge of lung lying over the bronchus transmitted cracked-pot sound from the bronchus. The left ventricle was hypertrophied, and in this case the radial arteries were markedly atheromatous, while the other vessels were only slightly so. The kidneys contained a few cysts. The gross appearance was that of chronic diffuse nephritis. The condition of the urine before death indicated an acute nephritis.

The President presented specimens of

Congenital Tumors in Front of the Antetragus.

The father had the same kind of tumors, also his sister, and the growths were evidently hereditary. The specimens were referred to the Committee on Microscopy.

Tubercular Testis.

The President also presented a specimen accompanied with the following history:

David D., 55 years of age, married, a native of Holland, a cutter by occupation, was admitted to Mt. Sinai Hospital December 7, 1885. He had had a hernia on the left side for twenty-five years. About seven months ago his left testicle became enlarged and was slightly painful. The swelling increased gradually, and was treated, but did not improve. About six weeks ago the swelling began to extend upwards into the inguinal canal, and became harder and more tender. The patient has always been more or less constipated. He has had slight abdominal pains, and almost continous pain just below Poupart's ligament. He had a chill yesterday. He had a perineal abscess two years ago, due to a piece of wood he had swallowed with bread, and which appeared in the abscess. His previous health had been good. He had been treated lately for posterior spinal sclerosis. His family history was negative.

On examination, the tumor was as large as a man's fist, and evidently contained fluid. The diagnosis was, possibly, hydrocele, or simple periorchitis. The symptoms of strangulation were not clear, and it was thought best to cut down upon the mass with reference to the condition of the testicle, to the possible existence of hernia, and with a view to removing the fluid. The incision was made, and Dr. Wyeth found a double cyst. The first was outside the cord, and discharged from one to two ounces of fluid; and inside of that was a second cyst, which discharged four ounces of serous fluid. There was no hernia. On examining the testicle, it was found to be very much enlarged and nodular—the epididymis as well as the body of the organ. The testicle was removed.

The surgical point of interest was that it could not be determined whether the tumor was a hernia, or an enlarged testicle, or a hydrocele. The specimen was referred to the Committee on Microscopy.

Peculiar Cases of Intermittent Fever.

In the *Genio Medico-Quirurgico*, Dr. Palop records two cases of intermittent fever, in which he was able to discover and remove the cause, producing instant cure. One case was that of a young man who suffered from a peculiar fever, which ran through a regular cycle of modifications every week. On Sunday he would be seized with a cold stage lasting an hour, followed by a severe hot stage, with copious sweating and pain on the left side of the head. On Monday he had no fever, but the pain remained unchanged until the Tuesday or Wednesday, when it increased and spread over the whole head, without any improvement taking place until Saturday. Drugs proved of no use, and no relief was obtained until a small fluid tumor behind the left ear was discovered. On being cut into, a small quantity of blood and pus was evacuated, and a dermoid cyst found; this was removed, and the patient was relieved of all his febrile symptoms. The second case was that of a laborer, attacked with fever of a tertian type. Quinine proved useless, and the symptoms continued until an inflamed bursa over the patella was aspirated; as soon as the pus was removed, fever subsided.

Editorial Department.

Periscope.

Professor Verneuil on Surgical Ethics.

In his address before the French Association pour l'Avancement des Sciences, at Grenoble, Professor Verneuil gave his audience some excellent hints on the ethics of surgical practice. "When the inefficacy of pharmaceutical and hygienic measures has been proved," said he, "and a necessity arises for operative procedures, choose always —and this is an inviolable rule—the least dangerous operation, *actum minoris periculi*, and do not be swayed in your choice by the natural reluctance of the patient, or the interested entreaties of either relatives or heirs, nor, above all, by any thought of the great trouble you may incur with but small recompense in the way of fees. Understand, too, that the least dangerous operation may in some instances be the boldest, the most radical, and apparently the most destructive. There are some maladies of the limbs in which amputation is ten times more conservative than resection, and a hundred times safer to life than expectant treatment, however attentive. In some cases of stone in the bladder, lithotrity is much more dangerous than cutting. Ovariotomy also is infinitely more benign than repeated injections of iodine. . . . . When a decision has to be made between two or more rival operations, a simple criterion is to put in the first place efficacy, in the second harmlessness, and in the third facility. There is also a second criterion still more valuable, and so simple that it can be applied in a few minutes, without any lengthened experience in practice or extensive learning, and without being acquainted with the procedures in favor at the moment in Vienna, London, or Berlin. I mean the gospel principle of doing to another what one would have done to one's self or one's own. Numbers of parents to whom I have urged the necessity of some operation on their child have, after exhausting a large stock of arguments, finally put to me the question, "What would you do, doctor, if it were your own child?" This question has never caused me the least embarrassment, for during the last thirty years I have been in the habit of putting it to myself throughout my practice in the town, in the hospital, with poor as well as with rich patients—every time, in fact, when I have had to decide on the performance or otherwise of operative measures. . . . . Of 100 possible operations, twenty are imperatively necessary, twenty are positively inadmissible, and the remaining sixty may be performed or not, according to circumstances; and surgeons may and do err in each of these classes of cases. . . . . It is in surgery as in other branches of our activity. Everywhere competition is active and severe, showing no mercy, every one wishing for the first place. From the time of Guy de Chauliac to the end of the last century, France incontestably led the way. England, Italy, and Germany entered the lists later, but are now disputing with her for the first place. Some writers on both this and the opposite side of the Atlantic affirm that we have fallen behind, doubtless because we show ourselves more solicitous about the lives of our neighbors, and make more difficulty about cutting other people to pieces, than they do. You will notice that it is precisely in those countries where there is the greatest indignation against our experiments on animals, that we are accused of timidity and senility in our surgery."

Camphor Intoxication.

The *Quarterly Journal of Inebriety* tells us that in a late number of the *Annales Medico-psychologiques*, a long account is given of some unusual symptoms following an overdose of camphor, which lasted months after. The close resemblance to many cases where, after the first profound intoxication, the nerve and brain disturbance continued for months, will be apparent to all our readers. The case was a young man with no heredity of nerve disease, and in apparent good health, who for a slight catarrh and insomnia, took, by mistake, 300 grains of camphor. Soon after, he seated himself at the dining-table, felt chilly, lost power of speech, was bewildered, and finally cried out that he was crazy. A physician was called and an emetic given, which brought up much of the camphor. He was taken to his room, and, excepting some chills and hallucinations of vision and sensations of trembling, he recovered and was out in two days at his work again. Three weeks later, he suffered from severe headache, and had a well-marked hysteric sensation of choking, and, when in bed, suffered from a sickening sensation of

swinging. Later, exact ideas of time were lost, everything seemed new and at the beginning. Although able to work, all events seemed new and strange. Sensation of his height became perverted. He thought he was higher than the houses, and suffered at the thought of the great disadvantages of his height. By striking himself on the head, he felt better. He went to an asylum, and was better at first, but finally fell into a mechanical state of existence. Was contented with everything, had no care for himself or any one, would talk and seemed to realize what was said, but had no interest, or continued memory of events. Two weeks later, he recovered and went about as usual. After six weeks' residence, went home, and, on greeting his family, was thrown into a trance state, in which he could not talk or act, but yet fully realized what was said and done about him. Two weeks after, from some excitement in his family, he had another trance state, and came out of it very weak and trembling. For a long time after, he was conscious of an unstable brain, which seemed balanced on a very slight point, likely any moment to turn over. Fragments of conversation went whirling through his mind, and at times his surroundings were all perverted. He would walk round and never remember what he was doing or where he was; was somnambulistic. From this time the case continued to recover. The disorders of sensation, and hallucinations of the senses, which he seemed to partially realize, pointed to central brain disturbance, that was undoubtedly the beginning of very grave lesions. This poisonous dose of camphor either kindled into activity a latent nerve defect, that was a legacy from the past, or it produced some cell changes in the great centres. This emotional instability, with disordered and changing sensations and hallucinations, presenting the most diverse and complex symptoms, are often seen in inebriates, although they have been months free from spirits. In other cases it follows a single paroxysm of intoxication, and lasts for months or years.

Acute Inflammation of the Occipito-atlantal Joints, with Pyæmia.

Mr. C. A. Ballance (*Lancet*) records a case of this disease with the following history: The patient was a boy six years of age, with a good family history. Four days before coming under observation he suddenly complained of pain in the neck, and kept his head quite stiff. The pain and stiffness had increased, and had prevented his sleeping at night. The spine was rigid, and the head and neck were only moved with the rest of the body. When the head was touched the child cried out, and slight pressure on the vertex or any attempt at rotation caused great pain. On examining the back of the neck, some fullness and marked tenderness were found to exist on either side of the median line in the region of the occipito-atlantal joints. On laying the hand upon the part, it was evident that the temperature was raised above that of the surrounding skin. The temperature at the time of the first observation was 100.5° F. The child was put to bed and his head fixed with sandbags and pillows. The temperature in the evening rose to 102.5°. The subsequent clinical record shows a very rapid downward progress. The next day the temperature varied from 102.5° to 103.5°. The boy could obtain no rest on account of the pain. On the third day the swelling, which had been noticed on either side of the neck, had become much more pronounced. Two days later, the whole neck was œdematous and greatly swollen, and the points from which the inflammatory process had spread were very hard. Into the brawny region an incision was made and carried down until the knife touched the transverse processes of the atlas. No pus was liberated, but in a few hours a great deal of serum had oozed out. The neck on the following day had resumed its normal size, but the patient was no better. On the twelfth day of the disease the elbow joint was painful, and soon fluctuation was detected. The patient died two days later of pyæmia—on the fourteenth day after the first symptoms of the disease. On post-mortem examination, the capsules of the occipito-atlantal joints were found to be distended, and, when an incision was made into them, fœtid pus escaped. The joints were completely disorganized; the synovial membrane was swollen and injected; the cartilage had for the most part disappeared; the bony surfaces entering into the joints, which had become exposed by the solution of the cartilage, were superficially carious. The occipito-atlantal joints were alone involved in the disease. Pus was found in the elbow joint.

A Case of Quintuple Labor.

In the *Meditz. Obozrenie*, Fasc. x., 1885, p. 1015, Dr. F. Poliakoff describes a rare case of quintuple labor which has lately taken place in the village Sarai, Sapojok district, Riazan Government. The patient, a peasant woman aged twenty-seven, who had been married nine years and delivered six

times (at full term, and each time a single fœtus), came to the Sapojok Zemsky Hospital in the beginning of February (about five months after her last catamenia) on account of enormous enlargement of her abdomen, which caused extreme difficulty in breathing and general weakness. On examination, the fundus of the oblong-round uterus was found at the highest level of the epigastric region; feeble fœtal cardiac sounds were heard in the right hypochondrium; there were felt some small fœtal parts on the left of the linea alba. In view of the enormous size of the womb, plural pregnancy was suspected. On February 28, in the evening, uterine contractions commenced; and on March 1, at eight o'clock a. m., labor ensued. The patient was delivered of five female fœtuses, which followed one another at the intervals of a few minutes, two of them being in pelvic, three in head presentations. Each of them was enclosed in a separate sac (unruptured amnion). The first fœtus (a monster) was dead; the remaining four were alive, but died soon after rupturing their sacs. The placenta, which was single, and weighed 585 grammes, was squeezed out after Credé's method. There were five amnia and a single chorion, common to all; the umbilical cords were attached along the margin of the placenta. Four of the fœtuses were normally developed, their individual weight being about 590 grammes, and their size varying from 29 to 31 centimètres. The fifth measured 41 centimètres in length, weighed 934 grammes, and presented considerable anomalies (elephantiasis-like swelling of the integuments of the head, microcephalia, defective numbers of fingers and toes, etc.). The umbilical cord of the monster contained only two vessels (one artery and one vein), while the cords of the remaining four fœtuses consisted of three vessels. These rare specimens have been presented by Mrs. A. M. Klausmann, the midwife in whose practice the case had occurred, to the pathological museum of the Novo-Ekaterinensky Hospital.

A New Method of Giving a Bath in Typhoid Fever.

In an article on this subject in the *Therapeutic Gazette*, Professor H. C. Wood says:

As is well known, the great difficulty in the use of the bath in fevers is the trouble which is involved in moving the patient in and out of the bath-tub. The following simple device will in great part remedy this trouble, and also save the necessity of providing a portable bath-tub. The canvas of an ordinary bed-cot is to be made three or four inches wider than it is ordinarily arranged, and a broad board nailed at each end so as to hold the cot permanently open, and project above it several inches in the form of a head- or foot-board. This cot is then arranged alongside the bed of the patient so as to be on a level with the bed, and at the same time firm. Over it is spread an India-rubber cloth sufficiently large to cover it entirely, and to fall above and below over the head- and foot-board. The patient, wrapped in a sheet, is then slipped on to the cot; of course the canvas sags down, and when water is poured over the sheet the man lies half immersed in a pool. If the attendant is provided with two tubs, one containing water and one empty, and also with a large bathing-sponge, the water in this pool heated by the body can be removed by means of the sponge, and fresh cold water soused over the body enveloped in the sheet. In this way the water lying continually between the sheet and the body, as well as saturating the sheet, so envelops the person that the effect of a cold bath can be achieved, and I have seen very rapid reduction of obstinate high temperatures. If the bed upon which the patient lies be a very wide one, instead of a cot being used the mattress can be so arranged on one side as to sag down sufficiently to form a hollow for the pool, and in this way the bath be given.

I notice that Stephen, of St. Petersburg, affirms that the application of ice-bags over the supra-clavicular regions is sufficient to control the temperature in fever, owing to the fact that the cold is brought into close contact with much of the blood of the body by the large superficial veins of the neck. I have had no experience, however, of this method of reducing temperature, but it is worthy of a trial; especially as it seems to be safer to reduce temperature in low fever by external cold than by our at present known depressant antipyretic drugs.

Chancrous (Chancrelleux) Bubo.

In a note communicated to the Société de Chirurgie, M. Diday agrees with M. Horteloup in supporting the view of the occurrence of virulent bubo by absorption, and refers to his own case as one in point. M. Diday, many years ago, inoculated himself on the sheath of the penis with chancrous pus, the result being a chancre which subsequently became phagedænic, and was accompanied by a chancrous bubo. Neither M. Diday nor M. Horteloup denies that some virulent buboes are due to accidental inoculation of

the open surface after opening, but both authors contend that such cases are exceptional. To those who consider them the rule, M. Diday puts the following questions:

1. The treatment of buboes of all kinds by blistering being so common, why do not those blistered surfaces become inoculated?

2. If a bubo, after incision, were inoculated from without, the chancrous erosion ought to start from the point touched by the pus, whereas the chancrous characters always show themselves simultaneously throughout the whole extent of the incision.

3. When the edges of an open bubo become chancrous, this transformation of a simple wound into a specific ulcer occurs always about the fifth or sixth day. Now, if this change were due to accidental inoculation of the wound, why does it never take place after the first week?

4. Besides buboes, of which one may predict that they will become chancrous, there are also strumous buboes, of which one may say with confidence that they will not become so.

A patient with such a bubo has also a chancre (*chancrelle*). He is in a venereal hospital, exposed to all kinds of risks of accidental inoculation, yet the bubo that is strumous in its origin remains strumous to the end.

Subcutaneous Division of the Sphincter Ani.

In the *Med. Times and Gazette*, Mr. Pick recommends the plan of dividing the fibres of the sphincter ani by a subcutaneous incision, in cases of spasm of the rectum and fistula in ano. The author records the case of a man who suffered from intense pain and spasmodic contraction of the sphincter ani after each action of the bowels. No structural lesion could be detected, and it was determined to divide the sphincter subcutaneously. This was done by inserting the left forefinger into the rectum, and then introducing a tenotome through the skin about a quarter of an inch from the anal orifice; by means of the finger in the rectum, the point of the tenotome was carried up beneath the mucous membrane, until it was well above the upper edge of the sphincter muscle. The tenotome was then turned round, and the fibres of the muscle were divided until no resistance remained. After the operation, the patient's bowels were confined for 48 hours by means of opium; then a copious enema was given, producing a good evacuation without any pain. From this time, the patient was perfectly relieved of his trouble. The author also records three cases in which he has divided the fibres of the sphincter ani in this manner before operating for piles, and considers this a better plan than that of forcibly stretching the sphincter with the hand. *New York Surg. Review*

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. Frank L. James, Ph. D., has severed his connection with the *National Druggist*, and has accepted the position of editor of the St. Louis *Medical and Surgical Journal*. His intimate acquaintance with medical journalism will undoubtedly be displayed to advantage in his new field.

——The *Journal of Cutaneous and Venereal Diseases*, published by Wm. Wood & Co., has at present as editor Dr. P. A. Morrow, in place of Dr. Piffard, who has retired from its management. Under his care, it won for itself a high reputation, which we trust will be maintained.

——In a pamphlet of 43 pages, Dr. Joseph E. Winters, of New York city, discusses the nature and treatment of diphtheria. He is opposed to mercurials, and relies on large doses (℥j–℥ij every hour or half hour) of tinct. ferri chloridi, with full nutrition.

——The Illinois State Board of Health has issued its "Conspectus of Medical Colleges in the United States and Canada." It contains a large amount of information on medical education not elsewhere accessible.

——The annual report of the Supervising Surgeon General of the Marine Hospital Service makes a volume of 180 pages, replete with statistics, tables of epidemic visitations, descriptions of cases, etc. It indicates conclusively the prosperous condition of this branch of the service, and its great value to the country.

——The Transactions of the American Dermatological Association at its last meeting appear in pamphlet form in a brochure of 47 pages. Papers are given in abstract by Drs. Hardaway, White, Hyde, Duhring, Denslow, Heitzman, Taylor, Stellwagon, and others, with the discussions they elicited. Many interesting facts were brought out.

——A number of decisions under the laws against malpractice in the State of Illinois, have been reprinted in pamphlet form by the

Board of Health of that State. They form a valuable body of precedents for the government of the relations of the medical profession in general.

——A German physician, Dr. August Schott, has written a little pamphlet on the treatment of chronic heart disease, which deserves general notice (*Zur Therapie der Chronischen Herzkrankheiten*, Berlin, 1885). He demonstrates by the records of a series of cases the advantage of systematic gymnastics and bathing on this obstinate and dangerous class of affections. We ourselves have long been convinced of the general truth of these doctrines, but we have not seen them elsewhere so well or so positively set forth.

——The Lancaster County Pennsylvania Medical Society has published a memorial address on the late Dr. John L. Atlee, written by Dr. J. L. Ziegler. It is a merited and appropriate tribute to one of the most distinguished physicians of Pennsylvania.

BOOK NOTICES.

A Treatise on the Diseases of Infancy and Childhood. By J. Lewis Smith, M. D., Clinical Professor of the Diseases of Children in Bellevue Hospital Medical College, New York. Octavo, 867 pages, 40 illustrations. Cloth, $4.50; leather, $5.50. Philadelphia, Lea Brothers & Co., 1886.

That this is the sixth edition of this work is evidence enough of the excellence of its preparation. In this edition so much has been added and changed in accordance with the progress of the branch to which it is devoted that the author observes "a considerable part of the book may be considered new." Some of the most important articles, as, for instance, those on scarlet fever, croup, and cerebro-spinal fever, have been entirely rewritten. No doubt the popularity of the work will continue unabated.

A Hand-Book on the Diseases of the Nervous System. By James Ross, M. D., F. R. C. P., LL. D., Senior Assistant Physician to the Manchester Royal Infirmary, etc. Octavo, 726 pages, 184 illustrations. Cloth, $4.50; leather, $5.50. Philadelphia, Lea Brothers & Co., 1885.

The author of this volume is a Manchester physician of a wide range of observation, who has given prolonged study to his specialty as a neurologist. His work is divided into two parts, the first treating of general, the second of special neurology. The former describes the anatomy, physiology, and pathology of the nervous system, and the general symptoms and treatment of its diseases. Following this, the various special diseases are enumerated and described. The author's style commends itself for its simplicity and clearness, in which it stands in advantageous comparison with the German writers on the subject. His work will undoubtedly be read with pleasure by the general profession, for whom it is prepared.

How We Treat Wounds To-day. By Robert T. Morris, M. D. Pp. 161, 12mo. G. P. Putnam's Sons, New York.

The subsidiary title of this work explains it as "A Treatise on Antiseptic Surgery which can be Understood by Beginners." The author puts in the shortest space and in terse and occasionally eccentric English, the plainest directions as to the treatment of wounds by the modified Listerian method. His instructions are clear and sound, and can be read with profit by those not acquainted with the details of this plan.

Lectures on Syphilis, Delivered at the Chicago College of Physicians and Surgeons. By G. Frank Lydston, M. D. 12mo., pp. 184. Chicago. A. M. Wood & Co.

The class lectures here reported originally appeared in a medical journal, and have been reprinted with some emendations. They present an epitome of the modern views of this disease and the general principles of its treatment. While offering nothing new, they fairly represent the topic.

Tablets of Anatomy. By Thomas Cooke, F. R. C. S., etc. Fourth Edition. 8vo., pp. 294. Longmans, Green & Co., London.

The object of these "Tablets" is to present to the student a list of the anatomical parts of each division of the body in the most conspicuous manner possible, and so arranged as best to serve the memory. The plan seems to have been judicious, if we may judge from the fact that this is the fourth edition. The printing and display are well chosen.

Transactions of the Medical Society of the State of Pennsylvania. Vol. xvii., pp. 514. Published by the Society.

This volume, equally satisfactory in its contents and manufacture, is an evidence of the activity of the Society and its constantly increasing strength from year to year. In our report of the last meeting, we gave so full notices of the more important papers, that we need not at present enlarge upon them. Several of them are accompanied with maps, and there are few among them which do not reflect credit on their authors and on the Society.

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THE INHALATION OF DUST.

Dr. J. Arnold, in an interesting series of observations, has endeavored to determine the effect of the inhalation of all kinds of dust particles contained in the air we breathe (*Deutsche Med. Zeit., Dec.* 21, 1885). For this purpose he employed every variety of dust, soot, emery, fine dust of sandstone, ultramarine, etc., and in the animals experimented upon he found these substances again in the trachea, the bronchial tubes, the air cells, and finally in the parenchyma itself of the lungs. These particles, therefore, penetrate through the epithelial covering and the walls of the air-cells, and from some observations of the author, it seems to be proved that these particles pass between the epithelia of the air-cells, whence they advance along the lymphatic vessels, and ultimately reach the bronchial glands.

When the inhalation of these various substances was discontinued, the dust was gradually removed from the lungs, until, if the animals lived long enough, finally not a particle of dust remained in the lungs. This favorable result was more rapidly obtained in vigorous animals than in those debilitated from any cause whatever, and this absorption progressed the slowest in those where the condition of the glandular system seemed to indicate a state similar to that observed in scrofula of the human being.

The dust is partly carried totally off, and partly deposited in the bronchial glands. The plain dust usually finds the limit of its further progress in these glands.

Arnold's experiments also prove that the dust thus carried into the parenchyma of the lungs and into the bronchial glands, never proceeds further into the system to remote organs; and the cases therefore, where the so-called dust metastases were met with in the liver, the spleen, and other internal organs, need a different explanation from that formerly given. A clear evidence of this fact we find in two well-known diseases: stone-mason's and miner's lung. The fine particles of sand-dust inhaled by a stone-mason, and gradually accumulating in the lungs in such a quantity as to cause the death of the individual under symptoms strongly resembling those of tubercular pulmonary phthisis, and the fine coal-dust, which so frequently affects the lungs of miners in coal-districts in a similar manner, are never found in any other organ. But the experiments of Weigel and Roth have proved the existence of veins in connection with the bronchial glands, and when such a gland becomes irritated from the foreign particles it contains, which

it, however, only does in persons with a tendency—inherited or acquired—to bronchial enlargement, these same particles may proceed further, reach the thoracic duct, and from there any other part of the system.

The tubercle germ is either carried directly into the lungs with the dust inhaled, or the irritation and inflammation caused by these foreign substances prepares the soil most suitable for the further development and maturity of the germ. If individuals with such dangerous occupations would simply wear a so-called respirator—a fine sieve-like net, made of gold wire (to prevent rusting), and covered with black silk, and placed over the mouth—or make use of a similar contrivance, the diseases above-mentioned might be easily prevented; but it is peculiar that mechanics all the world over are very stubborn in the adoption of any such preventives. How many coal-miners still neglect to carry a safety-lamp or are negligent in its use, and how few impregnate their clothing with some fire-proof mixture to escape the dreadful dangers from the burning of exploded gas!

All that physicians and representative medical journals can do is to draw the attention again and again to methods by the employment of which dangers to health and life might be avoided; but if those most interested in their use continue stubbornly to refuse these protections, it becomes the duty of the law-makers to force such men to do what is intended for their benefit alone.

THALLIN, ANTIPYRIN, AND KAIRIN.

The Medical and Surgical Reporter has kept its readers well informed of the investigations which have been made during the last year, especially in France and Germany, concerning the effect of the three new anti-febrile remedies—thallin, antipyrin, and kairin. There is no doubt that all of them decidedly influence the high temperature occurring in febrile diseases, but the point has not yet been determined in what cases the first antipyretic, and in what other diseases the second or third, is indicated.

A debate was, therefore, of great interest, which took place November 3, in the Paris Academy of Medicine, as it referred to the action of the three drugs mentioned. In a previous meeting, Dr. Jaccoud had pronounced the opinion that thallin was by far preferable to antipyrin, but that both possessed no therapeutical value, and should be discarded.

Dujardin-Beaumetz took up the subject, and maintained that just the opposite was true. Antipyrin does not cause any disagreeable effects, while thallin acts upon the vascular system, and diminishes the temperature by decreasing the respiratory power of the blood. Thallin can, therefore, not be employed in infectious diseases, where the blood already is altered. The same may be said with regard to kairin.

Antipyrin greatly differs from both. It has no influence whatever upon the malady itself, and one may use it, for instance, in typhoid fever, so as to reduce the temperature to the normal without diminishing in the least the gravity of the disease or its duration. Some patients cannot take antipyrin, as it causes in them profuse perspiration, which greatly lessens the strength of the sufferer. But this admitted, Dujardin-B. praises its usefulness in tubercular consumption, where he has derived great benefit from its administration, and also in septic fevers, where it is more to be relied upon than either quinine or salicylic acid.

In tubercular phthisis life is shortened and the general malaise of the patient increased by a high temperature; and as the latter can be completely controlled by antipyrin, this remedy does not only prolong the existence of phthisical individuals, but it also greatly augments their comfort.

The debate ended by those present agreeing that of the three new antipyretics—antipyrin, kairin, and thallin—the first merits preference; that all three reduce the temperature, but that antipyrin has the least disagreeable effects, and that none of the three drugs is able to change the character or the course of the disease, or to influence the prognosis in the least.

THE PREPARATION FOR SANITARY LEGISLATION.

A society has been formed in France for the extirpation of dogs which are allowed to run loose without muzzles. The method is simple. Each active member is provided with small balls of meat, in the middle of which is placed a lethal dose of strychnine or other rapid poison. The ball is tossed in tempting nearness to any unmuzzled cur which may be met, he gobbles it down, and in a few minutes the community is rid of this possible source of rabies. The society addresses itself to a laudable end, and it would be a benefit to humanity if it would extend its branches well over the world.

But apart from this, the fact quoted indicates in what manner it is desirable for the

community to be prepared for the reception of sanitary laws. Here more than elsewhere the general rule advocated by Auguste Comte comes into play. The community should be prepared for such legislation by previous instruction, before such enactments are actually spread upon the statute books. The instructors to whom we must look to prepare the public mind are primarily the members of the medical profession. Hence arises the importance that education in the principles of hygiene and sanitation should form not merely a part of the curriculum of the student, but should be a regular subject of reading for the practicing physician.

In spite of these obvious facts, few physicians take much interest in these topics. Books on sanitary themes are notoriously dull of sale, and journals devoted to them are little supported. Let us hope that the near future will see a change in these respects.

Notes and Comments.

Disease of the Umbilicus in the New-born.

Dr. Ludwig Fürth had the opportunity to study a large number of cases of disease of the umbilicus in the new-born in the Vienna clinic. From his report in the *Wien. Klin. Wochenschr.*, 11, 12, 1885, we translate the following:

"Simple, but more successful than anything else, is the following cure of umbilical hernia, which has never been known to fail in the Vienna general clinic: Small square pieces of soft linen are put up in pyramidal shape over the hernia; in their centre a linen button (common button spun with linen, as generally met with in drawers for men) is so applied that the button—which must be of the exact shape of the opening — just closes the opening, and finally the whole is fastened with a suitable linen abdominal bandage. Gradually, as the opening by contraction diminishes in size, a smaller button must be selected. If this procedure is faithfully carried out, the uniform result at the Vienna clinic is a proof of its success."

Excoriation, blennorrhœa, and ulcus umbilici, demand a treatment with astringents. The best method is first lightly to touch the affected part with the solid nitrate of silver; then a salve consisting of one ounce of benzoated zinc ointment, a drachm of Peruvian balsam, and four grains of carbolic acid, is locally applied with patent lint, and when almost healed, but evincing great slowness towards the end, the part is washed twice daily with aromatic wine, and this application is then followed by the salve.

The real sarcomphalus, consisting in the formation of granulations, is thus treated: if they are large enough a ligature is applied, otherwise they are touched with nitrate of silver.

Inflammation of the umbilical artery is not rare. A development from it of erysipelas has never been observed in Vienna. Here, too, it is well occasionally to touch the inflamed part with nitrate of silver; in the interval, astringents and antiseptics should be applied.

Umbilical phlebitis is a dangerous disease. It mainly attacks debilitated infants, and is apt to give rise to erysipelas and phlegmonous abscesses, though we believe that the phlebitis itself is already caused by the infectious material causing the last-named maladies. Our art is here powerless; when once developed, it generally ends fatally. We can only try to prevent infection by strict antisepsis.

Concerning bleeding from the umbilicus, it is rare, and generally happens between the fifth and tenth day. It is often accompanied by icterus, and if real hemorrhage, admits invariably only a doubtful diagnosis. The only good result W. has seen was from a ligature en masse.

Prophylaxis and Treatment of Thrush and of Intertrigo in Nursing Infants.

The Obstetrical Clinic in Leipzig has published for years special reports concerning the results of observations made on infants. Dr. Aug. Wolff has recently recorded the experience gained at the clinic in thrush and intertrigo of nurslings (*Arch. f. Gynæk.*, Bd. 24, Heft. 3, 1885).

It is well known that infants prematurely born and such otherwise debilitated, especially suffer from the diseases mentioned, if the cleanliness doubly necessary in such infants is not scrupulously carried out. Occasionally, but not often, both maladies attack the same infant. While the development of thrush is undoubtedly connected with the mode and manner of nutrition, the latter has scarcely any influence on intertrigo, except that nurslings suffering from intertrigo do not grow so well, and are specially liable to intestinal catarrhs. Thrush may become dangerous in consequence of its interference with the nursing of infants, while intertrigo, even in its gravest form, never becomes a fatal complaint.

To avoid the breaking out of aphthæ or

thrush, the buccal cavity of children is cleaned several times a day by the aid of a soft linen rag dipped into pure cold water; milder cases of the disease are treated in the same manner, while in graver forms the affected spots of the cavity are brushed over with a camel's-hair brush, saturated with a solution containing five parts of borax to twenty-five parts of pure honey. It has generally been supposed that honey favored the development of the spores giving rise to aphthæ, but the experience at the Leipsic clinic seems to have proved the contrary, while it greatly assists the treatment, the most irritable infants not objecting to the application after it has once been made; while the addition of glycerin, though also bestowing upon the solution a sweetish taste, has the drawback of causing a heating sensation, generally very disagreeable to the young sufferers.

Intertrigo is also prevented by frequent ablution with cold water; if the disease shows itself in a higher degree, the parts are covered with cotton wadding, which has been deprived of its fat (absorbing cotton). No medicine whatever, either externally or internally, is administered, but the results have been uniformly favorable, and such as to compare well with those obtained in other institutions.

Ammonia in Anthrax and Carbuncle.

Dr. Leonidas Averdano, in a paper read before the Union Fernandina, a Lima medical society, testified to the great value of ammonia in anthrax and "carbunculous diseases." Indeed, he expressed his opinion that it "is a specific, and that it should be the only drug used." In cases of malignant pustule, he advises that after an incision has been made, some drops of the officinal solution of ammonia should be introduced into the wound, with the hope of destroying the bacilli there and of the ammonia finding its way into the circulation before the bacillus does and thus converting the blood into a fluid in which the parasite cannot multiply. In addition, some ammoniacal salt, such as the acetate, should be given internally, and on the slightest suspicion of general infection resort should at once be had to intravenous injections of ammonia, in doses of ten drops of the official solution diluted with an equal quantity of distilled water. In cases of malignant œdema and carbunculous fever, too, "the microbe should be attacked directly in the blood, ammonia being injected into the circulation." The author detailed several cases in which immediate improvement and ultimate recovery had taken place in patients apparently moribund, by the use of repeated ammoniacal intravenous injections. He concluded by claiming for Peruvian medicine the honor of having suggested and proved the value of intravenous medication in no less than four different diseases: Dr. Leno Alarco having first injected chloral in tetanus, and ammonia in septicæmia or purulent infection; Drs. Armando Vélez and F. P. del Barco having employed capsicum injections into the veins of yellow fever patients; and Dr. Nestor Corpancho and himself having originated the treatment above described in carbuncle.

~~Diphtheria Cured by~~ Tolu Varnish. in Diphtheria

Dr. Richard Lord ~~has~~ writes in the *Brit. Med. Jour.*, December 12, as follows:

"M. O. L., aged 13, complained, at 2 o'clock on November 10, of malaise. She was in bad spirits, owing to the death of one of her schoolfellows from diphtheria. A saline aperient was ordered, and taken in the evening. Next morning, at 7 o'clock, she said she felt 'all right,' but complained of sore throat.

"On examination, a thick, well-formed, greyish-looking patch, rather smaller than a florin, but of oval shape, with gangrenous edges, was seen over the right tonsil, and on the right posterior pillar of the fauces. At 5 o'clock in the afternoon, the patch had somewhat increased, and two small patches were seen on the other side. The diphtheritic spots were covered with tolu varnish, as recommended in Dr. Morell Mackenzie's work. Tincture of perchloride of iron, with glycerine and chlorate of potash, was prescribed as a constitutional remedy. The patient expressed herself greatly relieved by the varnish, and I applied it twice a day, instead of once, as advised by Dr. Mackenzie. In about forty-eight hours from the time when it was first seen, the membrane began to disappear, and, on the evening of the fourth day not a trace of it remained.

"I may add that it is important that the fauces and tonsils should be first well dried with blotting-paper. The solution can be most conveniently applied with a camel's hair pencil fixed into a long wooden penholder, as supplied by Messrs. Maw. The method of treatment which I have found so successful in this case being, I believe, little known, I think I shall be doing a service to my brother practitioners in placing it on record."

A New Disease.

The *Medical Record*, December 26, tells us that Dr. Lutz has observed in the province of San Pablo, Brazil, several cases of a peculiar disease, of which he has never seen a description. It begins with vomiting and diarrhœa, hoarseness and a cough, and frequently coryza and catarrhal conjunctivitis. Then appears œdema of the skin, accompanied sometimes by ascites and a peculiar dermatitis, under the form of an erythema; invading first the lower parts, and then spreading over the whole body in patches of variable extent. This erythema does not disappear under pressure of the finger, and becomes gradually of a dark purple color, and finally black. Desquamation takes place in large strips, leaving a tender epidermis, which, in the negro, is without color. There is fever at the commencement of the disease, and grave anæmia occurs as a sequela. The duration is several months. It begins generally with symptoms of gastro-enteritis, or of bronchitis, and œdema and ascites appear only after several weeks. Of 23 cases seen by Dr. Lutz, 10 died, 6 recovered, and the result in the others was unknown. The disease affects chiefly infants who have been weaned, and is probably due to some special food. The author states that it bears considerable resemblance to pellagra.

Salt Water Baths in Enteric Fever.

A Russian physician has made a number of observations on the effects of baths consisting of solutions of common salt of various degrees of concentration on the temperature of patients with enteric fever, as compared with those produced by fresh water baths. He finds that in every respect the saline baths are the more effectual, but that 4 per cent. solutions are not materially superior to 2 per cent. or 2½ per cent. solutions. The maximum reductions of temperature with salt baths were, at intervals of half an hour, one hour, two hours, and three hours, 1.9°, 1.4°, 1.4°, 1.1° C. respectively, and after fresh water baths of the same temperature and duration, 1.5°, 1.2°, 1.2°, 0.6° C. The minimum reductions in the case of the saline baths were similarly 0.8°, 0.4°, 0.2°, 0.1° C., and in the case of the fresh water baths 0.6°, 0.5°, 0.1°, 0.1° C. The pulse, too, is further reduced by saline than by fresh water, the maximum reductions obtained being 34 with salt and 26 with fresh water, and the minimum reductions 14 and 10 respectively. There was also a difference in the respirations, amounting to from 2 to 6 per minute, and it was noted that they became deeper and more regular after the saline than after the fresh water baths.

The Barometer as a Guide to Health.

Dr. Veeder (*New York Medical Record*, November 7,) observes that the fact is familiar that many persons liable to rheumatism, headache, and similar ailments, are liable to reproduction or aggravation of their pains when barometrical changes take place, and are enabled by means of these pains to foretell changes in the weather. This he attributes to difficulty in the adjustment of the volume and rate of the circulating blood to the varying atmospheric pressure on the surface of the body. Ordinarily the results are not serious; but Dr. Veeder believes that there are cases in which barometrical movements are of prognostic value. He has noted several deaths from apoplexy at times when there were excessive fluctuations of atmospheric pressure, and he believes that at such times over-excitement, over-eating, improper clothing, and the like, may induce most disastrous consequences in those who are predisposed to apoplexy, the weakened blood-vessels being already subjected to unusual strain by unfavorable atmospheric conditions. He recommends, therefore, that those who are advanced in years, or are subject to indications of an apoplectic tendency, should be warned to exercise great moderation in all things whenever mercury is seen to be unusually active in its movements.

Dislocation of the Ungual Phalanx of the Thumb.

Dr. R. B. Jessup, Jr., of Vincennes, Ind., reports the following rare case to the *Med. Record*:

"Mr. Hoké, a Frenchman, sixty-five years of age, residing three miles south of town, fell into his cellar November 9, 1885, sustaining various bruises of the body and head. He was well enough on the third day to come to town to have his thumb examined. In his fall he injured it, and as seen by me, there was considerable swelling, and the second (ungual) phalanx was immovably fixed in a position almost at a right angle to the line of the first phalanx. Careful examination revealed the articular surface of the second phalanx looking backward, and the phalanx displaced in the same direction. The reduction was simple. Flexion was forcibly made, and at the same time pressure in a forward direction was exerted on the articular surface of the phalanx. This was

seen by another surgeon, and was undoubtedly a case of simple dislocation of the second (ungual) phalanx backward on the first phalanx."

Determination of the Sex of the Fœtus.

The possibility of determining or rather of making a good guess at the sex of a fœtus before birth has occupied the attention of a good many observers at various times. One of the latest contributions to the elucidation of this question is supplied by a paper by Señor Juan B. Bidart, who examined 100 cases—ninety-nine in the maternity ward of the San Francisco de Borgia Hospital in Santiago, Chili, and one at home—his own wife, in fact. His observations were mainly directed to rapidity of the beats of the fœtal heart at the termination of pregnancy; and the conclusion he arrived at was that when the number of beats is below 135 a minute the child is usually a boy, and when the number is above 145 it is generally a girl. He found that under these circumstances he could diagnose the sex correctly in 92 per cent. of the cases. When, however, the beats were between 135 and 145, it was quite impossible to do more than guess at the sex. Frequent examinations must be made before the rupture of the membranes, so as to obviate the chance of mistaking a temporary irregularity for the ordinary rhythm. Of course, the auscultation must be made in the intervals between the pains, if labor has already commenced.

Dr. Parvin tells us that a friend of his in Louisville holds the same opinion, and is very often correct, but he (Dr. P.) does not place any reliance in this sign.

Death from Round Worms.

The *Deutsche Medicinische Zeitung* gives an account of a unique case of what was supposed to be an infectious disease which appeared simultaneously in two brothers, the symptoms being of a gastro-intestinal character. One of them, aged seven, at last died. On examination, a reddened, inflamed-looking coil of intestine attracted attention, lying superficially in the right inguinal region. It appeared to be tense and distended by something, and when opened was found to contain a huge quantity of ascarides lumbricoides, all matted and entwined together, completely blocking up the lumen of the gut. No peritonitis existed, and the rest of the intestine was healthy enough. After this, of course, there was no difficulty in devising a treatment for the survivor, who under a brisk vermifuge passed some twenty worms, and before long was convalescent.

Method of Administration of Hypnone.

The *Med. News* tells us that Vigier, to whom Dujardin-Beaumetz presented a large quantity of hypnone for experiment, makes the following report:

Hypnone is very sparingly soluble in water, and but slightly soluble in glycerine. Its solubility in alcohol permits the establishment of the following formula:

R.	Hypnone,	gtt. j.
	Alcohol fortior,	gtt. xvj.
	Syrup of wildcherry,	gtt. xvj.
	Syrup of orange-flowers,	f. ʒj.

Add the hypnone to the alcohol, then add the syrups, mix, and preserve in a stoppered bottle.

The amount of hypnone necessary to induce sleep varies from four to ten drops, taken at one dose. Fractional doses are not efficient.

Facial Paralysis.

To a recent meeting of the Midland (England) Medical Society Dr. Suckling showed a man, aged twenty-six, suffering from facial paralysis with inequality of soft palate and deflection of the uvula. Two years ago he was thrown out of a trap on to his head. Purulent discharge followed from both ears some weeks later, ending in absolute deafness and facial paralysis on the right side. The faradaic and galvanic irritability were quite lost, the uvula was deflected to the right, and the posterior pillar of the fauces on the left side was much narrower than on the right. Dr. Suckling considered the palatal changes to be interesting, since Dr. Gowers says he has never seen the soft palate affected in facial paralysis.

Pleurisy in Pertussis.

Dr. Zabala, writing to the *Bulletin de Thérapeutique*, August 15, states that during a recent epidemic of pertussis, in which about 30 cases came to his share, he met with two cases of pleurisy in children nine and ten years of age, in which the presence of fluid was ascertained by aspiration. In one of these cases the effusion disappeared after the application of two blisters; while vesication proving of no avail in the other, he succeeded in producing abundant sweating and disappearance of the liquid by means of two hypodermic injections of a centigramme of the nitrate of pilocarpin.

A Suggestion for Transfusion.

The *Med. Age* says that a St. Louis doctor cut off the tails of two lizards, and by sewing the ends of the stumps together made Siamese twins of the reptiles. Having thus demonstrated the feasibility of the operation, he suggests its utilization as a means of transfusing blood. A vigorous animal, or, indeed, another human being, might thus be attached to a patient demanding a supply of richer blood. The idea is somewhat novel, but, perhaps, not impracticable. The object of the operation having been effected, the isthmus uniting the two bodies could be readily severed.

Santonin in Amenorrhœa.

We have been taught that this drug was useful in starting up the suppressed menstrual flow, yet Dr. Armand Routh tells us (*Lancet*, January 9) that, having tried it in twenty cases (ten grains on two consecutive nights), he must conclude that it is useless in amenorrhœa associated with chlorosis, when he has often found permanganate of potash useful. In healthy and full-blooded women, santonin seems to have some power in starting a uterine flow, and apparently without causing much pain.

Pruritus.

Some cases of pruritus of the vulva and anus are of very obscure origin. Neither local mischief, intestinal, vaginal, hepatic, renal, neurotic or other disorders, can be made to account for them. M. Brown-Séquard believes that coffee may have something to do with the production of the condition in some cases, since he has seen relief follow the removal of coffee from the dietary, in two instances.

Correspondence.

Treatment of Carbuncle.

Eds. Med. and Surg. Reporter:

In the treatment of carbuncle—a subject lately discussed in your journal—I never use the knife, but make a "crucial incision" (if such it can be called) with caustic potash (a pointed pencil); usually in twenty-four hours—sometimes less—a large portion of the indurated mass will be found to have sloughed, and then, after free irrigation with a syringe charged with carbolized water, I thoroughly mop the remaining portions through the opening with a saturated solution—almost a thin paste of permanganate of potassa, applying it by a swab of absorbent cotton wrapped around the end of a piece of stick or whalebone—a flaxseed poultice, well covered with powdered charcoal, being applied and changed for a fresh one at night (and next morning if the visits are in the afternoon). I generally have the satisfaction next day—forty-eight hours after the first application with the potash—of finding a clean granulating surface. After another washing with the syringe of carbolized water, if any small portions of the gangrenous growth remain, another application of the permanganate—not necessarily so strong as before—followed by the charcoal poultice, will remove them in a few hours; the carbuncular growth (or destroyed tissue) is gone, and a simple ulcer is substituted which generally heals rapidly. I have followed this method in several cases, and always with most satisfactory results. Of course it is necessary, especially if the carbuncle be a large one, to treat the *patient* also; but the exhaustion of the system is much less during a period of two or three days than it is in a siege of several weeks. I do not remember that I have ever seen a like plan of treatment reported, and the method lately published in your columns seemed to me not quite as good, certainly not as rapid. Although an earnest believer in the benefit of electricity, and especially of treating morbid growths by electrolysis whenever admissible, I doubt if it would be preferable to what I have described in this instance.

L. H. Cohen, M. D.

Quincy, Ills.

Belladonna Rash.

Eds. Med. and Surgical Reporter:

In your journal for January 9, 1886, there occurs an article entitled "Peculiar Case of Puerperal Sepsis"—the peculiarity consisting of a rash which is so rarely present in septic poisoning, and which might be so much more easily accounted for by another factor in the case, viz., the use of the belladonna ointment, that I was at once struck by this feature of the case, and was also surprised that so distinguished a practitioner as Dr. Parish, of the Philadelphia Hospital, should not have mentioned at least the possibility of the rash having been due to the use of the belladonna. The relation between the use of the ointment and the appearance of the rash is so intimate that there seems no doubt in my mind that the use of the ointment was the sole cause of the rash. In the language

of the REPORTER: "On the fourth day after delivery the left breast became a little hard, and the milk disappeared. An ointment of belladonna and mercury was applied." And now mark what follows: "The next day a rash appeared on the chest." "In three days the breast yielded to treatment." "Desquamation commenced on the fourth or fifth day from the beginning of the eruption."

Now, in reviewing the above facts, it seems to me rather more than a coincidence that the rash should appear immediately after the use of the belladonna, and that it should first appear on the part to which the belladonna was applied, and that the disappearance of the rash should so closely follow the withdrawal of the drug. From the above, it seems to me that the preponderance of the evidence is in favor of the rash being due to the toxic effect of belladonna, rather than a symptom of puerperal sepsis.

A. F. BODLE, M. D.

Grand Rapids, Mich.

A Useful Syringe for Travelers.

EDS. MED. AND SURG. REPORTER:—

I desire to call attention to a very useful syringe which has been made for me by Mr. Wm. Snowden, South 11th street. It consists of a large rubber bag, holding twelve ounces or more, according to order, to which can be attached a long rubber tube, with nozzle. The bag is filled at any time (a small funnel being attached), the tube attached, and then clamped so as to make it portable. In this way it is charged, and can be used at any time to suit the convenience of travelers. When charged with peptonized milk, or gruel, or beef peptonoids, the bag can be immersed in warm water, and thus kept at any temperature till required. It has certainly many advantages over many of the bulb syringes, or the fountain syringe. When charged it is always ready for use; can be conveniently carried; the patient can use it herself; there is nothing about it to get out of order, and it is inexpensive.

J. M. KEATING, M. D.,
Visiting Obstetrician to Philadelphia Hospital, and Lecturer on Diseases of Women and Children.
1504 *Walnut street, Phila.*

FOREIGN CORRESPONDENCE.

TIENTSIN, CHINA, Sept. 7, 1885.

EDS. MED. AND SURG. REPORTER:

It might interest your readers to hear of a case of Asiatic cholera I have had.

I was asked by Rev. Mr. Corbett, on the morning of August 26 last, if I would go see his cook, who had been suddenly taken with violent cramps. I went immediately to the hovel in which he lived, and found him stretched on a kang (Chinese brick bed), apparently suffering greatly, eyes distorted, cold and clammy skin, feeble, almost imperceptible pulse, frequent vomiting, and had had six watery stools in a few moments. I thought he was probably suffering with cholera morbus, although there was no history of the ingestion of any unusual or indigestible article of diet. I prescribed morph. sulph. gr. ¼, brandy ½ ounce, and mustard poultice to the abdomen, and left, saying I would return in an hour. In a half hour, however, I was sent for, as he was much worse. I found him in a terrific convulsion, so that it took five men to keep him on the kang. I had the men rub him well with brandy while I was getting my hypodermic syringe ready, and as soon as ready I injected morph. sulph. gr. ¼ into his left arm. As soon as the convulsion wore away, I attempted to give him more brandy, but he could only take it with great difficulty, owing to the muscles of the tongue being partially paralyzed. I thought he would die every moment, for his eyes were fixed and he was entirely unconscious; but I ordered the men to keep on rubbing him with the brandy. I now "took in" the case, and appreciated its nature; after a half hour of rubbing the man began to revive somewhat, and soon muscular twitching commenced, when I gave him another granule morph. sulph. gr. ¼. I soon saw him easier, and left for a while. After I left, he had one more convulsion, after which the disease seemed to have abated, but the man was cold and exhausted. I ordered then bismuth subnit. 10 grs. every 3 hours, and brandy a teaspoonful every two hours. Difficulty of swallowing kept up for several days, and the man was unable to walk for a week, and such emaciation you could scarcely credit after a few hours' illness. When I left Chefoo he was fairly convalescent.

I find the physicians here all use Squibb's cholera mixture, and apparently with great success. It is:

℞. Chloroformi puris.
Tinct. opii.
Tinct. capsici, āa f. ℥j.
Alcohol. adde q. s. ft. f. ℥viij.

Dose, a teaspoonful in wineglass of water every half hour as long as necessary.

And all believe firmly in mustard to the abdomen.

I thought, in view of the possibility of a visitation in America, and the interest felt in the subject generally, these notes might be of interest. About ten deaths from cholera a day has been the rule all through August in Chefoo, where I was stopping, but it was confined entirely to the Chinese.

ROBERT COLTMAN, JR., M. D.

NEWS AND MISCELLANY.

Mission Hospital, Hangchow.

The Edinburgh Medical Missionary Society's quarterly paper states that the Mission Hospital in Hangchow was opened by the bishop on May 14, 200 Chinese and a number of English and American missionaries being present. The Mandarins, from the Governor downwards, subscribed liberally towards the building, and Dr. Main, who is in charge of the medical mission, is to be congratulated on having won the confidence of the highest classes of Chinese by his medical skill and devotion to his work. From a Chinese sketch which has been received, the hospital seems a beautiful and commodious building, situated in a garden, and surrounded with spacious verandahs. The foreground of the picture is filled in with a procession of old and young, halt, lame, blind, and otherwise afflicted persons, some carried on the backs of men, others in chairs and basket stretchers, others helping themselves along with the aid of crutches, and all wending their way to seek relief from the foreign physician. The hospital is a two-storied building with two wings, and a high central cupola, intended to contain a four-dial clock, which will be visible on all sides throughout the greater part of the city. There are four large wards, with twelve beds in each, besides six private wards, and two guest-rooms where foreign patients can be accommodated. There are also consulting and operating rooms, a large dispensary, students' rooms, and a lecture-room for the students, of whom already the doctor has thirteen. There is also a chapel, seated for about a hundred, in which services are held every morning and evening, while at the outer gate a reading-room for the public is open all day. One of the large wards is appropriated to opium patients, and was filled the first day it was open; and another large isolated ward is for female patients, to whom Mrs. Main devotes much time and care. There is every provision made for cleanliness and ventilation throughout the building.

The Milk Supply of Cities.

The *American Agriculturist* for January says:

The business is profitable enough to warrant the greatest care and the strictest integrity. A one hundred acre farm in Orange and other counties will sustain thirty cows, and yield two thousand five hundred dollars in milk product. It will produce most if not all of the food the herd requires. The increase is a source of profit, and the household can procure most of the agricultural products for its own use from the land not devoted to pasturage. These statements are rather below the reality, and they make less excusable the custom of forcing a milk supply, by an excessive or harmful use of deleterious food. But the milk-producers may, as a rule, be credited with carefulness and cleanliness in the preparation of milk for the market. Cans are bright and sweet, and cold spring water or ice is freely used to keep the milk cool and marketable, and to give the city customer a safe and healthful beverage. In no product does the country come so close to the town as in this matter of the supply of milk. The producer has the consumer at his mercy, and it is the serene trust of the latter in the honesty of the former upon which so much of the comfort of his life depends. This dependence grows with every year. In the year 1800 there were four inhabitants in cities to every one hundred of our population; in 1850 the proportion was twelve and a half to one hundred; in 1880 it was twenty-two and a half; in 1890 it will be at least one-fourth. And this immense aggregate must trust implicitly to the honesty of a small fraction of the agricultural population for the good qualities of one of the most essential articles of consumption. We see no reason to doubt that mutual confidence will be as worthily bestowed then as it is now.

Boylston Medical Prize Questions.

At the annual meeting of the committee for 1885, it was voted that a prize of two hundred dollars be awarded to Edward S. Stevens, M. D., of Harveysburg, Ohio, for a dissertation on "The Best Preliminary Education for the Study of Medicine."

The following are the questions proposed for 1886:

1. Influence of the Soil as a Factor in the Causation and Spread of Typhoid Fever.

The author of a dissertation on the above subject, considered worthy of a prize, will be entitled to a premium of three hundred and fifty dollars.

2. The Relation of Hospitals to Medical Education.

The author of a dissertation on the above subject, considered worthy of a prize, will be entitled to a premium of two hundred dollars.

Dissertations on the above subjects must be transmitted, post-paid, to Morrill Wyman, M. D., 24 Church street, Cambridge, Massachusetts, *on or before the first Wednesday in April*, 1886.

The following are the questions proposed for 1887:

1. On the Identification of Human Blood in Suspected Stains.

2. Original Investigations on the Pathology of So-called Uræmic Symptoms.

The author of a dissertation on either of the above subjects, considered worthy of a prize, will be entitled to a premium of two hundred dollars.

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday in April, 1887.

The Pessimist Patient.

The *Popular Science News* says:

"Of all patients," says an English physician, "your pessimist makes the very worst. He is virtually dead before he is half sick. I speak from experience: a pessimist is a happy man as long as the sun shines, and all is going well with him; but when clouds arise, and illness comes, then there settles over both his body and mind a gloom that is but the foreshadowing of darkness to follow. A medical man may do his best for such an individual, but it is usually a thankless task. It is a wearisome thing trying to lift a fallen man who will not do a little towards helping himself.

"A good simile as regards the effects of pessimism and optimism on a physician's patients may be adduced from the different conduct of a beaten and demoralized, and a victorious, army. The former—so field-surgeons tell us—have no heart, their broken bones will not unite, their wounds take on no kindly action; the sick succumb, they die like rotten sheep; and even those who are well, in very fear grow weak and ailing. How different in the army triumphant! Wounds are called 'scratches;' the men can hardly be prevailed upon to go on the sick-list for them. Those who must keep still, feel less pain than they would under other circumstances; they sleep well, they eat well, and are soon well altogether. But the pessimist makes a bad soldier when at his best."

The Danger of Vaccination Shields.

We are glad to call attention to the warning that is issued by the *Lancet*. It seems that in his capacity as medical officer to the Local Government Board, Dr. Buchanan has issued a caution against the use of vaccination shields. Cases of erysipelas have have been traced to their use, and, having regard to their construction, it is by no means difficult to understand why such results have followed. That portion of the framework of the shield which rests on the arm, as also the bands for fastening the apparatus on, are covered with or consist of porous material, such as lint, etc.; and whenever any discharge takes place, this material runs almost certain risk of being soiled. Any subsequent use of the shield practically amounts to the use of a dirty surgical dressing, and it is well known how serious a danger this is, even to the most trivial of surgical cases. Protection for a vaccinated arm is rarely wanted in the case of an infant, for the arm can easily be altogether taken out of the clothing, care being taken to wrap the child up warmly in some loose shawl or other similar article, which is free from irritative dye. Having regard to these considerations, vaccinators are urged to discourage the use of so-called "vaccination shields," and to advise some other means of preventing irritation by means of clothing, where this may be necessary.

Edinburgh Students and the Academic Robe.

In some of the Scottish Universities, the students still wear an academic costume; for many years, however, the custom has not obtained in Edinburgh. Recently, however, the subject has been the matter of some keen discussion among many of the students; and the Students' Representative Council being appealed to on the subject, undertook, by means of a *plebiscite*, to ascertain the views of the student community. The results are now to hand; but, as we are only concerned with the faculty of medicine, we need only note that, of medical students, 601 voted for both cap and gown, 355 for neither, 46 for cap only, and 5 for gown only. Considering the large number who have not voted at all, and the considerable number opposed to the adoption of the costume, the question can scarcely be looked upon as decisively settled.

—When did Adam first use a walking-stick? When Eve presented him with a little Cain.

The Shortest Interval Between Confinements.

Dr. L. N. Davis, of Indiana, writes us:

"Dr. I. N. Trent reported last year to the Randolph County (Ind.) Medical Society the case of a lady, whom he had waited on twice in confinement at full term, within a period of nine and a half months. The first time she was delivered of twins, with forceps; the second, of a healthy boy without assistance. During the first labor she had convulsions, with albuminuria, the albumen continuing five months thereafter. Is this not the shortest interval between confinements on record?"

Personal.

Dr. Goodman has removed to No. 1509 Walnut street.

Items.

—Job was the first doctor—he had patience.

—Gray's Anatomy has been translated into Chinese.

—The grandest performance out—Niagara in her great cataract.

—A Bureau of Public Health, on the plan of those existing in Germany, has just been instituted in Tokio. The Director is Prof. Ogata, who has studied for several years in Munich, Leipzig, and Berlin, especially in the laboratories of Pettenkofer and Koch.

—At a recent meeting of the Medical Society, at Vienna, Dr. Kaposi showed a little girl attacked by pigmentary xeroderma, a very rare disease, which he described for the first time in 1870. It is observed in children of one year old, and at the beginning of their second year.

—A Catholic University has been established in Cordova, Spain, with all arrangements for the highest class of instruction. The medical faculty comprises the following professors: Physics, Don G. de Codes; Chemistry, Don A. Carbonelli; Physiology, Don M. Gonzales; Surgery and Ophthalmology, Don R. del Castillo; Medicine, Don R. Anchoverga; Obstetrics and Gynecology, Don E. Luna; and others.

—M. Paul Gibier, in a letter to the Académie de Médecine, acknowledging the honor of a reward conferred on him for his researches on hydrophobia, adds that when, in Berlin, he applied at the Veterinary School to have a mad dog, in order to pursue his researches, he was told there had not been a case of rabies for the last three years. Nevertheless, dogs are as numerous in the streets of Berlin as elsewhere, only they are all muzzled.

—The Eighth Chamber of the Paris Tribunal have tried M. Duchesne, dentist, for homicide by imprudence. He was found guilty of causing the death of M. Lajeune by the administration, without legal authority, of nitrous oxide gas, and was ordered to pay a fine of 600 francs, and 3,000 francs damages. The judgment took note of the fact that, although the business of the deceased had suffered by his death, his family had obtained immediate payment of a substantial sum, the amount of an insurance upon his life.

—Following the example of Mr. Joseph Zachnsdorf, who lately bound two Elzevir editions in human skin, another London binder has recently executed an order to encase a copy of Holbein's "Dance of Death" in the same material—assuredly a most appropriate covering for this work. These are the most recent instances of the use of the human skin for such a purpose; but they are far from unique, several criminals in olden days having been, after execution, despoiled of their integument in order that the bookshelves of some *connoisseur* of bindings might be enriched by the ghastly relic.

—Several cases of very small infants, born at or about full term, have recently been recorded in the *Brit. Med. Jour.* The late Dr. Grey collected no fewer than 20,000 observations of the weights of infants at birth, and the lowest he found recorded was 2 lbs. 6 ozs. The infant mentioned by Mr. Jebb Smith weighed 2 lbs. 8 ozs. There is now, in the East London Hospital for Children, Shadwell, an infant which, on the sixteenth day after birth, weighed only 2 lbs. 10 ozs.; the weight at birth was 1 lb. 10 ozs. Birth is believed to have been only slightly premature. The nails of the hands are well formed, there is an abundant crop of hair on the head, and the child takes a mixture containing barley, water, and milk (one-fifth) freely, without any intestinal disturbances.

QUERIES AND REPLIES.

MESSRS. EDITORS:

Will you kindly tell in the REPORTER notes how ethylate of sodium is used for nævus? Is it used in solution or dry?

J. D. K.

MARRIAGE.

HILL—BROWN.—December 31, 1885, at the residence of the bride's father, near Waterford, Knox county, Ohio, by Rev. Wm. M. Ferguson, Dr. C. Corlet Hill and Miss C. Lillie Brown, both of the above place.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1511.] PHILADELPHIA, FEBRUARY 13, 1886. [Vol. LIV.—No. 7.

Original Department.

Lecture.

TETANUS.*

BY N. SENN, M. D.,

Of Milwaukee, Wis.

Professor of the Principles and Practice of Surgery and Clinical Surgery.

Gentlemen: Having finished the subject of wound infective disease proper, I shall call your attention this evening to a more infrequent wound complication, in which the symptoms point towards the cerebro-spinal centres as the primary and principal seat of the disease. This disease constitutes one of the most terrible in the long list of surgical affections, and up to the present time is wrapped in a great deal of obscurity. I refer to tetanus. Terrible, from the great mortality attending it, and from the intense suffering with which it is accompanied; obscure, because from the present standpoint of pathology, we are still in ignorance as far as its essential nature is concerned. Tetanus, I will define as being a disease of the nervous system, due to infection of a specific character, combined in many instances with peripheral irritation of a sensitive nerve; it is characterized by spasm of definite muscular groups, and attended by a continued form of fever. If I include the adjective "infective" in tetanus, it is more on account of reasoning by analogy than positive pathological or clinical demonstration; nevertheless analogy should teach us that the well-marked period of incubation between the supposed time of infection and the development of the active symptoms resemble other forms of infective diseases very closely. That the direct cause of tetanus is due to a specific microbe, is claimed by a number of the most eminent writers, and further study and research will undoubtedly substantiate its infectious character. This disease is not a new one, inasmuch as it was well known to and described by Hippocrates, who recognized both an idiopathic and traumatic form, the latter of which he referred to wounds, abrasions, and to various pathological conditions independently of traumatism. Most all of the old classical works contain lengthy chapters on this subject, which reflect the most diverse opinions concerning its nature and etiology, which have been promulgated by different authors at various times.

In considering its geographical distribution, it has been observed that it is more frequently met with in the torrid zone, and more especially in India and South America. Statistics also show that in these countries the disease is noted for the gravity of its symptoms and its greater mortality. In speaking of race influence, it can be stated that the colored races, as a rule, are more subject to it, and when suffering from the disease, it is usually attended by a greater mortality. Age appears to exert a predisposing influence, as after exclusion of tetanus neonatorum, at least 40 per cent. have occurred in patients 10 to 30 years of age. In order to prepare you for a pathological description of this affection, I shall call your attention to a form of toxic tetanus produced by the introduction into the circulation of certain chemical poisons. There is, however, this difference between this form of tetanus and traumatic tetanus; that in the former case the active symptoms of the dis-

* Delivered at the College of Physicians and Surgeons, Chicago, Illinois. Reported by William Whitford, M. D.

case make their appearance immediately after the poison has been brought in contact with the cerebro-spinal centres by the circulating blood. There is no period of incubation; no premonitory stage. The tetanic symptoms are well marked and fully developed as soon as the toxic effects of the drug have manifested themselves. The agents in our materia medica which are known to produce certain forms of tetanus, are strychnine, brucin, ergotine, and thebain; the forms of tetanic convulsions, however, vary according to the drug which has been administered. Taking strychnine poisoning as a type of toxic tetanus, we find that the pathological conditions are always referable to vascular changes in the brain and spinal cord—changes marked by an increased afflux of blood, by an active hyperæmia or congestion, which later result in morphological changes indicative of the first symptoms of inflammation. Experiment has established the fact that the reflex action attending toxic tetanus is the result of excessive innervation from the spinal cord. If the spinal cord in an animal is crushed at a certain point, tetanic convulsions will only take place in the muscles supplied by the nerves from the intact portion of the cord. If, again, you should divide the posterior roots of the spinal cord near their exit from the spinal canal, or the posterior columns of the cord, there will be no response to the toxic irritation in the muscles supplied by the nerves which have been divided, or below the section of the cord. Furthermore, if previous to the intoxication you should remove the brain, the pons, or even the medulla oblongata, the toxic effect of the drug will not be impaired, showing conclusively that the tetanic convulsions or spasms are the direct result from the toxic effect of the drug upon the spinal cord.

In considering tetanus as it presents itself to the physician and surgeon, we still recognize an idiopathic and traumatic form. By the term "idiopathic," I mean a tetanus unattended or preceded by an appreciable traumatism. Traumatic tetanus, on the other hand, as its name indicates, is that which follows an injury. We place great stress upon the fact that there must have been somewhere a loss of continuity of surface, *an infection atrium*, as we term it, through which the specific germs gained entrance into the circulation. In many cases of so-called idiopathic tetanus, the traumatic lesion may have been so slight as to elude detection at the time when the disease made its appearance, and yet the traumatism may have been the direct and only cause of the disease. Of the seven hundred cases collected by Thamhayn, the disease had a well-defined traumatic origin in six hundred cases, while in the remaining one hundred cases there was no apparent evidence of previous injury found, and they were consequently classified as belonging to the spontaneous variety. To impress upon you the necessity of looking carefully for the source of infection in doubtful cases, I will briefly refer to a case that recently came under my observation, where from the history of the case I thought I was dealing with a genuine case of idiopathic tetanus. The patient was a child five or six years of age, who had been ill for several days when it came under my care. The case presented all the symptoms of a mild type of tetanus, and in the absence of traumatism as a cause, I considered it as a typical case of so-called idiopathic tetanus. I had trismus, opisthotonos, and a mild form of continued fever with considerable disturbance in the function of the vascular system. After treating the case for a week or so, I accidentally one day found an exceedingly tender point in the sole of the right foot, which corresponded to a small cicatrix. On questioning more closely, the patient finally admitted having stepped upon a nail some time before, an accident which had been entirely overlooked by the parents and forgotten by the patient. Unless by accident the primary cause had been detected, this case would have been considered as belonging to the idiopathic variety, when in fact it was a well marked but mild case of traumatic tetanus. I simply make this allusion to put you on your guard in cases of so-called idiopathic tetanus, to search diligently and unceasingly for a tangible primary cause, as a slight injury or obscure cause of peripheral irritation might be easily overlooked, which would lead to an incorrect interpretation of the etiology of the disease. There may be such a thing as idiopathic tetanus, without any apparent breach of surface, as specific germs may possibly gain entrance into the circulation through an intact mucous membrane in the same manner as in other instances of wound infective diseases, the microbes finding in the cerebro-spinal centres a favorable place of localization and reproduction. Future research, however, will have to verify or contradict this supposition.

In considering the exciting causes of tetanus, I will allude first to peripheral irritation. Before the infective nature of tetanus was recognized, it was generally considered

that the disease was invariably the direct result of peripheral irritation. Clinical experience has demonstrated the important bearing of irritation of sensitive nerves, at least as a determining cause, inasmuch as in 380 cases reported by Thamhayn, it was found that 75 per cent. of them were the result of injury to the fingers, toes, hands, and feet—localities where we have an abundant supply of sensitive nerve filaments, so that it may be accepted as a well known and established fact that injuries of the hands and feet are more prone to be followed by tetanus than wounds in any other locality.

Another form of peripheral irritation, aside from the traumatic, are pathological conditions due to inflammation, which affect the sensitive nerves the same as when the irritation is produced by an injury. Tetanus produced in this manner has been observed as a complication in pleuritis, pneumonia, metritis; in fact, as a result of pathological conditions which involve in the same manner an extensive area of sensitive nerves as the effects of traumatism. In the idiopathic form of tetanus, authors still recognize a central lesion or point of irritation independently of any peripheral or eccentric pathological irritation. By this I mean central irritation by pathological conditions involving directly the brain or spinal cord, independent of traumatism. Cases have been observed in the post-mortem room where well marked pathological conditions existed in the brain and spinal cord, independent of either traumatic pathological peripheral irritation, where during life the characteristic symptoms were well marked. These cases may serve to explain the theory that the specific germs of tetanus once introduced into the system may have a special elective affinity for the nerve centres, and may there manifest their toxic influence by producing pathological conditions which induce tetanic spasms. Specific infection, then, must be recognized as the most important and essential factor in the etiology of tetanus. Recent literature on this subject seems to have established the fact, that like wound infective diseases, tetanus is simply an expression of a specific form of intoxication, which implicates, principally, the cerebro-spinal centres, the result of the introduction of specific microbes. This hypothesis does not lack analogy in diseases which are marked by a well-defined period of incubation, where a certain time elapses between the introduction of the virus and the active development of the symptoms; in other words, diseases preceded by a period of incubation, in contradistinction to diseases which are caused by the introduction of a formed chemical poison, means simply that the germs introduced at the time when the injury was inflicted keep on multiplying until a sufficient number of them have been generated in the system, when the toxic effects are announced by the active development of symptoms. If tetanus were the result of the introduction into the system of a pre-formed or chemical poison, the active stage of the disease would commence as soon as the poison had entered the circulation, which evidently has never been the case. If, however, a certain period elapses from the time of supposed infection until the active development of the disease, we recognize the fact by well demonstrated analogy that these specific germs have been introduced into the system, and have found a favorable soil for their growth and multiplication in the central nervous system until their direct toxic effects are manifested by tetanic convulsions. The period of incubation in tetanus is not as well marked and definite as in some other infectious diseases, but the same can be said of other affections where there can be no doubt concerning their microbic origin, hydrophobia, for instance. The most characteristic symptom of tetanus consists in tonic spasm of certain well-defined muscular groups, as a rule, the affection following in a descending direction. We will, for the sake of convenience, assume that tetanus has followed a compound comminuted fracture of the leg, and will describe the symptoms in their proper order. About the fifth or sixth day (the earliest period of incubation) our patient will probably complain of a certain ill-feeling in the broken limb, marked by irregular jerking; if, at the same time, he complains of general malaise, loss of appetite, of symptoms indicative of infection, we should realize that these premonitory symptoms are but the precursors of the gravest of all wound complications—tetanus. If these early symptoms are followed a little later by the appearance of trismus, there can be no further doubt as to the nature of the disease. By trismus, I mean a contraction of the muscles of mastication, as evidenced by difficulty in opening the mouth. Going still further down, other muscular groups are implicated, and we have what is known as opisthotonos, a bending backwards of the body in contradistinction to emprosthotonos, a bending of the body in the opposite direction. If the muscles on one side of the chest are affected, we have pleurosthotonos; if still further, all the muscles in the body (usually the extensors, however,) are affected, and the

entire body becomes rigid, we have orthotonos. If the muscular spasms have become well developed, involving the area of the respiratory muscles, we expect an impairment of the function of respiration. By spasmodic contraction of the muscles concerned in that function, respiration becomes imperfect on account of the constant rigidity of the muscles which are active in producing the respiratory movements.

The temperature is increased in almost every case, the rise depending upon the intensity of the infection, the acuity of the attack, and especially the rapidity with which the disease progresses. A limited area of muscular rigidity and a slight rise in temperature, are favorable prognostic indications. In some instances the temperature has been found unusually high. A temperature of 108°, even 110°, as observed by Wunderlich and Billroth, denotes great danger, and is almost without exception followed by a fatal termination. These authors have placed stress upon the importance of temperature in tetanus, watching its rise in the axilla at different times of the day, and observing that an increase of temperature beyond 104° or 105° is usually followed by death. Another curious fact has been noticed, and that is an increase in temperature after death. Wunderlich explains the high temperature in tetanus by assuming a loss of function, or a loss of control of the heat moderators in the brain, the heat centres being impaired by the direct action of the poison upon this particular portion of the cerebral mass. The post-mortal rise in temperature has been attributed by Fick and Huppert to evolution of heat during the coagulation of the myosin. The sensorium usually remains unimpaired to the last, showing distinctly that that portion of the brain concerned in that function remains unimpaired, that the disease for some unknown reason expends itself upon the motor tracts, and especially upon that portion of the cerebro-spinal system connecting the brain and spinal cord, the medulla oblongata. When the spasms are severe and prolonged, the respiration becomes impaired, the pulse small and rapid, and the surface of the body is bathed with a profuse perspiration. As the disease progresses, evidences of capillary stasis become more and more apparent, the eyes are suffused, and the visible mucous membranes livid; the tongue is coated, appetite diminished, and the bowels are obstinately constipated; all causes of peripheral irritation, as a draft of air, loud noises, etc., will provoke easily a repetition of spasmodic attacks.

The first attempt at an intelligent explanation of the morbid anatomy af tetanus was offered by Rokitansky, who found on examining the nerves supplying the injured part evidences of inflammation in the nerve itself, and hence described the disease as a form of neuritis, a *neuritis ascendens*. As proof of this view of the disease he described the pathological conditions found in the affected nerves as consisting in an exudation between the nerve fibres, granular degeneration and hyaline changes in the nerve fibres themselves, finally resulting in complete disorganization and disintegration. He regarded the disease essentially as a "neuritis ascendens," the morbid process commencing in the nerve at the point of injury, and extending by continuity to the cerebro-spinal centres. All pathologists agree that the brain and spinal cord are always found in a state of congestion, but some go still further —Lockhart, Clarke, and Dickinson, for instance, asserted that the brain was not only hyperæmic, but that there was an actual inflammation of the cortex of the brain itself, resulting in granular disintegration. Others have found, on examining the spinal cord, pathological changes well marked in that portion of the nervous system, consisting of hyperæmia, extravasation, softening, increased proliferation of connective tissue, degeneration of the anterior and posterior columns. Tyson, on the other hand, found in two cases well marked degeneration of the central canal and disintegration of the posterior columns of the cord. Aufrecht found cellular atrophy in the anterior and posterior cornua of the cord and granular degeneration of the gray substance of the cord. From all that I have stated it appears evident that so far no unanimity exists among pathologists in localizing the central lesion, but from what we have learned it becomes apparent that the most constant pathological changes are found in the upper portion of the spinal cord.

In considering the diagnosis, particular attention should be paid to the history of the case, fully eliciting the possibility of any previous traumatism or infection serving as a tangible cause. In cases of spasm of definite groups of muscles, we should ascertain the existence or absence of fever by the use of the thermometer.

Although no uniform pathological condition appears to have been found characteristic of tetanus, the weight of evidence points towards the spinal cord as the central seat of the lesion, in this respect showing a resemblance to hydrophobia, an affection which it simulates in many respects.

Muscular spasm resulting from a neurotic source and limited to a group of muscles unattended by general infection, is not marked by rise in temperature. If, on the other hand, we have muscular spasm attended by an increase of temperature (particularly if we have reason to believe that it is the result of previous traumatism or infection), the case becomes suspicious, and merits a scrutinizing examination. In tetanus, as a rule, the muscles on the extensor side are affected, while in cases of inflammatory disease in bones and joints, the contractions occur on the flexor side.

In the differential diagnosis, consider the possibility of toxic tetanus from poisoning with strychnine or any of that class of remedies which are known to produce tetanic spasms. The mental condition of the patient and the surrounding circumstances of the case will aid you greatly in eliminating such a cause. In strychnine poisoning, orthotonos is produced as soon as the drug has been absorbed, and tetanic spasms of muscular groups pass in a descending direction.

Hysteria may simulate tetanus, but you must remember that your hysterical patient cannot, for any length of time, maintain muscular spasm limited to definite muscular groups. The pupils of the eyes in tetanus are generally contracted, and the temperature is increased, while in hysteria both of these symptoms are absent.

The next disease which may be mistaken for tetanus is cerebro-spinal meningitis. If an epidemic of this disease prevails in your locality, carefully consider the differential diagnosis. In cerebro-spinal meningitis the symptoms point equally to an affection of the base of the brain, while brain symptoms proper do not belong to the clinical history of tetanus; hence, you will encounter symptoms in the former which point towards an active inflammation of the meninges of the brain, as well as of the spinal cord. If the disease has lasted for a sufficient length of time, you will look for the symptoms aside of muscular spasm which characterize cerebro-spinal meningitis. Basilar meningitis is attended by symptoms indicating irritation at the base of the brain; and as it is almost always of a tubercular nature, you will carefully inquire into the history of the case, and concomitant tubercular lesions.

(*To be continued.*)

—To relieve the pain and irritability of the bladder in inflammation of that organ, Prof. Gross gives tinct. opii camph. f.ʒj ter die.

COMMUNICATIONS.

LABOR COMPLICATED BY PLACENTA PRÆVIA AND AN INTRAMURAL FIBROID TUMOR.*

BY JOHN MORRIS, M. D.,

Of Baltimore, Md.

On Sunday evening, January 3, I was hurriedly summoned by Dr. William N. Hill, of this city, to a case of labor. The patient was in charge of Dr. Hill and Dr. I. I. Gross. Dr. Hill furnishes the following history of the case:

"Dr. Gross first saw the woman last March, which corresponds with the date of her first month of pregnancy. He discovered a tumor in the left side, which caused the patient to complain of pain, especially while standing. After rest for a couple of weeks, warm applications, the administration of narcotics and iodide of potassium, she became convalescent and progressed favorably during the remainder of her pregnancy. On Saturday, January 2, at 9 p. m., she was delivered by a midwife of a living child. Dr. Gross was called in at midnight, and found the woman flooding from adherent placenta. He tamponed, gave ergot, and the hemorrhage ceased. Owing to the contraction of the os and the partial projecting of the placenta, a full examination of the interior of the womb was an impossibility, although the size and appearance of the abdomen were such as to lead Dr. Gross to the belief that there was a second child present.

"At 7 a. m., Sunday, the os was closed firmly on the projecting placenta; no hemorrhage; ergot continued. I was called to assist Dr. Gross at 4 p. m., on Sunday, and found the os dilated sufficiently to admit the hand partially. Portion of placenta, not adherent, taken away. Appearance of womb as to size and irregularity remained unchanged, although examination by touch revealed no presenting part or membranes. Pains slight and at long intervals. The progress of the case afterwards, you yourself observed."

I saw the woman on Sunday evening at 6 o'clock, twenty-one hours after the delivery of the child. She was a respectable, intelligent colored woman over 40 years of age. She was quite feeble and greatly exhausted from pain, loss of sleep, and anxiety of mind, as well as the previous hemorrhage.

* Reported to the Baltimore Gynecological and Obstetrical Society

She was, however, very patient and hopeful. Fortunately the hemorrhage had ceased. I first examined the child, as I was very doubtful, from the history given me, of the presence of a second one in the uterus. The baby was a healthy, wholesome little thing, and weighed about seven pounds. It was slightly larger than twin children usually are. I next made an examination of the abdomen. I found a tumor or hard mass nearly the size of a small child. It was solid and unyielding to the touch. It was not symmetrical in shape, and lay chiefly on the left side of the abdomen. This tumor presented no angles or projecting points, such as you would be likely to find in the case of a twin child. I then proceeded to make an examination per vaginam, and discovered the os partially closed and the placenta adherent on the left side of the cervix and anterior portion of the womb. I found great difficulty in passing the hand, and consequently determined to administer an anæsthetic. She came readily under the influence of the chloroform; I introduced my hand, broke up the attachments of the placenta, and removed it *en masse*. I then made an exploration of the uterus, and found, as I anticipated, a large tumor. It was an intramural fibroid, and filled up the posterior and left lateral wall of the uterus. It terminated in a small pedicle or tumor the size of a walnut, which, covered by the mucous membrane, projected into the uterus. The continued use of ergot had produced violent contractions, and pressed the tumor tensely upon the placenta, thus deceiving the gentlemen in attendance as to the true character of the mass felt by abdominal examination.

This case presents some very singular features. The fact that a woman over 40 years of age, suffered from a fibroid tumor, filling up the greater portion of the uterus, is in itself, I think, an unusual circumstance. The attachment of the placenta to the cervix thus occasioning a partial placenta prævia, was no doubt due to the law of selection, inasmuch as the fundus did not afford a proper nutrient matrix for the support of the child. I would here remark (en passant) that the woman had not been pregnant for twelve years. Her pregnancy in this instance was no doubt due to the accident of the ovum, which came possibly from the left ovary, finding a nidus in the healthy cervix. The case taken altogether is a profitable one, and may possibly prove of service to all engaged in it. I had not met a similar one in an experience of forty years.

TWO CASES OF DYSTOCIA.*

BY L. E. NEALE, M. D.,

Of Baltimore, Md.

Case 1. A white primipara, æt. 25 years, in labor at term with living child, presenting L. S. I. A. breech movable above superior strait and unaccompanied by inferior extremities. Descent failing, the attending accoucheur resorted to chloroform, manual extraction, Elliot's forceps, with an unsuccessful result. Another physician also tried, with the patient under chloroform, (*a*) manual extraction, (*b*) to pull down a foot. Dr. N. was called in consultation, and after many trials, including the use of Tarnier's forceps, which slipped, finally succeeded in bringing down a foot and extracting an asphyxiated child, which was restored by Shultze's method; mother well. The doctor called attention to the use of (1) Barnes' method of decomposition, (2) the obstetric forceps in such cases of difficult *frank* (Pinard) breech labors. He referred to Tarnier's explanation of the cause of difficulty in engagement and disengagement being due to the legs *splinting* the trunk, and thus preventing flexion of the same, and he thought that this fact might indicate the propriety of Barnes' plan of treatment. He cited several authorities, and agreed with those who considered this method difficult, if not dangerous, when the breech occupied the pelvic cavity, and he was of the opinion that manual extraction directly upon the breech should not be utterly ignored. Most recent authorities sanctioned the use of the forceps in *frank* breech cases, Olivier declaring that the instrument may be applied to the breech even at the pelvic brim. Lusk particularly recommended the Tarnier forceps, and Dr. N. thought the instrument should be tried before resorting to more dangerous instrumental measures.

Case 2 was one of contracted pelvis occurring in an Irish woman, 30 years of age, in labor at term with third child. Her two former labors were terminated by forceps operation, the child dying on each occasion, and in this her third labor, with child presenting vertex R. O. I. P., head movable at brim, forceps and version both repeatedly failed, and the child here also died during the accouchement. Dr. N. was then called in consultation, and with great difficulty succeeded in delivering by craniotomy a ten pound child. The puerperium was normal. The external pelvic measurements were normal; the internal conjugate was about 2¾

*Abstract of paper read before the Baltimore Gynecological and Obstetrical Society.

inches, the symphysis pubis was about 2½ inches long, and had an exaggerated inclination, and there was moreover a marked thickening of the pelvic bones. The entire build of the woman was short, stout, massive, and powerfully muscular, although there was no sign or history of rachitis. Dr. N. preferred version when practicable, to high forceps in contracted pelvis not less than 2¾ inches in smallest diameter, and he cited authority in support of this view. In such cases as labor at term with living child, he would at once resort to version if practicable; if impracticable, high forceps cautiously, and failing in this, craniotomy. With dead child presenting head at the brim, craniotomy at once. If such cases should be seen early enough, labor should be induced by Krause's method (introduction of a bougie into the uterus) about the 32d to 34th week of gestation, and even then, if *necessary*, deliver by version.

DISPLACEMENT OF THE HEART TO THE LEFT, DUE TO CONTRACTION OF THE LUNG ON THAT SIDE.*

BY H. CLINTON M'SHERRY, M. D.

Of Baltimore, Md.

The patient, whom he presented to the Society for inspection, is a man aet. 32 years, who has never been very strong, but especially during the last year has he been losing flesh and strength. He has had dyspepsia for the past fifteen months, and for six months has been greatly troubled with shortness of breath. Six months ago he was attacked with hæmoptysis, which has recurred several times since, varying in amount from a tablespoonful to a half pint of blood. He has had inflammatory rheumatism and has a most pronounced family history of heart trouble, his grandmother, aunt and sister having died suddenly from this disease. There is no family history of phthisis. Physical examination of the left side of the thorax reveals consolidation and retraction of the lung, with a cavity at the apex in front and another at about the lower angle of the scapula behind. The right lung gives evidence of very slight deposit at its apex. The left side of the chest measures at the line of the costal cartilage, 15 inches; right side measures at the same level, 16 inches, showing the left to be one inch smaller than the right. At the fourth costal cartilage the left side measures 15 inches, while the right side measures 16¼ inches, showing a difference at this level of 1¼ inches in the same direction. Apex beat is felt a little over two inches to the left of the left nipple, in the sixth intercostal space. In percussing from right to left the heart dullness is found to begin a little over 1½ inches to the left of a line drawn longitudinally through the centre of the sternum.

The patient has phthisis with cirrhosis of the left lung, with cavities at apex and at the angle of the scapula. No valvular lesion of the heart exists.

The point in this case to which Dr. McSherry wishes to call particular attention is the marked displacement of the heart to the left side, owing to retraction of the cirrhosed left lung, which had occurred without any history of pneumonia or pleurisy.

Displacements of the heart may be to the right or left, upward or downward, though the latter must be very unusual, for he was inclined to agree with a late author, who says "the heart hangs in the thorax like the pendulum of a clock, and when moved from side to side is raised." He said that the heart could be displaced by being pushed aside by any increase in bulk of the contents of one side of the thorax; indeed, it is one of the signs of pleurisy, pneumo-thorax, etc., but records of cases in which the heart is drawn toward the affected side are comparatively rare. Displacements to the left from such a cause he thought much more rare than to the right. He had seen one such case (reported by Dr. S. C. Chew), and had heard an interesting report of another by Dr. W. J. Jones at the last meeting of this Society.

He had also seen one case of complete transposition of all the viscera, but had never before met a case in which the heart was *drawn* to the left side by cirrhosis of the left lung, without a pre-existing history of pleurisy. He thought this displacement to the left might be mistaken for hypertrophy and dilatation of the heart.

*Abstract of paper before the Clinical Society of Maryland.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

SERVICE OF DR. J. M. DA COSTA.

Anemia.

In some respects, gentlemen, this is a very remarkable case that I bring before you. The patient is an Italian, fifty years of age, from whom we cannot obtain a very clear history, owing to his inability to speak Eng-

lish. We can, however, glean that he has been ill for one year, during which time he has suffered from shortness of breath and pain in the chest; he has lost flesh, and grew increasingly weaker. When he entered the hospital his conjunctivæ were pearly white, his tongue pale, and his spleen and liver somewhat enlarged. Cardiac dullness was increased in area. The first sound was feeble, the second distinct; his temperature was 98°. There was here marked evidence of anemia, and we asked whether there was any drain on the man's vitality to account for it. There was no diarrhœa, and when we examined the urine there were no actual morbid ingredients; the specific gravity was 1013. Here, then, the only tangible evidence of disease, barring the enlarged liver and spleen, was the very decided anemia. Under these circumstances the question arose as to the cause of the feeble heart and the shortness of breath: were they merely the symptoms of an impoverished condition of the blood, or were they the disease itself? Now comes in a very important point; Dr. Penrose made an accurate count of the red blood corpuscles, and found them reduced three-fourths—that is to say, where there would have normally been four there was only one, and while well formed, they were noted to be pale. While the white corpuscles were diminished, they were lessened only in proportion to the red. The heart, lungs, liver, spleen, and kidneys were repeatedly examined with negative results, so that we were compelled to accept the condition of this man's blood as the explanation of his condition. As the spleen was enlarged, we looked upon this blood deterioriation as related to that organ; and as the patient comes from Southern Italy, where malaria is very prevalent, we were caused to look upon malaria as the producing factor.

He is still, as you see, anemic, but nothing like he was. He has now some color in his lips, and his tongue (which was pale) is now red. The first sound of the heart is much improved; it now has some weight, and there is no murmur even at the base. The spleen has diminished somewhat in size, though the liver remains about the same. He has never had any marked dropsy, though there was some slight œdema of the feet when he first came in. His lungs are clear on percussion, the respiratory murmur is marked on the right side, and a little feebler on the left. Posteriorly, there is nothing about the lungs to attract attention. His urine now has a specific gravity of 1020, there is no albumen, and he now passes one pint more in twenty-four hours than when he first came in. But the most striking point about the case is that so much has he improved that his blood now contains three-fourths of its normal amount of red corpuscles. The treatment that has brought this happy result is a matter of great importance. At first he was given five drops of Fowler's solution thrice daily, which has all along been continued; later, he was given a salt of iron, a partial double salt of sodium, and the pyrophosphate of iron, ten grains thrice daily. This was borne well; it did not irritate the stomach, nor constipate the bowels, though it is a big dose. This case is very interesting, both from a diagnostic and therapeutic point of view. From the diagnostic point we may contemplate what symptoms anemia may produce, how, when the condition of the blood is impaired, all other organs and functions may suffer, and how, when it is improved, they correspondingly improve. From a pathological view the etiology may arrest attention. I think the cause was malaria, but the spleen is not sufficiently enlarged to warrant me in calling it a case of decided splenic anemia; it is not due to faulty nutrition or starvation, for the man is fairly well nourished otherwise. I incline to think, therefore, that it was most likely due to malaria and the enlargement of the spleen, which we know is an important blood-making organ. When the red corpuscles are reduced, as here, from four to one, we have to deal with an extreme case. The therapeutics of this case possess more than usual interest. Arsenic is a decidedly good remedy where the blood is impoverished; it is one of our best nerve tonics, and where the blood is altered with some poison behind this alteration, and especially if this be of the nature of malaria, arsenic is invaluable. In ordinary anemia it is also a good remedy, for it always rather tends to improve the condition of the blood, to increase the red corpuscles, but especially is this so when the nervous or glandular systems are involved, particularly if the cause be malaria. We have also here derived very remarkable benefit from the use of iron. This form of iron is but little used as yet, and I might almost say that its external use originated in this house. I was experimenting to find a soluble salt of iron, that would not be irritating for hypodermic use, when I hit on this. The only clue I had was from a statement in a German medical journal that a salt formed by the addition of sodium to some salt of iron might be thus used. I went further, and got the salt

I have introduced to you. It has been made officinal in the last pharmacopœia. Having used it hypodermically with perfectly satisfactory results, I conceived the idea that it might be given internally, and I have been very much pleased with its use thus. It may be given to children, and it is extremely well borne. The dose will be from five to ten grains in solution in water. It does not irritate the stomach, and does not constipate—at all events, not nearly so much as any other salt of iron. We will now discontinue the arsenic, but keep on with the iron.

Acute Endocarditis.

Here is a colored man, 23 years of age. Six years ago he had an attack of rheumatism that confined him to bed for eight weeks, so it must have been a real severe attack. From this he recovered, and was perfectly well until two weeks before his admission to the hospital, when he again had rheumatism of the knees, shoulders, and wrists. He was admitted to the hospital December 28, when his temperature was 100, his pulse 96, his tongue coated, costive, knees swollen and painful; urine, sp. gr. 1030, containing an excess of uric acid, but no albumen. His heart was examined at this time, and *there was no murmur.* At once, on the very first day of his admission, he was given ninety grains of salicylate of sodium. This treatment was continued until the 1st of January, at which time there was no fever and no pain. The salicylate was now stopped, and he was given quinine. Though the pains in his joints were gone, he complained of uneasiness and pain about the heart, and on the 8th of January a *soft systolic murmur was heard at the apex.* Remember that the heart had been examined daily, but this murmur was never heard before. He was now given one ounce daily of bicarbonate of sodium, which he bore well, but the murmur still persisted. Here was an attack of acute endocarditis, affecting principally the mitral valve, developed while the man was under observation. It is noted on the 15th that the murmur is still distinct. The alkali since the 12th has been reduced to half an ounce daily, because the urine was found to be alkaline. The temperature this morning (January 23) is 99°, towards which point it has been slowly declining. There have been many variations; on one occasion it arose to 103°. There is now no pain on pressure over the cardia, there is no shortness of breath, his respirations are 24; but there is, to-day, a distinct but not harsh systolic murmur at the apex, followed by a second distinct sound. The impulse is well marked, and there is no increase of cardiac percussion dullness. In the lungs, posteriorly, the respiratory murmur is rather feeble, especially on the left side, but there is no marked dullness. His pulse is only 64. Throughout the whole course of the disease his pulse has been curiously slow; taking the 6th when it was only 54, it has varied from this to 60, 62, 64, 58, 68, 60, 56; only once it rose to 90, which was a very temporary rise, as it was down again the same evening to 80, and the next day to 60. This pulse is the more remarkable because there has never been any pericardial effusion to interfere with the action of the heart. This is a curious case; years ago the man had rheumatism from which he recovered without any damage to his heart; there was no heart lesion when he came in here, but the lesion actually develops under observation, when the joint symptoms have subsided. Another curious feature is that a lesion affecting a valve so important as the mitral, of origin unquestioned, has existed without any acceleration of the circulation, in fact, the pulse is really slower than normal. This case tends to confirm me in the conviction that has for some time been growing on me, that the salicylates are useless, in so far as they are expected to prevent cardiac complications. Do not misunderstand me—their value is great and undoubted in rheumatism, but they will not prevent the occurrence of cardiac lesions as sequelæ of rheumatism. What treatment have we then that is better? Unquestionably, the alkaline treatment. Where, in the treatment of rheumatism, we note the least tendency towards heart complication, we should use alkalies, which are better than the salicylates, not only to prevent the heart lesion, but also to cure the rheumatism. Fuller first advised us to saturate the system, giving half an ounce or an ounce of bicarbonate of sodium in twenty-four hours; after a short time the urine will become alkaline, and we can then diminish the dose. The alkalies defibrinate the blood, and prevent deposits on the valves. Now the question arises whether this man is going to recover entirely, without any permanent heart lesion. It would be premature to formulate a positive opinion on this score. I believe, however, that he will get well without any marked cardiac disease, for the murmur is so very soft. There may be some little permanent roughening. Now the time has come in his case to give iodide of potassium, which we will do in doses of ten grains thrice daily, and we will reduce the bicarbonate of sodium to two drachms

thrice daily. His diet will consist of milk, broth, farinaceous articles, arrow-root, oysters, and but little meat. He will have no stimulants, and will get eight grains of quinine daily, which I think has a tendency to prevent relapses in rheumatism.

Pilocarpine in Erysipelas.

I bring these two cases before you to illustrate the great value of pilocarpine in the treatment of erysipelas. In the first case there was erysipelas of the leg and face. He was given one-sixth of a grain of pilocarpine by hypodermic injection: two hours later he was given one-eighth of a grain, and was purged with a mercurial pill. But he did not sweat freely. He was then ordered twenty drops of the fluid extract of jaborandi every two hours, when he did sweat, and the disease was checked in twelve hours after the first hypodermic; the temperature went down to normal, and he made a rapid convalescence from that time. He is now taking twenty drops of the fluid extract thrice daily; he still sweats, and his urine has increased from two and a half to three and a half pints in twenty-fours hours. The drug did not have sialogogue effects, nor did it seem to have any action on the heart. The second case is one of erysipelas of the nose. On admission, the temperature was 103½°. After the injection of pilocarpine, it fell to 100°, later to 99°, and has never since been up to the fever temperature. Neither of these patients have had any iron or quinine. This pilocarpine treatment grows on me as one of great value. I believe it is more especially useful in erysipelatous affections of the face, in those who are not feeble, and where we have no need to fear exhaustion.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

Service of Dr. Roberts Bartholow.

Melancholia with Illusions.

This woman, who is forty-nine years old, has been afflicted with melancholia for some time, and her case affords us the opportunity for some interesting studies. She worked in a match factory, but not among the phosphorus, as she was employed in the box-making department. The first symptom of her present trouble was a loss of memory; she found herself only able to count the boxes with difficulty, and when counted she would forget the number. Following this came depression of spirits and apprehension for the future, a dread of poverty, and the like. Then supervened wakefulness, born of a fear to go to sleep, lest she might die in her sleep; so that she would resist the inclination to sleep, thus working the double injury of mental strain in endeavoring to keep awake, and the necessary exhaustion from the want of sleep. With this wakefulness came illusions; she would hear voices, not from any particular locality or person, but she would hear, at night, conversation. This is a point in connection with melancholia that requires your deepest attention, for when these poor creatures "hear voices," they will sometimes hear "a voice from heaven" commanding them to commit murder or suicide, and such commands are not infrequently obeyed. This woman sees strange external objects; she will see persons and things in trees, which, for a time, seem real to her, but, by a process of reasoning she is able to convince herself that they are not material, but only illusions. Let me draw for you the distinction between an illusion, a delusion, and an hallucination. An illusion is the perversion of an object really seen, as in this case the woman really sees a tree, but she perverts it by her disordered cerebration into a person or something other than a tree; when one imagines that he sees something when he sees nothing, when he has no foundation for his imaginary object, it is an hallucination; and when he cannot, by reason, disabuse himself of his illusion or hallucination, then it becomes a delusion. According to lawyers, delusions are proof positive of insanity. In this case there is no delusion, because the woman can, by reasoning, convince herself of the illusive character of her perceptions. So, also, with the imaginary conversations; she can convince herself that they are not really heard, and there is also a foundation for them, hence they constitute neither an hallucination nor a delusion, but merely an illusion. This foundation consists in the fact that she has ringing in the ears, which she perverts for a while, at times, into conversations.

We will sometimes observe illusions or may be delusions of taste, when patients will persistently refuse food. Such a phenomenon may have a foundation, as if there be a disordered stomach, and its correction may be under the control of reason, hence it is only an illusion; but it may, on the other hand, have no foundation, based upon the idea that all food is poison, when it is, in reality, a delusion.

Melancholia is a condition of depression, as acute mania is one of excitement. All the bodily functions are depressed, and this

must be taken into consideration in formulating our therapeutics. We must carefully look to outside sources of mischief, as, for instance, the existence of constipation or dyspepsia. Constipation is a very common condition among melancholics, due, in part, to their indifference; it is wonderful how great will sometimes be the accumulation of fæcal matter. The ancients, as we learn from the aphorisms of Hippocrates, thoroughly realized this intestinal torpor, and we have the word *hypochondriac*, meaning under the ribs, as evidencing their appreciation of the rolé of the colon in producing this condition. We should see to it that the bowels of such patients are freely emptied, and we should then direct our attention to vivifying the cerebral functions. Most admi[illegible]
[illegible] will be derived f[illegible]

Diphtheritic Paresis; — Dr Roberts Bartholow, in a recent Clinic Says;

sequel of paresis from head to foot. You must draw the distinction between paresis and paralysis, the former indicating only a partial, while the latter means an entire loss of power. If the faradaic current fails, these cases will usually respond to galvanism, which should be employed until the reaction to the faradaic current is re-established. If the muscles fail to respond to galvanism, then we know that the true muscular tissue is replaced by connective tissue and fat, but it is very seldom that we find cases so far gone. It is a singular fact that in many cases the muscles will respond to the stimulus of the will, even before the reaction to the faradaic current is established. The use of electricity serves two purposes; it
[illegible] and improves the
[illegible]s incontinence of
[illegible] may be passed into
[illegible]lated portion being
[illegible]e bladder, and the
[illegible]-spinal centre; the
[illegible] used for atony of
[illegible]s I would use the
[illegible]odermatically, one-
[illegible] day or two or two
[illegible]t will tone up the
[illegible]vere cases I would
[illegible]ally.

[illegible] gr. $\frac{1}{80}$.
[illegible] gtt. x.
[illegible]well diluted, thrice

[illegible]nust be increased,
[illegible]ished, I think, by
[illegible] the use of oleum syrupus hypophosphatum cum ferro. MD & Surg. Upstate

[illegible]theritic Paresis.

This boy talks as though his mouth was full of hot mush, and when he takes a drink some of the liquid flows out of his nose. When he walks you notice that he cannot combine the action of the muscles of the two sides with any degree of certainty. You must remember that there is an automatic mechanism and a voluntary mechanism. If you start to walk from here to the river, you put into motion a set of muscles that will work automatically, without any volition or direction on your part. When, however, I tell him to shut his eyes, and, extending his arm, to bring his forefinger to his nose, he brings into play his voluntary mechanism, and this, you see, he can only do with some difficulty. But there is here also some derangement of the unconscious or automatic mechanism, as evidenced by the failure of the veil of the palate to perform its duty, allowing the regurgitation of fluid. He has had diphtheria recently, and we have the

Stomachic Vertigo.

My hour has so nearly expired that I can do no more than merely show you this man and say that I consider Fowler's solution, in doses of two drops in water, thrice daily before meals, combined with a rigid supervision of diet, as the best treatment for stomachic vertigo.

Medical Societies.

Baltimore Gynecological and Obstetrical Society.

Discussion on Labor Complicated by Placenta Prævia. (*See page* 197.)

Dr. B. B. Browne remarked that about ten years ago he had had a somewhat similar experience, the patient also being a colored woman. He was called to a case, which had been attended by a midwife, about twelve hours after the delivery of one child, to de-

liver the other, which the midwife said was fast and could not come away. Upon examination, a sub-peritoneal tumor as large as a fœtal head at full term was found. The tumor had attained this large size during the period of pregnancy. With involution of the uterus the tumor decreased rapidly in size, and at the end of six weeks could scarcely be detected. This case was reported in the *Am. Jour. of Obst.*, vol. x., p. 39.

Dr. Morris asked Dr. Miltenberger's opinion as to the theory advanced in the paper, that the ovum had by a law of selection attached itself to the cervix, not finding a proper nutrient *nidus* in the body of the uterus.

Dr. Miltenberger thought the theory a very plausible one.

Dr. T. A. Ashby asked Dr. Morris whether menstruation had occurred during pregnancy in the case which he had related. Several cases had been reported in journal literature, when menstruation had continued during pregnancy, and the explanation offered was based upon the discovery of polypi and submucous fibroids in the uterus. In the classical case reported some years ago by Dr. L. M. Yale, menstruation was observed in a pregnant woman, and upon examination a very small polypus was found and removed, and hemorrhage did not again occur during pregnancy.

Dr. Ashby was of the opinion that the explanation offered by Dr. Morris to account for the position of the placenta was a most rational one. The presence of the tumor had, no doubt, prevented the ovum from becoming engrafted upon the mucous membrane covering it, and as the tissues about the cervix were in a healthy condition, a favorable site was offered for the development of the decidua and the growth of the ovum.

The doctor then related the following history of a case which he had attended about a year ago. He was first called to see the patient during labor, and learned that she was over five months advanced in pregnancy. For two weeks she had been losing large quantities of blood, but this circumstance had not attracted serious attention until severe labor pains set in. Upon examination he found the placenta firmly attached to the right side of the cervix, but a large portion which lapped over the internal os had become detached. Hemorrhage had resulted from this detachment, and the copious loss of blood had destroyed the life of the fœtus, which had evidently been dead for several days. The breech presented: after some delay in dilating the cervix, delivery took place. The placenta being firmly adherent, was detached with some difficulty. The patient made an uninterrupted recovery. Dr. A. considered that the occurrence of the abortion had proven a conservative process, as the full development of the child would doubtless have led to more serious complications. In this case there was no evidence of a fibroid tumor, but impregnation had followed pretty closely upon the birth of a child, which may have accounted for the occurrence of a placenta prævia.

Dr. Miltenberger said he thought that the presence of an intramural fibroid would not, as a rule, cause hemorrhage during pregnancy, although polypi are very apt to do so.

Dr. Brown asked Dr. Miltenberger if it was not his experience that fibroid tumors increased very rapidly during pregnancy.

Dr. Miltenberger replied that, at the moment, he remembered three cases of pregnancy complicated by fibroid tumors. In two of these there was marked increase in the size of the growth during gestation, and rapid disappearance after confinement. Both occurred in young women.

Dr. W. P. Chunn thought that hemorrhage might be caused by the unequal contraction of different portions of the uterus, due to the presence of the tumor, which might also, to some extent, have prevented the expulsion of the placenta. Dr. Emmet had related a case in which alarming hemorrhage followed the extraction of a submucous fibroid, and was only checked after a second tumor, which was found in the parenchyma, was removed.

Dr. Robt. T. Wilson referred to a patient of his, who told him that the only time she menstruated or had any bloody discharge from her uterus was during pregnancy, but that during that period the flow appeared regularly each month, ceasing after labor had taken place. His patient was a white woman, and had no fibroid tumor.

Dr. Morris believed that hemorrhages during pregnancy did not result from intramural fibroids. As regards the prognosis in these cases, he felt safe in telling the friends that the tumor would disappear.

Dr. Browne remarked that the existence of fibroid tumors in the uterus was a recognized cause of sterility, but when pregnancy does occur in such cases, the tumors increase rapidly in size with the development of the uterus. After delivery, with involution of the uterus, the growths quickly diminish in size and frequently disappear altogether.

Dr. Neale referred to two cases, the history

of which he had read before the Maryland Medical and Chirurgical Faculty.

Case 1. Mrs. A. P., æt. 28, was delivered of her fourth child, after a perfectly normal and easy labor. A teaspoonful of fluid extract ergot was given post-partum, but a considerable bloody discharge with severe after-pains continued for twelve hours, when the patient expelled from her uterus a fibroid tumor, which the doctor preserved. Its presence had not been suspected.

Case 2. Mrs. M., American, æt. 20, was delivered with forceps after a difficult and tedious labor. The uterus, after expulsion of the placenta, although firmly contracted, would not descend below the umbilicus. Both Dr. Miltenberger and Dr. N. made careful vaginal examinations and diagnosticated a fibroid tumor, apparently about the size of a man's fist, in the posterior uterine wall. Nothing of special note occurred until the eighth day, when the patient passed from her uterus a fleshy mass, described by the nurse as being "like a miscarriage, and resembling in consistency the gizzard of a chicken." It was thrown away by the nurse, but both physicians considered the case analogous to Case 1.

Dr. Neale considered these cases especially interesting as occurring in young white women, and thought the fact of spontaneous post-partum expulsion might have some bearing upon the treatment and prognosis.

Dr. Morris referred to a patient of his, who, about eight days after each of her confinements, had passed a fleshy tumor from her uterus. Dr. Miltenberger had kindly attended this patient in one of her labors for Dr. Morris, and had had an opportunity to examine one of these tumors. Dr. Morris has seen notices of similar cases in foreign textbooks, but has never seen them in our own.

CLINICAL SOCIETY OF MARYLAND.

Meeting January 8, 1886.

Discussion on Displacement of the Heart. (*See page* 199.)

Dr. Randolph Winslow wished to know if Dr. McSherry thought a man could have cirrhosis of the lung without having phthisis.

Dr. McSherry—I have stated that this man has phthisis.

Dr. Winslow—Do you think he could have cirrhosis without having phthisis?

Dr. McSherry—He might have a chronic interstitial pneumonia.

Dr. Winslow—You think, then, that he might have cirrhosis without phthisis?

Dr. McSherry—No, I should say he could not have cirrhosis without phthisis; but in making this statement, I wish it to be understood that I make a distinction between the terms phthisis and tuberculosis.

PHILADELPHIA CLINICAL SOCIETY.

Discussion on Perityphlitis. (*See page* 165.)

After the reading of the paper, Dr. James B. Walker said he wished to give special emphasis to the "*doughy*" sensation mentioned by the author. This is a pathognomonic indication of deep-seated pus, in empyema, hepatic abscess pointing towards the thorax, as well as perityphlitis, and is of great value, inasmuch as fluctuation is rarely appreciable under these circumstances. In cases of prolonged effusion in the pleural cavity, when the effusion has become purulent, the "*doughy*" sensation is apt to be found in the thorax, at the most dependent portion, overlying the empyema, and an exploratory puncture should always be made with the hypodermic needle.

Dr. L. Brewer Hall asked whether grape seeds, cherry stones, etc., were necessarily a cause of perityphlitis.

Dr. Hanna T. Croasdale mentioned a case of inflammation which was subacute in character, confined to the right iliac region. The patient became greatly emaciated; hands very thin, almost transparent; there was a feeling of discomfort rather than pain; no febrile symptoms. Under careful taxis and manipulation peristaltic action was set up, causing the expulsion of masses which had been accumulating for months—bits of linen thread, seeds of small fruits and vegetables; some of the tomato seeds had sprouted. Relief came gradually, and there was finally complete restoration to health.

Dr. James B. Walker considered this a case of typhlitis, causing paralysis of the intestinal wall, and allowing accumulation with impaction in the cæcum. He also called attention to the difference in the decubitus between general peritonitis, and localized peritonitis confined to the pelvis. In the former the patient is more comfortable with the thighs flexed, relieving the tension of the abdominal muscles; in the latter, the thighs are extended, because contraction of the psoas and iliacus muscles would add to the pain, instead of relieving it.

Dr. Edward R. Stone referred to the importance of œdema as an indication of pus in serous cavities, and spoke of its importance for the same indication in the subcutaneous tissue of the mammary gland.

Dr. Keen, in closing the discussion, said there was more apt to be œdema in the overlying tissue during the acute stage than when the trouble became chronic.

In a large number of cases there are no seeds present, and even if there were, there is such a gush of pus that everything is swept before it, and it is almost impossible for any seed to be seen. If a pus cavity had been formed in the case mentioned by Dr. Croasdale, manipulation would have *aggravated* rather than *alleviated* the symptoms. Flexure of the thighs is not very common in perityphlitis; still it does occur, and its absence and the absence of fluctuation must not be taken as evidence that no pus is present. When the pus is deeply seated, the overlying colon may give rise to a clear percussion note if the percussion be superficial, but on deep percussion dullness is generally found.

Dr. Charles K. Mills then read a paper on

Catalepsy.

After the paper had been read, Dr. James B. Walker spoke of a case of catalepsy of which he had heard through another practitioner. The patient was a sailor, and when at work on the vessel, drawing rope or any occupation whatever, he would be seized with an attack of catalepsy, and remain in the position he chanced to be in for a few minutes, and then go on with his work. The seizures finally became epileptic.

Dr. Caroline Dodson wished to know in which sex the disease was more likely to occur, also the effect of the artificial production of this condition,

Dr. Mills, in answer to these questions, replied that he considered hysteria and hystero-catalepsy more frequent in women than in men, though he believes the conditions are more frequent in men than they were once thought to be. He considers that the artificial production of the condition is apt to upset the nervous system for a time. The disease is not very common in this latitude; more common in the warmer and tropical climates.

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PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Meeting, November 12th, 1885.

The president, J. C. Wilson, M. D., in the chair.

Dr. Fussell presented specimens from a case of "Mastoid Disease." Male, æt. 25 years. Never had scarlet fever. Since vaccination, at the age of 5 years, has had occasional attacks of suppuration of the middle ear. General health was good. Was first seen by Dr. F. July 14th. For several weeks he had had earache, with one slight chill. When seen, hearing was very poor, membranæ tympani opaque, swelling and redness over left mastoid process, and temperature elevated. His general condition grew worse, and an incision was made over the mastoid process, but it failed to find pus. On extending this incision a few days afterward, pus flowed freely and he was much relieved. He afterward grew worse, fell into a typhoid condition, and died July 24th. Before death blood oozed freely from the cutaneous surface. At the autopsy the mastoid cells were found filled with pus. In the inner half of the process was a large irregular cavity filled with a pultaceous mass of necrosed bone; this communicated with the middle ear. The walls of the lateral sinus were thickened, easily detached from the bone, and the seat of a purulent inflammation. The sinus contained no thrombus. The meninges over this spot were discolored, though not inflamed, but there was a patch of inflammation over the anterior edge of the left lobe of cerebellum. Brain substance was normal. Remaining organs were not remarkable, except the right lung, which contained in its apex two small abscesses. From the condition of the sinus, the reporter thought there had been an actual admixture of pus with the blood.

Dr. Packard presented an "Anomalous Lung." It was taken from the body of a negro who died of Bright's disease. From the inferior surface of the lower lobe of the right lung springs a tongue-shaped process of pigmented, crepitant lung tissue, 2½ inches long and 2 inches wide at its base, resting upon the diaphragm, its upper surface being in apposition with the under surface of the lower lobe. Dr. Packard had recently seen in the body of another negro a similar anomaly, except that the process was smaller and situated more anteriorly.

Dr. Musser presented a "Cystic Kidney." It was the right kidney, and was taken from the body of a man, æt. 72 years, who died of apoplexy. The kidney was cirrhotic, and it contained two cysts, the larger occupying the upper one-fourth of the organ. Its walls were firm, and contained clear fluid, in which floated cheesy masses, which the reporter thought were degenerated pus. When first seen the patient was passing small quantities of bloody,

highly albuminous urine, and complained of pain in the right renal region. These symptoms were apparently due to an acute process grafted upon the chronic lesion. The blood and most of the albumen disappeared, but the pain persisted. Was this pain due to the cyst?

Also, a "Carcinoma Mammæ," removed from the body of a woman, æt. 75 years. The breast had been injured eight years ago, and three years afterwards the tumor was noticed. There was never any pain in the tumor. The lymphatic glands of the axilla were involved. In addition, there was a large lipoma of the back of the arm. She had frequent attacks of severe pain in the tibia and left parietal bone, apparently due to periostitis, and not to any secondary growth. There was no syphilitic history.

Also specimens from a case of "Diabetes Mellitus." Female, æt. 43 years. Had a vesico-vaginal fistula 14 years. Diabetes had existed, without apparent cause, two months. Patient was unusually fat, and had lost no weight. She died of coma. Temperature in the abdominal cavity three hours after death, was 107.8° F. Liver large and fatty; gall bladder contained 30 stones. Kidneys fatty. Pancreas normal. Blood had a most marked lactescent appearance, and after standing 12 hours globules of fat collected on its surface. Lacteals in the mesentery engorged with chyle. Microscopic examination of lungs showed no fat emboli. In the the urinary bladder was a large phosphatic calculus. Dr. Osler thought the peculiar condition of the blood was what we should find normally in a person dying during digestion, and called attention to the fact that very frequently in diabetes there is engorgement of the lacteals.

Also a "Fœtus Papyraceus." The mother was delivered in the morning of a mature living child and in the evening of this fœtus. It is apparently of the fifth month of pregnancy, and with the exception of shriveling and paling of the skin is quite normal. The cord is thin and soft, its length unknown. The placenta is thin, flat, compact and whitish-yellow, apparently having undergone complete fatty degeneration.

Dr. J. B. Roberts presented a small tumor, the size of a hickory nut, which he had removed from the back of the wrist of a young man. It had the clinical appearance of an ordinary ganglion, but attempted evacuation showed it to be solid. It was then enucleated and found to have been developed within the theca of the tendon going to the middle finger, and probably between its fibres. The great rarity of solid tumors in this locality was mentioned.

Dr. Osler asked if the patient had a rheumatic history, although his specimen was rather large for a subcutaneous nodule occurring in rheumatism.

Dr. Roberts knew nothing of the history.

Dr. Nancrede presented "Fluid from an Encysted Hydrocele." The fluid contained large numbers of dead spermatozoids.

Dr. Hughes presented a "Primary Carcinoma of the Liver." Female, æt. 58 years. A daughter died of cancer of the uterus. She had been in good health till eighteen months ago, when flesh and strength began to fail, and with this there were occasional attacks, lasting about a week, of headache and sick stomach, followed by diarrhœa. There was pretty constant lancinating pain in the hepatic region. Five months ago she had an attack of jaundice (her only attack), lasting two weeks, and at this time a tumor was detected in the liver. At the autopsy, the liver was found much enlarged, and scattered through its substance were firm cancerous nodules, varying in size from an orange to a pin's head. In addition to these, there were several cysts, one in the left lobe two inches in diameter, filled with clear fluid. The liver substance between the cancerous nodules was normal. The gall-bladder was full of healthy bile and the ducts patulous. There were no enlarged glands in the fissure of the liver, but the retro-peritoneal and mediastinal glands were increased somewhat in size, and the seats of secondary deposits. With these exceptions, there was no growth outside the liver. The intestines were crowded into the left side of the abdomen by the enlarged liver. The stomach was very small, only one inch in diameter at its fundus. There was an intussusception three inches in length at the ileo-cæcal valve, which, on being reduced, which was effected with some difficulty, showed the apposed surfaces of peritoneum covered with lymph.

Dr. Formad presented specimens and read a paper on "An Analysis of 250 Autopsies on Drunkards," illustrating the most prominent anatomical lesions of chronic alcoholism. He considered the most conspicuous lesions to be cyanotic induration of the kidneys, fatty infiltration of the liver, and mammillated stomach. His cases had been those in which there had been a history of a long-continued series of debauches, the subjects often dying in one of these debauches, and did not include moderate drinkers or those who perished after imbibtion of an

enormous quantity of alcohol without any previous chronic excesses. He thought that the exposure, irregularities of diet, etc., incident to a state of drunkenness had much, probably more than the alcohol itself, to do with the production of the lesions, but it was not at all possible to separate one from the other. He gave a long list of lesions considered by various authors to be results of chronic alcoholism, among which the cirrhotic liver, with contraction, held a prominent place. He had himself at one time considered cirrhosis a very frequent if not almost necessary concomitant of long-continued excessive use of alcohol, and had even testified in court that a certain person was not likely to have been a hard drinker, because at the autopsy no cirrhosis of the liver was found. He had thought, too, that the connection between the two was so close that it was impossible to have a case of cirrhosis without a previous history of alcoholism, as is held by various authors. Therefore, it was surprising to him to meet in his 250 autopsies with only 6 cases of cirrhosis of the liver with contraction. In 220 cases the liver was considerably or even very much enlarged, the enlargement in most cases proving to be due to a fatty infiltration. Cyanotic induration of the kidney and chronic gastritis, with mammillation of the stomach, were found in nearly every case. This cyanotic induration is peculiar, and different from the cyanotic induration due to heart disease. At a future meeting, he will give a detailed account of the above lesions, and a more extensive analysis of the cases.

Dr. Tyson could not speak from a systematic observation of a large number of autopsies in the cases of confirmed drinkers, but he remembered distinctly being surprised in several cases by the absence of cirrhosis where he confidently expected to find it.

Dr. Wilson said that Anstie, in the article on "Alcoholism in Reynolds' System of Medicine," had called attention to the comparative infrequency of contracted liver in confirmed drinkers. This observer, in an extensive out-patient practice in London, had seen large numbers of cases of alcoholism, but very few among them presented the physical signs of cirrhotic (contracted) liver. The experience of the staff at Blockley Hospital sustains this view. There many of the patients are soaked with alcohol, but even among those whose death is directly or indirectly due to alcoholic excess, fatty liver is much more common than contracted liver.

Dr. Osler thought the experience of pathologists and morbid anatomists, with histories of patients, is not of the most satisfactory character, he often having had cases to dissect where he knew very little of the history. Before saying these cases were chronic alcoholics, Dr. Formad should present more specific statements about them. His own experience with livers, in a large number of autopsies on cases of chronic alcoholism, had led him to divide them into four classes:—1. Those in which the condition of the liver is pretty satisfactory; some of these cases may take alcohol for many years and yet the liver pass muster; (2) Fatty cirrhotic livers; the cirrhosis may not, perhaps, be distinct to the naked eye, but plainly shown by the microscope; this is the largest class; (3) Hob-nail livers; these he would say were much more common than in Dr. Formad's series; (4) Hypertrophic cirrhotic livers. The difference between his observations and those of Dr. Formad might possibly be accounted for by a difference in the form of alcoholic beverage taken. He had not observed the special form of kidney described by Dr. Formad. In reply to a question, he said in order of frequency he would place them, fatty cirrhotic, hob-nail, hypertrophic, cirrhotic, apparently normal.

Dr. S. Solis-Cohen said there were certain theoretical considerations which suggested themselves in this connection. The text-books teach that the lesions of alcohol are of two kinds, sclerosis and steatosis. It is known that in some organs the fibrous change precedes the fatty one. The latter is the higher grade of degeneration. The subjects of Dr. Formad's autopsies were confirmed whisky-soakers, in whom one would expect to find more intensity of degeneration than in those whose use of alcohol, though persistent and excessive, was not so outrageous. Another point which had not been alluded to, was the fact that some lesions might result from a local action of the poison upon the tissues—while others might be due to its systemic action. No study of the subject could be complete in which these points were overlooked.

Dr. Randall suggested that the point touched upon by Dr. Osler—the character of alcoholic beverage—might be very important. In Vienna, among the beer-drinkers, he had found the fatty liver much more common than the cirrhotic, while in England, where much gin is drunk, and he should suppose in Scandinavian countries, where they drink altogether strong spirits, the cirrhotic liver is doubtless comparatively frequent.

Dr. Musser had recently had to go over the records of the Pathological Society, es-

cially in liver diseases, and had found the total experience of different observers the same as Dr. Formad's, and also in those cases cirrhosis was caused not so much by heavy drinking as persistent drinking of spirits, and on an empty stomach.

Dr. Formad presented the "Sac of an Extra-uterine Pregnancy." The woman from whom this was removed had not suspected that she was pregnant. She was in perfect health till twelve hours before death, when she was suddenly seized with excruciating pain in the left groin, rapidly followed by collapse. On opening the abdomen, it was found to contain at least a gallon of partly clotted blood. About the middle of the left fallopian tube was the sac, with a rent in its posterior wall. This sac was one inch in diameter, and contained clotted blood and placental tissue. The uterus was twice its normal size. The fœtus was not found.

Also "An Aneurism of the Ascending Aorta Rupturing into the Pericardium." The patient was a laboring man, and had considered himself in perfect health. He died very suddenly. The aneurism, one-half inch in diameter, was situated just above the posterior aortic leaflet, and had broken through the wall of the aorta at the point where it touches the descending cava. The cavity of the pericardium was fully distended with clotted blood.

W. E. Hughes, M. D.,
Recorder of Soc.

Editorial Department.

Periscope.

Cases of Congenital Malformation of the Eyes.

Dr. F. Richardson Cross thus writes in the *Brit. Med. Jour.:*

Symmetrical Microphthalmos.—F. L., a female child, four months old, was brought for my opinion as to its power of sight. The child was well grown, the head and face well shaped. The orbits were fully developed, but the lids were small and lay deep in the orbit, giving an appearance as if each globe had been enucleated. The lids were usually closed; when open, a mere chink existed between them. This chink (the palpebral fissure), when more closely examined, was of a good length from side to side, the external canthus being drawn inwards to some extent; the lachrymal passages were well developed, and the caruncle fairly large. Under the lids, imperfect eyes could be recognized, moving sluggishly in the direction of a light, or of objects, or of the mother's voice; and small dark corneæ appeared between the narrow palpebral fissures. There was a distinct tendency to inward squint. The movements of the eye were cramped, but the globes could roll fully from side to side. The lids were separated with some difficulty, the rim of the palpebral fissure being somewhat tense, and with scarcely any vertical separation. Healthy conjunctiva covered much contracted symmetrical eyeballs. The cornea in each had a diameter of two lines, and projected in front of the rest of the globe in natural proportion. A complete blue-grey iris, with pupil, existed in each eye. No further definite examination could be made. But the child seemed to possess very small eyes, of which the various constituents were all atrophied, and in due proportion. Four elder children had been born, quite healthy in every respect, except the third, who died when ten months old.

Dr. Fairbanks, of Wells, writes that, when this third child was born, "the orbital cavities were so small, and the lids so rudimentary, that it was impossible to discover anything resembling an eyeball." He adds: "I have seen the last child, and it is in quite a different condition."

When the third child was about two months *in utero*, the mother was very much frightened by an old tramp, who came into her shop and threatened and abused her. This old woman had peculiarly small and sore eyes, which made a great impression on Mrs. L. the whole time she was carrying the child. When the child was born without eyes, the mother at once attributed it to the effect produced on her by the old woman. I consider, from a recent examination of L., that the eyes are growing larger, and the power of vision is somewhat improving. Several cases, both of congenital absence of the eye and of its atrophy, have been put on record; but the microphthalmos seldom seems to be symmetrical, nor is the eye usually so perfect as in this case, whilst the apparently complete anophthalmos of the earlier child adds to its interest.

Irideræmia.—The subject was Daisy C.,

aged two years, a well formed child. The palpebral aperture was narrowed, a broad fold of skin passing from the upper to the lower lid, hiding the caruncle. There was constant rolling nystagmus, the eyes were well shaped, and perhaps rather small. The child looked towards shining objects (watch, silver pencil-case), but without any power of fixation. It was said to find its way about the nursery, avoiding obstacles; and it was believed to recognize jam on bread, and to choose this in preference to butter; but the power of vision was much impaired. The eye did not seem particularly over-sensitive to light. The cornea, sclerotic, and globe of the eye, appeared perfectly normal. The iris was entirely absent. Eserin used for several days gave no appearance of an iris; but, without any leading question from me, the father, who is a most intelligent man, volunteered the information that the child had been holding objects more closely to the eye. This statement might be of importance as showing the presence of the ciliary muscle.

Direct examination with the ophthalmoscope showed a perfectly clear red rim round the lens. The lens appeared cloudy in places, according to the direction of the mirror; and the shadow passed in every direction, as in myopia. The fundus was pale red, with well defined retinal and choroidal vessels. The discs appeared white, with irregular edges, the vessels in the neighborhood being tortuous. There was no posterior staphyloma, nor atrophic patch. The appearance suggested a former neuritis, but was such as is not unfrequently seen in hypermetropia.

I will not trust myself to speak of the presence or absence of the ciliary processes in this case, as I find no special note of it, and have had no opportunity of repeating the examination. Some authors allege that these processes can be clearly seen in cases of irideræmia; whilst others, on the contrary, assert that they are absent. Their absence is rendered probable by the fact that they are developed with the iris from the front part of the outer layer of the optic vesicle blending with the mesoblast which partly passes in front of the lens to form the iris, and partly becomes bent back at the lens-periphery, to form the ciliary body and the pars ciliaris retinæ; whilst the ora serrata is the developed anterior edge of the inner wall of the optic vesicle.

As I am credibly informed, the mother, who had given birth to two other healthy children, asked, directly this child was born, about its eyes; she expected something wrong; for she had been frightened at two months by a dog biting her, and a little later by the man-cook, who was trying to stab a servant in the kitchen. In each case, the staring eye was the main impression made upon the mother's mind.

Rare Case of Intestinal Malformation.

Dr. E. P. Hurd thus writes in the *Boston Med. and Surg. Jour.*, 1885:

Mrs. A. B., of Newburyport, while temporarily staying in Boston, gave birth in May, 1884, to a male child which was found to have an imperforate anus. Dr. H. M. Jernegan was called in to render surgical assistance; he dissected upwards in the ischio-rectal fossa in the direction of the rectum for some distance without finding the bowel, gave up the search, and closed the wound. The next day the infant began to pass thin fæces with its urine, every such passage giving pain. The child seemed for a time to thrive; had frequent fæcal motions per urethram, attended with much straining and distress. At the age of five months, symptoms of obstruction of the bowels set in; for five weeks nothing but urine was passed by the urethra; the abdomen was tympanitic and painful; for several days all nourishment was vomited, these symptoms all passing away with the return of copious fæcal discharges along with the urine.

I first saw the child in October. It was then a puny, pale, delicate infant; weight, fifteen pounds; lay most of the time like a limp, flaccid body in its mother's arms; could not raise itself or sit erect; took its food from the bottle with avidity, and seemed at times playful, but had frequent straining urethral passages of thin fæces, which were generally of a normal color, and curdy.

In the spring of the present year, I found the condition of the infant not materially changed. There had been little growth; there were no teeth. The pain during a fæcal operation was very great, the child writhing in agony. These discharges were quite frequent, averaging one an hour, day and night. The indication for anodyne treatment was urgent, but opiates were, for obvious reasons, unadvisable. I directed that the bowels should be kept free and the stools liquid by manna and magnesia, and the pain relieved by hyoscyamus, conium, chloroform water, and ether inhalations. The consent of the family to a surgical operation (left lumbar colotomy, or opening the bladder at its lower posterior portion and establishing a fistulous communication with the

exterior through an artificial anus), could not be obtained. August 1st, the child sank from the prostration of the hot weather and teething, dying at the age of fifteen months. The autopsy was performed by Dr. H. F. Adams and myself, only the abdomen being examined. The intestinal canal was normal except at the lower portion; there was entire absence of the rectum, and the descending colon, with its sigmoid flexure dilated and distended, and forced over to the right side like a letter V, opened by a narrow, rigid tube an inch and a half in length by half an inch in diameter, into the prostatic portion of the urethra, just behind the pubic arch. The bladder, which was not at all dilated, and to all appearances was healthy, contained a quantity of liquid fæces. The urethra was injected, swollen, and dilated to such an extent that a good-sized catheter could easily be made to enter the bladder. Nothing abnormal was detected in the other abdominal organs.

Such cases as the above have a physiological as well as a medical interest, and seem to be a reversion to a primitive type of vertebrate life.

Discussion on Cholera in Barcelona.

In a paper read before the Barcelona Academy of Medicine by Dr. Sordé, giving his views on the lessons to be learned from the experiences of the recent cholera epidemic, the question of abortive treatment was entered into. When, during the existence of cholera, cases of diarrhœa occur, with frequent fluid stools and little or no pain, energetic treatment should be at once adopted. Laudanum should be given, and strict confinement to the bedroom enjoined. If there is frequent vomiting and severe gastric pain, drugs by the mouth are useless; so probably is medication per rectum; and even the absorbent power of the skin is often so slight that external applications are of little efficacy. The only plan then is to resort to hypodermic injections. The most useful drugs are the salts of quinine, amongst which the author prefers the hydrobromide. Ether also is useful for setting up reaction. Subsequently tonic medicines may be given. The best nourishment for cholera patients is at first vegetable soup (in the case of children, Nestlé's milk food); afterwards meat soup without fat, and milk, and ultimately solid food, may be allowed. Cold water the author considers indispensable in all stages. He does not allow alcohol until convalescence. With regard to diagnosis, the author considers it impossible to diagnose cholera with absolute certainty unless the algide stage is reached. As to prognosis, he considers cholera less fatal than typhoid. In the discussion which followed, Dr. Suñé remarked that until the outbreak of this epidemic he had always considered that at such times diarrhœa should be looked upon as a premonitory symptom of cholera, but that now he knew that numbers of cases had occurred in Barcelona, which had got well by themselves, so that if all had been treated with opium the drug would have been credited with far too great a degree of efficacy. He referred to the case of a student who, being attacked by diarrhœa and having great faith in the ideas of Tunisi, took enough laudanum to render him narcotic; notwithstanding which cholera developed itself. Dr. Carré also believed that the efficacy of laudanum had been over-rated, and referred to the case of a boy whose uncle had dosed him well with it, but who, nevertheless, developed all the symptoms of cholera. Dr. Fargas mentioned some observations he had made on the body of a man who had died from cholera which lasted only a few hours. Nothing remarkable occurred during the first hour after death, but at the end of that time movements were noticed in the legs, shoulders, and head, also fibrillar contractions in the arms. The temperature had risen to 40° C., and sweat was observed on different parts of the surface.

Abnormal Mobility of the Tongue, with Ability to Project into the Naso-Pharynx.

Dr. Louis Jurist records this case in the *Med. Record*, 1885:

Thos. P., aged twenty-one, syphilitic, was referred to the Throat Department from the Surgical Dispensary of the Jefferson Medical College Hospital for examination. He had suffered for thirteen years with chronic rhino-pharyngitis, and had been much annoyed by the accumulation and desiccation of mucus in the naso-pharyngeal cavity and on the posterior wall of the pharynx. He often examined his throat with the aid of a hand-glass, and two years ago succeeded, after two months' practice, in reaching his pharynx with the tip of his tongue and removing the masses of secretion. This procedure now became a source of much comfort, and was indulged in daily. On one occasion his tongue slipped into the pharyngeal vault, and gave him still better facilities for cleansing. Upon examination, the evidence of an ordinary inflammation of the turbinated tissues, with hypertrophy and subsequent

pharyngitis, was well marked. He could with the greatest ease, and many times in succession, project the tip of his tongue into the vault, and described fairly well the posterior extremities of the inferior turbinated bones, the posterior septum, etc. A probe passed through the inferior meatus was readily and freely moved.

The frænum linguæ was ruptured in three or four places, and he stated that the under surface frequently felt sore, and that he often heard "cracking" while practicing. His tongue, rather pointed, was not of unusual length. Nothing abnormal in the conformation of the naso- or oro-pharynx could be detected. As far as I have been able to discover, but three similar cases are on record.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——In a little duodecimo translated from the French of M. F. Sarcey, the author, under the title "Mind Your Eyes," gives a variety of advice to near-sighted persons as to the proper methods of using their eyes. The advice does not impress us as always sound, but the style is pleasant and amusing.

——Dr. Leopold Casper, our esteemed correspondent in Berlin, sends us the reprint of an article by him contributed to the *Berliner Klin. Wochenschrift*, in which he reports a number of cases of extremely obstinate gonorrhœas cured by the cannellated sound.

——"The Hygiene of Pregnancy" is the title of the address of Dr. S. C. Busey, President of the Obstetrical Society of Washington. The subject is discussed in an able manner.

——The report of the proceedings of the Illinois State Board of Health, at its annual meeting last month, makes a pamphlet of 66 pages. It contains discussions on a number of matters of interest.

——Under the title "The Essentials of the Physical Diagnosis of Thoracic Diseases," Dr. E. D. Hudson, Jr., of New York city, has issued a brief treatise of 63 pages, giving a synopsis of the leading points in this branch. It was prepared for the use of physicians attending the post-graduate course at the New York Polyclinic, and seems well adapted to the purpose.

——In a reprint on the extraction of foreign bodies from the nose, Dr. D. B. Delavan, of New York city, offers a suggestion which we have not previously seen, and which merits quotation. It is as follows:

"To remove the foreign body, first cleanse the mucous membrane anterior to it. Then apply thoroughly to the membrane a four per cent. solution of cocaine, repeating the application if necessary after the lapse of about five minutes. The engorged and thickened tissue will quickly retract, and the passage thus having been widened, the body will often be extruded by simply blowing the nose. Should it still be so firmly impacted as to require the use of an instrument, its removal will be greatly facilitated by the anæsthesia of the parts, as well as by the additional space provided."

BOOK NOTICES.

A Manual of Auscultation and Percussion. By Austin Flint, M. D., LL. D., etc. Fourth edition. 8vo., cloth, pp. 280. Lea Brothers & Co., 1886.

This convenient synopsis of the art of physical diagnosis, as applied to thoracic diseases, has evidently met the wants of the profession, as is shown by the appearance of the fourth edition. It has undergone a careful revision at the hands of the author, and various additions may be noted which add to its utility. One of the most important of these is the insertion of diagrammatic illustrations, which set forth to the eye the different areas with their corresponding physical signs.

Fractures and Dislocations. By T. Pickering Pick, F. R. C. S., etc. Illustrated. 12mo., pp. 524. Lea Brothers & Co., 1886.

We have before referred to the series issued by Lea Brothers & Co., entitled "Clinical Manuals for Practitioners and Students of Medicine." All the volumes of the series are characterized by a thoroughness of preparation which is by no means universal in such extended publications. The present one is no exception to the rule. It is a concise and practical treatise on fractures and dislocations, largely resting upon the personal observations of the author. The contents are divided into four parts, treating respectively of the general pathology of fractures, special fractures, general pathology of dislocations, and special dislocations. There are quite a number of illustrations, and the volume, like all of the series, commends itself for convenience of size and excellence of manufacture.

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HOW LONG DOES THE HEAD OF A DECAPITATED PERSON RETAIN SENSIBILITY?

The *Revue Méd.*, 8, 1885, publishes an interesting report of an exciting debate which took place in the July meeting of the Biological Society of Geneva. Drs. Reynard and Laborde communicated to the Society the experiments which they had made on the body of a criminal immediately after decapitation. R. had paid attention mainly to the headless body; he observed the well-known fact, that immediately after the execution all the muscles responded to the faradic stimulus; three minutes later all contractions suddenly ceased, and all reflex excitability was at an end. L., who had occupied himself only with the head, was less positive. He believes that it is by no means certain that insensibility is at once lost, for he found the pupillar reflexes retained for several minutes after decapitation. The excitability of the cortical layer of the cervical spinal cord was retained for twenty-two minutes after death. To determine whether by injection of defibrinated ox-blood, or by direct transfusion from the carotids of a living dog, the excitability might be reëstablished after the twenty-two minutes, he made the experiment and obtained contraction of the facial muscles up to the fiftieth minute.

Paul Bert was greatly opposed to all experiments of this kind, for, as he said, if they do not succeed we do not learn anything from them, while if they do so we are not justified to perform them. L., on the contrary, maintained that the question was an important one, for if it could be demonstrated that the head of a decapitated person was still capable of sensation, that form of capital punishment would forever be stricken from the criminal code.

Herzen threw a different light upon these researches by saying that while in Schiff's laboratory he had made experiments to re-establish the circulation of decapitated animals by introducing fresh blood into the cerebral vessels. As a result, he came to the conclusion that *all* functions of the brain, therefore also the whole physical existence, even after a complete interruption of these functions for several hours by a perfect anæmia, would be reawakened by reëstablishing the circulation of the blood under conditions as much as possible resembling the normal ones. He is fully convinced that if the experiment could be made on the human head, even a few hours after decapitation, the same result would be obtained; but he believes the procedure to be an inexcusable and barbarous one, and that the determination of no

scientific question could ever justify any physician in carrying out such an experiment.

We may add that some of the observations mentioned in the discussion were made sixteen or seventeen years ago by Prof. W. H. Pancoast, who tried electro-muscular contractility on the body of the murderer Probst, immediately after it had been cut down from the gallows. If we are not mistaken, the muscles retained their response to the faradaic stimulus for over an hour; and we still remember the horrible spectacle, when the facial muscles, including the eyelids, contracted under the same stimulus, the countenance almost resuming the play of the living features. All that was gained at that time was the demonstration of the fact that the muscles of a person who had died the death by hanging retained their electro-muscular contractility for over an hour, for nothing new was elicited, that fact having been established and well known at least twenty years before. All such useless experiments, as they generally penetrate to the general populace, can only augment superstition and promulgate wrong ideas.

THE SURPLUS OF DOCTORS.

A correspondent in one of the central states draws a faithful and painful picture of the profession in his locality. In a small town, which, with its neighboring population, will count about twenty-five hundred people, there are ten physicians all in active practice, or at least making desperate efforts to be active. Another physician, in Kansas, writes that in his village of less than a thousand inhabitants there are seven doctors. These are examples of what is found in very many localities. Almost everywhere practitioners are so numerous that it is simply impossible for them all to make the necessaries of life, if they have to depend on their profession alone. The consequence is that many cultivate some outside employment, or have to rely upon their private means.

All this is bad enough. Still graver is the fact that this condition of affairs shows no signs of improvement, but is yearly growing worse. With the multitude of half-cut medical colleges scattered through the land, the number of partially educated medical men is increasing. Already there are three times as many as can find profitable employment within the bounds of their avocation, and yet young men rush in constantly, with bright hopes doomed to certain disappointment.

Necessarily, there will result a general lowering of the professional standard, as the struggle for existence becomes more and more a hand-to-hand fight for the necessaries of life. We see the beginning of this in the growing desire to discard those principles of professional honor which nigh forty years ago were embodied in the Code of Ethics; we see it in the greater willingness of practitioners to affiliate with any class of pretenders, through whom they can obtain consulting practice and the like.

All the more does it become the duty of medical colleges, medical societies, and the nobler spirits of the profession, to set themselves firmly against these deteriorating influences.

Notes and Comments.

Partial Dislocation of the Head of the Radius Peculiar to Children.

Dr. Sydney H. Lindeman describes this condition in the *Brit. Med. Jour.*, December 5th:

It is a partial dislocation of the head of the radius, forwards on to the condyle of the humerus, perhaps in some cases reaching the shallow depression above the trochlear surface which goes by the name of the radial depression. It is generally caused by some one saving the child from falling by taking hold of the hand. In elder children, it is caused by nurses swinging them round by the hands, or it may result from a fall. In the first two cases, the tendon of the biceps largely participates in its production. This muscle acts both as a supinator and a flexor of the forearm; but it also flexes the arm on the forearm, when the latter is fixed, as in climbing; and, consequently, any great traction at the wrist causes it to be strongly brought into play, and so tends, by reason of its attachment to the posterior surface of the tuberosity of the radius, to bring the upper extremity of that bone forwards, out of its place.

After meeting with the accident, the child is brought evidently in great pain. The injured limb hangs down, midway between pronation and supination. The person who brings the child rarely knows where the injury lies; but generally thinks it is in the shoulder. Taking hold of the hand causes very great pain. The elbow is found to be hotter than its fellow, and there can always be felt an unnatural prominence on the outer side of the joint. Flexing the arm to a right angle and complete pronation can be accom-

plished; but, in attempting to flex more, or to supinate, some resistance is felt.

Reduction of the dislocation is accomplished by taking the hand of the child in the opposite one and strongly supinating, at the same time that the thumb of the other hand presses on the head of the radius. Before complete supination has taken place, a distinct "thud" will be heard, and the head of the radius felt to slip back. One of the peculiarities of these cases is, that the child, a few minutes after the reduction, will move the hand and arm, and will even grasp anything that may be offered to it, without apparently suffering any pain. These dislocations have a great tendency to recur, especially if not reduced early in the first instance. After the reduction, it is necessary for the joint to be kept at rest by a rectangular splint, the small tin ones being the most suitable for the purpose. The injury most frequently occurs in children of the strumous type, with large ends to the bones.

Quinsy and Rheumatism.

Apropos of the connection which has been sometimes claimed between these diseases, we reproduce the following case, which Dr. N. F. H. Fitzmaurice reports in the *Brit. Med. Jour.*, December 5:

"I was called, on November 7, to see Mrs. M., aged 60, married, and with family. I found her suffering from a severe attack of acute tonsillitis; her left side was chiefly affected, and she had pain in her left ear. This quickly yielded to treatment by tincture of aconite, fomentations, and brushing with astringent solution. The right tonsil then became implicated, and on the following morning the tongue was severely and acutely inflamed. The tongue was lanced, calomel was given, and the patient was nourished with enemata. The mouth was washed out frequently with eucalyptol in solution, and also lotion of chlorate of potash. In two days, the tongue and throat were quite well, but a peculiar huskiness of voice remained. The right shoulder now became very painful, and was found red and swollen; a liniment of soap and opium, with liquor epispasticus, was applied with benefit, and nourishment was given every two hours. A slight acid sweating was present; the pulse varied from 115 to 126; the temperature never rose above 100°, except on one occasion, when the thermometer registered 101°. The arthritis gradually improved in the shoulder, but attacked the sterno-clavicular joint and the corresponding end of the clavicle. The action of the heart gradually became feebler, and the patient quietly sank on the evening of November 14. For many years past she had been subject to slight pain in the right shoulder in the morning, disappearing during the day. Whether this acute attack was owing to the cause or causes which originated the quinsy, or whether the quinsy was the cause of the acute arthritis and glossitis, I am not prepared to say. The heart's sounds were normal; the lungs and kidneys were unaffected."

Lanolin, a New Ointment-Basis.

Dr. Oscar Liebreich read a paper on lanolin before the Berlin Medical Society, on October 28 (see the *Berliner Klin. Wochensch.*, No. 47). This substance is a mixture of cholesterin-fat (from keratin-holding tissues, such as sheep's wool in particular), and water. The pure cholesterin-fat stands, as Berthelot has said, between a resin and a fat, but is capable of taking up its bulk of water. It is perfectly neutral, and possesses properties which are not shared by the ordinary fats, nor by vaseline. In contrast with ordinary fats, lanolin with difficulty decomposes, and, which is its chief property therapeutically, it is extremely readily absorbed by the skin. It is in fact the natural fat of the skin, and of epidermic tissues generally, such as hair, hoofs of horses, feathers, etc., from all of which it has been obtained. As a proof of this high power of being absorbed, a five per cent. carbolic acid ointment, made up with lanolin, produced a feeling of numbness, without irritation, in the hand, in from one to two minutes after being rubbed in. The presence of cholesterin-fats is easily ascertained by Liebemann's cholestol test. The fat to be tested is dissolved in acetic anhydride (not glacial acetic acid). The solution gives a rose coloration, passing very quickly into dark blue and green when concentrated sulphuric acid is added. Glycerine fats do not give this reaction. The advantage of lanolin over vaselin and such paraffin derivates consists in its ready absorbability. Vaseline, as is well known, greatly hinders the absorption of therapeutical agents. It is an advantage to add five or ten per cent. of ordinary fat or of glycerine to lanolin, so that the unctuous character may be better preserved.

Gastrostomy in a Boy, aged Four.

Before a recent meeting of the Clinical Society of London, Mr. John H. Morgan described this case:

The patient, on March 1st, swallowed some caustic alkali. The mouth and fauces were burnt at the time, and he vomited phlegm for some weeks following. No solid food could be swallowed for fourteen days. Ten weeks later, he was admitted into the Hospital for Sick Children under the care of Dr. Cheadle, in a poorly nourished and pallid state. He could then swallow only very small quantities of fluid with difficulty, often followed by vomiting of muco-purulent matter. Though given nutrient enemata from the first, the emaciation increased, and an attempt to pass a catheter down the œsophagus was unsuccessful. For a few days the powers of swallowing improved; but this was only temporary, and the emaciation became so extreme that, after failing to pass a catheter under chloroform, the operation of gastrostomy was performed on August 17th. The stomach was secured with thirteen sutures, and was not opened until thirty-one hours later: when this was done, on account of the very feeble condition into which the patient had sunk, some beef-tea and brandy were immediately introduced through an empyema-tube. Nourishment was administered every two hours, and, on the fourth day, he passed a healthy motion. He remained feeble and irritable for the first seven days, at the end of which time he showed a decided improvement; but it was not until three weeks had passed that he began to increase in weight. He had continued to gain weight and strength, and now looked well nourished, and weighed the same as at the time of his admission. No attempt had been yet made to dilate the œsophageal stricture, but colored fluid had passed from the mouth into the stomach.

The Effect of Double Ovariotomy on Menstruation.

At a recent meeting of the Société de Chirurgie, M. Terrier read some clinical notes on the influence of double ovariotomy on menstruation. He has performed the operation twenty-two times. In some of his patients he has been able to study their condition during ten years after the operation; in others, during one year only. One patient had menstruated from the age of 16 to the age of 22; she was aged 52 when operated on. Two others, whose general state of health was very serious, had not menstruated for several months. All the others, thirteen out of twenty-two, menstruated regularly. The two ovaries were removed, and, in most of the patients, the menstrual flow took place. In one case of single ovariotomy, the menses reappeared three months after the operation, and were regularly repeated until the remaining ovary was removed, and then they disappeared. In another instance, in which the right ovary was removed, the menses continued; the left ovary was subsequently removed, and, during five months afterwards, the menstrual flow took place regularly at the normal periods; later on, the menopause was definitely established. Three patients menstruated regularly during seven years after undergoing double ovariotomy. M. Terrier concludes that double ovariotomy is generally followed by suppression of the menstrual flow. This may not occur immediately; sometimes the menses appear once after the operation, sometimes twice during the following year, sometimes four times during the three subsequent years.

Syphilitic Hemiplegia.

To the Harveian Society of London, Dr. Sidney Phillips exhibited a man aged 37, who had contracted syphilis seven years ago, and who, in addition to occasional headache, had had three epileptiform seizures within the last twelve months. In August last the right third nerve became paralyzed, and a few days later also the right limb and the right facial muscles. Iodide of potassium in doses of twenty-five grains, in combination with one-drachm doses of solution of perchloride of mercury, cured the patient of his hemiplegia, but produced only a very slight improvement of the ptosis. Whilst under treatment, the patient had two attacks of painless conjunctivitis of the right eye, which temporarily aggravated the ptosis. Dr. Phillips considered that in this case the lesion was double, the hemiplegia being due to disease in the left side of the brain, whilst the right third nerve was implicated at the base of the skull. The conjunctivitis was probably due to pressure on the ophthalmic vein.

Stammering of the Urinary Organs.

Difficult urination, wherein no pathological change can be found, where the patient has a difficulty in passing water at certain times and places, while at other times and under other circumstances no such trouble is experienced, is what Sir James Paget calls stammering of the urinary organs. Dr. J. Henry C. Simes describes two cases in the *Polyclinic* (January 15), in both of which there was a variety of impotency, in which there was desire, imperfect or temporary

erection, and premature ejaculation of semen. The treatment consists in tonics, quieting the patient's anxiety, and convincing him that it is not necessary always to accomplish micturition when the attempt is made, which idea causes him so to strain that in one case it caused hernia. If the cause can be discovered, as the presence of a second party, it should be removed; regular habits should be encouraged, and the catheter can be freely used.

Correspondence.

The Epidemic in Farmland, Ind.

Eds. Med. and Surg. Reporter:—

For the account of an apparently similar epidemic to that spoken of by Drs. Myers, of West Virginia, and Geyer, of Ohio, I would respectfully refer those interested to the issues of the Cincinnati *Lancet and Clinic* of February 14 and May 9, 1885, where they will find the report of numerous cases of a "Peculiar Epidemic at Farmland, Ind." Its prevalence concerns me no less at the present date than it did at the above, for the diagnosis is yet problematical, and the disease still exists.

The prognosis differs widely in different cases, the gravity depending more upon the complications than the disease *per se*.

I cannot consent, however, that our epidemic is an hybrid of malaria and typhoid. We have no uncomplicated cases of malaria in this locality, and it would be highly unreasonable to suppose that it complicated other diseases. Besides, I would be far from contributing my mite toward resuscitating that confusing and ill-conceived term, typho-malaria. Typical cases of our epidemic have also been reported to our local societies, with the view of eliciting information, but with negative results. The following will very well serve to illustrate the disease in consideration:

Mrs. E. F. H., married, of delicate physical structure, and slightly deteriorated mental faculties, was attacked, after two or three days of trifling indisposition, October 31, 1885; pain in the bowels being the chief if not the sole complaint, in all respects like the ordinary colic of indigestion.

When seen, she was restless, and writhing in pain; the conjunctiva markedly yellow and congested; tongue covered with a dark yellow coat; breath fetid; pulse soft and rather weak, 84 to the minute; respirations 24, and shallow. Complains of chilly sensations; temperature 100°.

Brain, as evinced by the mental faculties, denotes probable softening as the result of clot. This conclusion was also warranted by the presence of quite noticeable hemiplegia. Bowels costive, abdominal walls rigid, and much tenderness over the liver, but still more in the right iliac region. A hypodermic injection of morphia and atropine was administered, and a laxative ordered, and much hope was entertained that the patient might report better the next day. Our expectations, however, were not realized; for the symptoms not only continued, but were aggravated. The temperature reached 102°, bowels not yet moved, nausea and vomiting of bilious matter; pain now located at the head of the colon and extending down the right groin, with induration and enlargement of the lymphatics in this region.

Three days later found the temperature normal, or slightly subnormal, and the bowels not yet moved. Pain and tumor in the right iliac region, also nausea; but little nourishment being retained in the stomach; thirst intense, and a sweetish, sickening odor emitted by the breath. The vomit, at times, has a fecal odor and appearance. The retracted abdominal walls have given place to tympanites; singultus became troublesome, breathing shallow, hurried, and attended with dyspnœa. All indications of mechanical obstruction of the bowels and impending collapse were present.

About the eighth day, however, the bowels were moved—the first discharges consisting of putty-like scybala, which later assumed a bilious character, with a large amount of mucus, copious, however, and attended with considerable tormina. The diarrhœa continued to the end of life. The periodical pains which prevailed in the right iliac region from the inception of the disease, continued throughout the diarrhœal stage; also, the iliac enlargement and tenderness. Death occurred on the eighteenth day, as the result of the unyielding colliquative diarrhœa; the local inflammation being at no time very intense, and the fever the greater part of the time *nil*. Had it not been for the antecedent ill-health of the patient, she would, doubtless, have recovered.

Other cases are much less severe; the febrile and abdominal symptoms subsiding in from five to ten days, leaving the patient to recover slowly. Relapses and complications are not uncommon. Diffuse peritonitis, from extension of the iliac inflammation, has resulted more than once under my observation

in adults. Inflammation of the middle ear and cerebral involvement are occasional sequelæ in infants.

The breathing is often shallow, and attended with sighing and yawning; sometimes a roseolous rash appears on the face and chest; delirium is not a prominent feature, unless the brain becomes involved, but dizziness is quite common. The cases commence, and may remain, very like catarrhal jaundice, but many are attended by veritable typhlitis or perityphlitis, which adds greatly to the danger. The cæcal complication is confined to those cases in which the bowels, for the first few days, are costive, and this is a class of the cases which is protracted, hard to manage, and even dangerous. It affects all ages, and yet does not seem to be highly contagious, if so at all.

In the diagnosis, malaria can be excluded at the threshold, because it has not the semblance of malaria. And allow me to say here, that while I have no prejudice against the terms, I do think that malaria and typhomalaria constitute the bane of modern medicine, especially in the west. Pity it is that the latter was ever coined, and the former is equally as good an apology for ignorance as *biliousness* was fifteen years ago.

The proper conception of our epidemic might place it within the limits of bilious typhoid, typhus, or relapsing fever—the likelihood to each existing in the order mentioned.

I might report many other cases, or give the symptoms more in detail, but for these the reader is referred to the journals mentioned.

L. N. Davis, M. D.

Farmland, Ind., Jan. 26, 1886.

News and Miscellany.

Medical Society of the State of New York.

The eightieth annual meeting was held in Albany, February 2, 3, and 4.

The President, Dr. A. Vander Veer, of Albany, recommended that the number of delegates and permanent members from the county societies be increased fourfold, and suggested that the meeting be held each alternate year at some other place than Albany, the time and place to be left with the Nominating Committee. He hoped the circular sent out by Dr. A. Jacobi, of the Committee on the Collective Investigation of Disease, appointed at the International Medical Congress at Copenhagen, would receive due consideration. Disapproval was expressed of the action of the meeting of the American Medical Association at New Orleans concerning the Congress at Washington in 1887. He trusted the Society would support the Committee on Legislation, and that we might have a law at least as effective as those of several other States regarding admission to the practice of medicine.

Abscess of the Kidney.

Dr. C. L. Stiles, of Owego, reported a case occurring in a man fifty-seven years of age, the result of traumatism, and in which there was very notable increase in the size of the tumor in twelve hours, without rigor or pain, attended by a small amount of pain and general disturbance during the illness, and accompanied by a sudden discharge into the bladder.

The Curative Potency of Prolonged Sleep.

Dr. J. Leonard Corning read a paper on this subject in which he said the essential features of a scheme of brain rest are:

1. Progressively prolonged sleep.
2. Increased general and cerebral nutrition.
3. Diminution of psychical irritation.
4. Elimination of sensory impressions, particularly those of light and sound.

In carrying out this scheme of treatment, Dr. Corning is in the habit of secluding the subject in a darkened room, eventually for from ten to fifteen hours at a time, according to the amount of sleep which it is desired shall be had during the twenty-four hours. The amount of sleep is *progressively* increased by habit, moderate medication, and hydrotherapy; but he never resorts to forced sleep by the reckless abuse of sedatives. When the patient awakes, as is sometimes the case, two or three times during the hours set apart for rest, nourishment is administered, but always in an easily digested form. The few hours of wakefulness are devoted to some form of amusement, but all forms of mental exertion are strictly prohibited.

A Case of Empyema.

Dr. B. F. Sherman, of Ogdensburg, reported a case of acute empyema treated by making an opening into the pleural cavity in front and another behind the scapula, and washing out the cavity with an antiseptic solution, the entrance of air being prevented. The patient made a satisfactory recovery, and when he was last examined no difference could be detected between the two sides of the chest.

Pulmonary Capacity.

Dr. W. S. Ely, of Rochester, read a paper

in which he spoke of natural and acquired defective chest expansion, and advanced the view that lung expansion can be relatively increased by a series of exercises which may be called pulmonary gymnastics; this can be accomplished by bringing into special exercise the auxiliary respiratory muscles. He believed that the subject was of sufficient importance to secure the attention of medical men, to whom such cases should be referred exclusively for the instructions proper to be observed in each case. The mode of management is not applicable to acute cases.

THE TREATMENT OF AURAL POLYPI BY THE INJECTION OF CARBOLIC ACID.

Dr. Bendell, of Albany, regards this as a more satisfactory method than either operative procedures or the use of caustics and astringents.

Dr. Thomas R. Pooley, of New York, objected to carbolic acid because of the possible occurrence of pyæmia or septicæmia, and the difficulty of limiting the sloughing. He employs avulsion, and said that the hemorrhage attending this operation in his experience had been insignificant.

Dr. Sherman, of Ogdensburg, had used tannic acid in these cases with good results.

Dr. W. F. Mittendorf, of New York, said that the plan of injecting with carbolic acid originated with him about the year 1881, but he limited its use to cases in which the growth presented at the external meatus. The operation, however, had proved so painful that he had abandoned it entirely, and now resorts to the use of the snare.

Dr. O. D. Pomeroy, of New York, said that injection of aural polypi was destructive, painful, and also unnecessary, as there were other and better means for their removal. He uses the forceps, and cauterizes the base with nitrate of silver.

RESULTS OF THE OPERATION FOR CONVERGENT SQUINT.

Dr. D. B. St. John Roosa read a paper on this subject, in which he stated his belief that the operation is permanently successful, if properly understood. There is, however, a division of sentiment on this question. The most favorable time for operation is between five and seven years of age, and vision can be rendered clearer by the use of glasses in a large proportion of cases. There is never any substantial improvement of the vision of the squinting eye by the operation for squint; the improvement in vision is not due to the operation, except in so far as it places the patient in a condition to wear glasses. The operation may successfully remove the deformity in seventy or eighty per cent. of the cases of convergent squint, and this percentage may be raised to ninety-five per cent.

NON-UNION OF FRACTURES, TOGETHER WITH A CONSIDERATION OF SOME MODERN METHODS OF TREATMENT.

Dr. George R. Fowler's (Brooklyn) paper may be thus summarized:

1. In all cases of simple delayed union, the percussion method of Thomas, combined with an efficient retention apparatus, will be found to offer the readiest and most efficient means of bringing about union, provided this does not depend upon some dyscrasia. In cases of fibrous union, benefit may also be expected from this plan, provided absorption and attenuation of the ends of fragments, or eburnation, have not taken place.

2. Brainard's method of drilling the fragments, and this failing, freshening the ends of the bones and uniting the periosteum by either the method of Jurdain or Rydygier, combined or otherwise, according to the exigencies of the case, with wire suture of the ends of the fragments, should take the place of the old Dieffenbach operation. This should be done with a modified antiseptic procedure, and is applicable in cases in which the percussion method of Thomas has failed because of delay in instituting early treatment, and in pseudarthrosis.

3. Cases in which it is found impossible, because of excessive loss of bone substance, to unite the periosteum by sutures or to wire together the ends of the bones, should be treated by bone transplantation, under antiseptic precautions, either by the method of MacEwen, or that of von Nussbaum.

RHEUMATIC AFFECTIONS OF THE JOINTS.

Dr. A. Hadden, of New York, claimed that rheumatoid osteo-arthritis, often called rheumatic gout, is a disease distinct from either rheumatism or gout, and that the pathological changes are in the osseous structure of the joints. He held that the disease attacks persons who live chiefly on amylaceous and saccharine foods; and he stated that a similar disease, called "bone spavin," attacks the horse and other graminivorous beasts, while in all carnivorous animals and in birds no such disease is known. In the treatment of this disease, therefore, he recommended the substitution of nitrogenous for amylaceous and saccharine foods, and by this method he has obtained, clinically, the best results.

SPONTANEOUS EXPULSION OF A LARGE CALCULUS IN THE CASE OF A FEMALE, AGED SIXTY-EIGHT YEARS.

Dr. Harvey Jewett, of Canandaigua, presented the calculus. The woman had suffered for several years from bladder symptoms. The stone had rough edges. Subsequently Dr. Jewett extracted another stone, which weighed six and a half drachms. Gravel ceased to pass after the patient began drinking lithia water.

INFANT FEEDING.

Dr. E. F. Brush, of Mount Vernon, read a paper with this title, and pointed out some simple methods of feeding an infant when it had been deprived of the breast. He urged the value of simple foods, in preference to the so-called "patent foods," the composition of which was often unknown. He had examined the composition of the once famous "Liebig's food for infants," and of another popular food, and indicated the dangerous amount of alkali contained in them, citing Dr. Jacobi's warning that "we are not very careful in doses of alkalies in general," and Dr. Stillé's remark that alkaline treatment "lessens the amount of fibrin in the blood." He showed, by the figures furnished by one of the advocates of peptonized food, that the results of such feeding were not satisfactory. Proceeding, then, to the immediate subject of his paper, he stated that one of the greatest elements of failure in the artificial feeding of infants was the desire to give one sort of food alone under all circumstances, and hence the blind prescription of patent foods. He advised, on the contrary, the preparation of foods from simple articles to meet the requirements of each case as it arose. When with food thus prepared there was a failure, the physician, at least, knew what the failure arose from. Commencing, then, with the child at birth, the author gave his formula for the best substitute for colostrum, and his further treatment if the cathartic effect was either excessive or defective. He then discussed the question of the best staple food. He had no hesitation in saying that it was cow's milk, which, however, was subject to many conditions that rendered it unfit, unless due care was exercised. In 1879 he had pointed out the difference between the milk of the ruminant and non-ruminant animals as regarded particularly the quantity and quality of the casein contained in them, and the difficulty experienced by infants in digesting a milk intended for calves. When an infant vomited a hard curd, the indications were that the milk must either be prevented from coagulating in the stomach, or coagulated and broken up before entering the stomach. He showed that it was inadvisable to use an alkali, and therefore preferred the latter course—that of coagulating and breaking up the milk before giving it. In other cases he recommended the addition of lime-water as the safest agent, as it did not, like other alkalies, keep the stomach in an alkaline condition, nor cause an acid condition of the intestines. In case of diarrhœa in children fed on milk, the indications were to stop the milk immediately. The milk was usually the cause of the trouble, and it was rendered unfit by the physical condition of the cow, such as rutting, gestation, the ingestion of poisonous herbs, cruel treatment, and the like, to all of which states many cases of diarrhœa in infants could be traced. In these cases of diarrhœa he recommended oatmeal-water, which his analysis had convinced him was somewhat similar to milk in composition. He insisted on the necessity of the medical attendant himself preparing or teaching the preparation of these simple foods. In all cases the child should be put back on its ordinary milk diet as soon as possible. As to the kind of cow best adapted to supply milk, he preferred the common-grade cow to the Jersey or fancy breeds. The latter were of a tuberculous tendency, the fat in the milk was not sufficiently emulsified, and they were of an excessively nervous temperament, while the common cow ordinarily was gentler and a good feeder. She should always be stall-fed. When milk was bought, that of one cow should always be avoided. In cases of constipation, raw malt-water, carefully prepared as a diluent of the milk, was efficacious.

PAPAIN OR PAPAYOTIN.

Dr. Jacobi read a paper on this subject. After referring to the chemistry of this substance, which is obtained by adding alcohol to the juice of the papaw plant, the physiological action was described. Its therapeutic effects were next considered. It has been found innocuous when taken internally; but when injected subcutaneously, it is followed by dangerous symptoms of paralysis of the heart and nervous system. Its effect has been compared to that of pepsin and pancreatin, with this exception, that it is effective in smaller doses. It is useful in alimentation.

Diphtheritic membranes are dissolved by it in a few hours. Several cases of diphtheritic deposit were described as showing the effects of this drug, one part to four of water

and four of glycerine. In these cases the membrane was softened and dissolved, and disappeared within forty-eight hours. He exhibited specimens of egg, meat, and cheese digested by a solution of papayotin of the strength of 1 to 250.

GENERAL ARTERO-CAPILLARY FIBROSIS.

Dr. Alfred L. Loomis discussed its relation to cardiac and renal disease. He regards it as a general condition which involves the vascular system, and manifests itself in a variety of morbid changes in different parts of the body. The effect of the fibroid degeneration is to diminish the calibre of the arterioles. It is to be recognized by the character of the pulse, it giving evidence of increased arterial tension. The relation which left cardiac hypertrophy has to the small kidney was discussed at length, and the relation which both morbid conditions sustain to a general fibroid condition of the arteries and arterioles was demonstrated.

ULCERATIVE ENDOCARDITIS.

Dr. H. R. Hopkins discussed the question of its primary occurrence, its symptomatology, and its etiology. Whether primary or not is questionable. In the vast majority of cases it is secondary, especially to scarlet fever, pneumonia, and pyæmia. He thought one should be guarded with reference to expressing an opinion concerning the etiological relation existing between the disease and micro-organisms, although the relation of cause and effect was maintained by many observers.

THE EARLY MANAGEMENT OF CASES OF MENTAL DEPRESSION.

Dr. Willis E. Ford thought that in the majority of cases a period of depression precedes the development of insanity, and that many cases of grave insanity might be prevented by proper treatment. The cases may be divided into two classes: those in which there is intellectual perversion, and those in which the emotions are alone disturbed, and there is no fixed delusion. In cases where the physician cannot secure the confidence of the patient, where there is a suicidal tendency requiring constant watching, and where careful attention cannot be had at home, the patient had better be removed to an asylum. Cases of mental depression, where the emotions are alone affected, where there are no delusions, are improved by diversion and by travel, and appropriate medical treatment. In some cases of sudden onset of melancholia, treatment by sedatives has been effective.

HINTS ON THE TREATMENT OF DIPHTHERIA.

Dr. J. M. Bigelow read a paper on this subject in which he advocated the use of tincture of chloride of iron in fifteen-drop doses with glycerine and water, muriate of pilocarpin in one-twentieth of a grain doses every two hours, and twenty minutes later two or three tablespoonfuls of whisky—the mouth to be cleansed with a two per cent. solution of carbolic acid, and a spray of lactic acid to be also employed. This treatment has been followed by satisfactory results in his practice.

TRANSPLANTATION OF THE EYEBALL.

Dr. Lucien Howe made a communication on this subject, and exhibited the rabbit upon which he had performed the operation three days ago. The cornea was comparatively clear, and the iris was visible, and there was only slight conjunctival inflammation. But the cornea always sloughs, and the globe also, but the operation shows that a slight amount of circulation is established in the globe.

THE RADICAL TREATMENT OF HYDROCELE AND VARICOCELE.

Dr. E. L. Keyes read a paper in which he recommended subcutaneous ligation of the veins in varicocele with carbolized catgut, which in his hands has uniformly been successful. Etherization is not admissible, because the patient must stand up, and he has used both straight and curved needles.

For hydrocele he uses pure carbolic acid by injection, suggested by Dr. Levis, of Philadelphia, with a glass syringe having an ordinary hypodermic point; first withdrawing the fluid, and then throwing in pure carbolic acid deliquesced with a few drops of glycerine—one drachm.

Dr. Weir, of New York, spoke of the caution necessary in the use of more than one drachm of the acid for a single injection in hydrocele. He had used the subcutaneous ligation for varicocele in twenty-two cases, with six unsatisfactory results. For small varicocele this method is the best; but for the large he truncates the scrotum, and ties the veins in one or two places.

Dr. Gerster, of New York, added his testimony to Dr. Weir's in the treatment of small varicocele, but for the large he favored complete exposure of the parts to be operated upon under antiseptic precautions.

Dr. Pease, of Syracuse, saw no reason why Dr. Keyes's method was not as applicable to large as to small varicocele.

ACUTE NEPHRITIS, ESPECIALLY AS FOLLOWING DIPHTHERIA.

Dr. A. R. Simmons, of Utica, presented a paper on this subject. In diphtheria, he said nephritis results from the products of the disease within the first eight days. Irritant remedies are to be avoided; mercury must be used with care. The indications for the treatment are to relieve congestion of the Malpighian tufts, to reduce the thickened mucous membrane, and to carry off the epithelial debris. Two general plans of treatment may be pursued: one to increase the excretory action of the kidneys; the other to act on the other excretory organs, viz., bowels and skin. A combination of these methods is the best plan. Irritant diuretics and nitrogenous food should be avoided. He concluded his paper with a series of illustrative cases.

THE MANAGEMENT OF CLUB-FOOT.

Dr. V. P. Gibney, of New York, read a paper on this subject, in which he considered the abuse of tenotomy, the advantages of early treatment, how the mother may intelligently co-operate with the medical attendant, the delusion of "rapid cure," the value of plaster-of-Paris as an adjuvant, and also the extensive surgical operations sometimes adopted.

REMOVAL OF A PIECE OF IRON FROM THE EYE BY A COUNTER OPENING.

Dr. Mittendorf read the history of a case in which a piece of iron had entered deep into the eye, and he removed it through a counter-opening made near the cornea. The case did comparatively well, although it occurred before much was known about antiseptic eye surgery.

Dr. Roosa thought it was important to bear in mind that the presence of the foreign body in the eye was not the only danger; it might be removed, and the wound caused by its entrance would still be a source of danger. Of course, the presence of the foreign body was an additional source of danger, and it should be removed if practicable.

Dr. H. D. Noyes, of New York, briefly related three or four cases in which he had removed or attempted to remove pieces of iron from the eye. In one case an unsuccessful attempt had been made by a colleague soon after the accident. The speaker thought the softening of the tissues about the foreign body, which had probably taken place since the accident, might enable him to use the magnet successfully. An incision was made, and, the electro-magnet being used, the piece of metal was withdrawn. In another case, the patient had consulted Dr. Mittendorf some years before for a piece of iron which had entered the eye. It was not removed, but the patient lost sight in the eye. Subsequently a second piece of iron entered the same eye, and the speaker, when prepared to enucleate the eye, tried the magnet, thinking that if he could remove both pieces of iron, he would leave the ball. He succeeded in withdrawing only one piece with the magnet, enucleated the eye, and afterward found the other piece imbedded in the retina.

NON-VENEREAL SYPHILIS.

Dr. L. D. Bulkley, of New York, read a paper in which he drew the following conclusions:

1. Syphilis was not necessarily a venereal disease, but in a considerable proportion of cases acquired quite unconsciously and in an entirely unexpected manner.

2. Failure to obtain a venereal history should not lead to the conclusion that certain lesions were not those of syphilis.

3. The syphilitic virus could be carried a long distance, and, after some time had passed, be able to cause syphilis in the inoculated.

4. Non-venereal chancres had been mistaken for epithelioma, and operations for removal had even been performed.

5. Non-venereal syphilis often showed great malignancy.

MEDICAL TESTIMONY AND THE HYPOTHETICAL QUESTION.

Dr. C. Wey, of Elmira, read a paper on this subject, in which he deprecated the present condition of expert testimony. One expert is contradicted by another equally competent expert. The charge that medical experts are hired advocates is capable of proof. The opinions of scientific physicians are often offset by those of local physicians of less attainment. Physicians and lawyers agree that the present system should be abandoned. Dr. Wey favored the selection of an expert or board of experts by the court or by the Governor.

A hypothetical question, he said, may be based upon acts which are entirely separated from their surroundings, giving them entirely different significance, and based upon exceptional conditions of the individual. Every one's conduct is at periods open to the danger of hypothetical questions.

Dr. B. F. Sherman said that this is a question of great importance, and one which is neglected by the profession. The expert

should be free from the bias of being employed by one or other party. He should be the witness of the court. In many questions scientific evidence is stronger than that of supposed eye-witnesses. While what Dr. Wey says is true with reference to hypothetical questions, yet the opposing counsel have an opportunity to correct any misrepresentations which may be made.

ANTISEPTICS IN MIDWIFERY.

Dr. Walter B. Chase, of Brooklyn, read a paper in which he held that vaginal injections during the progress of labor are harmful, by washing away the mucus which coats the vagina, thus retarding labor and increasing the danger of laceration of the cervix. Subsequent to labor the injection is not required and may unnecessarily irritate the patient, and may even enter the uterus and the peritoneal cavity. Pyæmia and septicæmia do occur sometimes where injections are not used, but that they are the result of their omission is not proved. The conditions under which antiseptics are to be used were then stated. The pregnant woman is to avoid all contagious diseases. If exposed to them, she should immediately change her clothing and bathe herself with an antiseptic solution. The physician, if exposed, should act in the same way. Instruments are to be treated with antiseptic solutions. Antiseptic injections should not be used in normal labor until its termination. In complicated cases, maceration of the fœtus, etc., their use may be indicated. In cases of retained placenta, laceration of the cervix or perineum, injections may be required.

THE LIMITATION OF THE CONTAGIOUS PERIOD OF SYPHILIS IN RELATION TO MARRIAGE, ETC.

Dr. F. N. Otis, of New York, read a paper on this subject. According to the views entertained by the author of the paper there is no such thing, strictly speaking, as hereditary transmission of syphilis; that there is no well-authenticated evidence of communication of syphilis after the secondary stage has been completely passed; that after the absence of all symptoms referable to syphilis for one year, marriage can be entered into with safety; that communication of syphilis after the third year of its existence is rare; that tertiary syphilis is due to obstructive changes affecting the lymph-channels, caused by the disease in its secondary stage; that spontaneous recovery from tertiary syphilis may occur, etc.

TREATMENT OF TERTIARY SYPHILIS OF THE NOSE, MOUTH, AND THROAT.

Dr. D. H. Goodwillie, of New York, read a paper, in which he held that diet and hygiene are to be carefully regulated. While mercury is valuable in the early stage, it is not useful in the treatment of the sequelæ. Iodide of potassium is beneficial if properly employed, but if pushed too far it may be injurious. For the removal of diseased bones, he uses a revolving burr. He presented a number of drawings and models of cases operated upon, and exhibited an electro-motor and storage battery for operating the burr.

HYGIENE OF THE EAR.

Dr. C. R. Agnew gave a synopsis of his paper, in which he had collected 2,844 cases of consecutive diseases of the ear, and of which 2,183 were of the middle ear, 6 of the auricle, 362 of the auditory canal, 15 of the mastoid alone, 244 of the labyrinth, and 34 unclassified. The important etiological factor in the middle-ear cases was naso-pharyngeal disease.

LEPROSY IN JAPAN.

Dr. D. B. Simmons, of Poughkeepsie, read a paper in which he said that the disease is confined to no class, and affects both the rich and poor. Those with light complexion, blushing easily, appear most likely be affected. In the children of those affected, a light color of the retina has been noted; and in confirmed cases there is hypertrophy of the right heart. The disease is regarded by the people of Japan as essentially hereditary. He earnestly opposed the idea of infection.

Dr. Bell thought that in Minnesota and Wisconsin, where Norwegian colonists have settled, there should be sanitary regulations enacted to prevent the intermarriage of persons in whom this disease is hereditary, and thus to prevent its appearance in this country.

THE TREATMENT OF HEMORRHOIDS IN PREGNANCY.

Dr. William H. Bailey, of Albany, read a paper in which he referred to the frequency of the condition and the absence of reference to it in the text-books. In reference to its treatment before confinement, he advised regulation of the bowels with a pill of aloes, hyoscyamus, and ipecac; after confinement, with a mixture of sulphate of magnesia, carbonate of magnesia, and sulphur. In cases in which the hemorrhoids are pressed out, he uses warm fomentations.

Dr. Ely recommended, in those cases in which the hemorrhoids tend to protrude, the use of a rubber bandage passing between the thighs and secured to a muslin bandage

passed around the waist. This may also be used in males.

THE EMISSION OF SEMEN AS A MEANS OF DIAGNOSIS OF DEATH BY HANGING.

Dr. Francis M. Hamlin, of Auburn, read a paper in which he held that this is more constantly present than is generally supposed, and that when there is no external appearance of semen, pressure upon the urethra will cause its appearance. He thought it possible that this may occur in cases of sudden death from other causes; but to establish this point further observations are required. He recommended the following method for discovering seminal stains on cotton cloth: Put two drops of water on a glass slide, and then lay on the water a small piece of the muslin containing the supposed stain; fray out the ends and let it remain for five minutes; then examine the slide under the microscope. If the stain be on woolen cloth, shave off a portion of the stain, and treat the specimen thus obtained in the same way.

OFFICERS FOR THE ENSUING YEAR:

President—W. S. Ely, M. D., of Rochester.

Vice-President—Solomon Van Etten, M. D., of Port Jervis.

Secretary—Wm. Manlius Smith, M. D., of Syracuse.

Treasurer—Charles H. Porter, M. D., of Albany.

Time and place of next meeting, Albany, first Tuesday in February, 1887.

Personal.

—Dr. William B. Atkinson has been appointed Special Inspector for the Delaware District by the State Board of Health of Pennsylvania.

Items.

—Prof. Bartholow recommends for superficial neuralgia, that a 5 to 20 per cent. ethereal solution of menthol be painted over the part.

—Dr. W. Switz reports four cases of lupus successfully treated by lactic acid. It produces very little pain. The healthy tissue may be protected by smearing with ointment.

—They have "vaccination bees" in Maine. A young lady gives a party and has a surgeon present who vaccinates all the guests "for the fun of the thing," at the hostess's expense.

—The St. Petersburg medical papers state that in a convent at Lebedin, in the Kharkov government, Russia, there are now living two nuns whose ages are known, on reliable authority, to be 100 and 112.

—The Moscow popular medical journal, *Doktor*, will next year change its name to *Novosti Terapii* (Novelties in Therapeutics), and will deal with the progress of therapeutical science, and with the literature of the subject.

—In speaking of anæsthesia by the rectal administration of the vapor of ether, the *British Medical Journal* concludes that this method is not likely to come into general use, though it may be useful in operating on the face or in the mouth.

—"I am just as much opposed to intemperance as anybody," said Smith, "but, nevertheless, liquor rightly used is a blessing to humanity. When I was ill last year, I really believe it *saved my life*." "Very likely," said Brown, "but how does that prove that liquor is a *blessing to humanity?*"

—Lieutenant Greeley has recently returned to Washington. His health is greatly improved, and he is now quite robust, although still suffering somewhat from his back. He greatly enjoyed his stay in Great Britain, and is enthusiastic regarding the treatment he received there. Wherever he went, he was heartily welcomed.

—The first regularly organized asylum for the care and treatment of inebriates in Sweden has lately been opened at Bie, under the care of Dr. Levin. The prospectus is emphatic on the question of disease, and announces that it is to be an asylum for dipsomaniacs and the insane drunkard, and not a place for the religious treatment of physical disorders.

—A writer in the *Bibliotheca Sacra* for October says that $125,000,000 were spent for opium in China in 1884; that over fifty millions of persons were computed to be using this drug, and that the mortality was not less than six hundred thousand a year. Seven thousand tons of opium were sent from India to China last year. This does not include the amount raised at home.

—M. Terrillon recently removed from a man, thirty-five years of age, a lipoma weighing fifty-five pounds. It was attached to the mesentery, and the incision necessary for its removal extended from the pubis a distance of twenty-two inches, nearly to the xyphoid appendix. Eight days after the operation, the patient was reported to be in good condition, with every chance for a perfect recovery.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1512.] PHILADELPHIA, FEBRUARY 20, 1886. [Vol. LIV.—No. 8.

Original Department.

Lecture.

TETANUS.

BY N. SENN, M. D., MILWAUKEE, WIS.,

Professor of the Principles and Practice of Surgery and Clinical Surgery.

(*Concluded from page* 197.)

The last disease which it might be mistaken for is hydrophobia. The muscular spasms in hydrophobia are more of a clonic character, and remain limited to the muscles of deglutition and respiration. In the prognosis you must be guided, in the first place, by the extent of the central lesion, as evidenced by the number of muscular groups affected. If the central irritation is circumscribed, only a limited number of muscular groups are affected, and when this is the case, we are usually dealing with a mild form of the disease. If, on the other hand, in the early history of the disease there is rigidity of an extensive muscular area, the disease is a grave one; and more particularly if at the same time, as will likely be the case, there is a high temperature. Time is one of your most important elements in rendering a prognosis. Hippocrates always considered the prognosis dubious the first four days. Severe cases may terminate fatally from the second to the sixth day, usually, so that time gained after the sixth day, with the symptoms remaining stationary, the prognosis becomes more favorable as time increases. In the mild cases of tetanus, terminating in recovery, it may take weeks and sometimes months before all muscular rigidity has disappeared. I have observed several severe and acute cases where within forty-eight hours after the commencement of the first symptoms, death occurred; but after the sixth day, with symptoms remaining stationary, the surgeon's hope increases as time elapses.

Another important point is the probable cause of the disease. If the injury has been slight, infection limited, the disease assuming a mild type, your prognosis may be favorable; but should the symptoms develop themselves incidental to injuries grave in themselves, the prognosis becomes correspondingly serious, so that in tetanus attending severe lesions, followed by traumatic infection of other types, attended, perhaps, by septicæmia or pyæmia, our prognosis always must be unfavorable; in other words, if there is no possibility of removing the primary cause or source of infection or irritation, the prognosis increases in gravity.

Like in all other forms of wound infective diseases, the prophylactic treatment is the most important. Practically, it is important to recognize the microbic origin, and institute early and efficient treatment in accordance with this supposition. I therefore, again, emphasize the necessity of adopting aseptic measures in the treatment of wounds, with a view not only of preventing suppuration, but also other forms of infection. There can be no question but that since the introduction of antiseptic surgery tetanus has been uncommon. The clinical fact is patent that it is prone to follow injuries where a foreign body has remained in the wound, and where subsequently from this cause there is greater danger of infection on the one hand, and peripheral irritation on the other; this is especially true of injuries about the hand. It is therefore of paramount importance to treat slight injuries of

the hand, and more especially 4th of July injuries, which so frequently end in tetanus, with the greatest care. No matter how trifling the injury may be, disregard in this direction has only too often been followed by the most serious consequences. A small wound of the hand when neglected may serve as an avenue for the ingress of germs, which according to their action may destroy life in a variety of ways. If necessary, enlarge the wound, search carefully for foreign bodies, if there is reason to believe that they are present; take plenty of time to secure an aseptic condition for the wound, and conduct the subsequent treatment on strictly antiseptic principles. If suppuration should take place, be sure to secure efficient drainage, and resort to frequent antiseptic irrigations. By following these directions you will not only have the satisfaction of securing the most favorable condition for the healing of the wound, but you will have, at the same time, carried out the most efficient prophylactic treatment against tetanus.

In the curative treatment, we consider first the importance of removing the source of infection and irritation. If a foreign body remains in the wound, search diligently for it, and if possible remove it. If the injury is attended by inflammation, burrowing of pus, destruction of tissue underneath the skin, secure ample and efficient drainage; in other words, convert the wound, as near as you can, from a septic into an aseptic condition. If we are dealing with a painful or tender cicatrix, which by producing peripheral irritation may determine tetanic spasms, it is proper to excise it. We can readily conceive that the infection may have been so mild as to produce only slight changes in the spinal cord, which but for some peripheral irritation would not have resulted in muscular spasms, and these are the cases where the removal of the exciting cause of the spasms is followed by a cure. I recollect a case of a mild form of tetanus, the result of a slight injury at the distal extremity of the index finger, which left a painful, tender scar, where the trismus was always increased by pressure, and which yielded promptly to removal of the exciting cause.

Another practical point in the treatment is the consideration of the propriety of amputation. If we are dealing with a compound comminuted fracture of the leg or arm, attended by all the symptoms of wound infection, and if present indications point towards the fact that the limb, independently of the existence of this complication, could not be saved, it is only rational to resort to amputation. It is, however, proper to state that in the great majority of the cases thus treated the tetanus continued unabated after the operation, and only in exceptional cases has life been saved by this procedure. Recognizing the fact that according to Rokitansky's theory, tetanus simply means "an ascending neuritis from the point of injury to the spinal cord," attempts have been made to arrest the progress of the disease by interrupting the nerve above the disease by nerve section, but results have shown that this operation had no effect in modifying the termination of the disease. You will readily understand *why*, if you assume its central location and its infective character. If tetanus were simply a "neuritis ascendens," we might reasonably expect to arrest the progress of the disease by division of the nerve trunk, by making the section through healthy tissue on the proximal side of the inflamed portion of the nerve. Granted that this operation would be efficient in preventing extension of the inflammatory process, it would not be applicable in all instances, from the inability of the surgeon to locate the disease with sufficient accuracy. Imagine an injury involving the palm of the hand, where we have filaments of different nerves implicated; it would be difficult if not impossible to ascertain in every case which nerve trunk was the seat of irritation. Taking it for granted that the neuritis is simply a local expression of the nerve injury, and that the real cause of tetanus consists in a specific infection, expending itself upon the brain and spinal cord, all efforts at correcting or curing the disease by submitting nerve trunks to operative measures are in discord with the true pathology of the disease. A somewhat similar and more recent operation for the same object as nerve section, we find in nerve stretching. For the last few years it has become the operation for all obscure nervous diseases, such as locomotor ataxia and central irritation of various kinds; consequently it is not surprising that it has been resorted to in the treatment of tetanus.

Benedict collected twenty-four cases of traumatic tetanus treated by nerve-stretching, of which number four recovered. I have stated that the disease in the milder form shows a tendency to cure itself; consequently, all operative measures which have been resorted to for the purpose of arresting its progress must be accepted with a great deal of caution, inasmuch as statistics have shown, on the whole, that twenty-five per cent. have

recovered without operative interference by the ordinary treatment; consequently, we have no proof that these four cases would not have recovered without nerve-stretching. All the possible good that can accrue from operations on nerve-trunks is simply to interrupt the nerve-current between the central disease and the peripheral irritation, and in many instances it is impossible to decide which of the larger trunks connects the two.

The medical treatment consists in the administration of drugs which are known to relieve muscular spasm. In animals tetanized with strychnine the spasms are promptly relieved by injecting hydrate of chloral into the veins. Woorara has been given with a view of relieving muscular spasm. On account of the potency of this remedy, its effects must be carefully watched and its use promptly suspended as soon as its physiological action becomes apparent. It is best administered hypodermatically. Bromide of potassium in large doses is well known to cause cerebral anæmia, and on this account it should be given to relieve the hyperæmia which is always present in the cerebro-spinal centres. A combination best adapted to fulfil the two most urgent indications, to relieve cerebral and spinal congestion and to overcome muscular spasm, are chloral and bromide of potassium. The remedies should be given in large doses, frequently repeated, until the desired result has been obtained. In severe cases, chloroform should be administered by inhalation with a view of relieving urgent symptoms; cold drafts of air, noise, and all forms of peripheral irritation, should be carefully excluded from the patient's room, for the purpose of securing rest, and with a view of not aggravating reflex spasm. Alcoholic stimulants and external heat are indicated when the heart's action has become feeble from general capillary stasis.

Communications.

THE RATIONAL TREATMENT OF BRONCHIAL AND PULMONARY DISEASES BY THE PNEUMATIC CABINET.*

BY W. EVERETT SMITH, M. D. (HARVARD),

Fellow of the Massachusetts Medical Society; Member of the American Medical Association; formerly Asst. Physician to the Massachusetts Home for Intemperate Women.

"Phthisis has been cured by the topical application of appropriate remedial agents."

* See also my paper reprinted from the Journal of the American Medical Association, November 14, 1885.

The use of the Pneumatic Cabinet marks an important era in the treatment of lung diseases. Until within about thirty years, pulmonary consumption was almost universally regarded as an incurable disease. Indeed, it was only the occasional discovery of hardened masses and cavities that had healed over in the lungs of patients that had died of other diseases, that gradually led the medical world to believe that consumption could ever be cured. The possibility of a cure in lung diseases being then conclusively established, the causes of these diseases began to be more carefully studied, with the hope of finally discovering some treatment directed to their removal.

All the methods that have been used hitherto may have their measure of value, but all have failed to work the desired cure, because they were not founded upon a practical and physiological basis; for it is one of the soundest maxims of medicine, says Dr. Austin Flint, that the indications for medical treatment derived from science and from nature should harmonize, and be in accordance with the dictates of common sense.

Theory of the Treatment. — Adequately, then, to combat disease, it is necessary to thoroughly understand the functions and requirements of health; and it is suggestive of the value of the treatment of lung diseases by the pneumatic cabinet that *its development is in harmony with and depends upon physiological principles.* The life of lung tissue depends upon pure air; any interruption or irregularity in this supply means the beginning of lung disease.

The first symptoms of cough, expectoration, whether streaked with blood or not, pain in the chest, long-continued huskiness of voice or hemorrhage, slight in degree though they may be, and often disregarded, are always signs of danger—signs of some unhealthy process either in the bronchial tubes or in the lung itself. A certain portion of the air-passages is irritated or inflamed, and this irritation, if allowed to run unchecked, will oftentimes end in far more serious trouble.

For example, in acute bronchitis, or a "cold," as it is commonly called, as well as in chronic bronchitis, the bronchial tubes are inflamed, swollen, and clogged with a sticky secretion more or less difficult to expel by acts of coughing. So in whooping-cough, a disease that not infrequently leads to the development of consumption, the bronchial inflammation is always a very prominent symptom. In asthma, too, there is always a marked bronchitis, together with

a dilatation of the air-cells themselves (emphysema), which directly hinder the act of respiration and result in a distressing and serious, although not positively dangerous, affection, *unless* bronchitis or pneumonia should occur.

In pleurisy, the presence of water in the cavity of the chest compels the lung to occupy a much smaller space than is natural to it. The lung cells cannot expand, and gradually become closed to the entrance of air, if the pleurisy be of long duration. In pneumonia, on the other hand, certain of the air cells themselves are intensely inflamed, and so filled with blood that they become consolidated or solidified, resembling flesh in appearance, and are perfectly impervious to air. These inflamed portions of the lung are then utterly unfitted for respiratory and aerating purposes, and if the pneumonia become a chronic affair, may possibly never regain the power of properly expanding, unless some means are used to aid the powers of nature.

During all these inflammatory processes in the lung tissue, the act of breathing becomes an effort, the blood is imperfectly purified, strength and flesh are lost, and the whole system suffers. If moreover, in addition to the actual bronchial or lung disease in progress there be any inherited tendency to pulmonary weakness, together with a flat and undeveloped chest, the most favorable conditions exist for definite and serious lung trouble. The germs of disease find a portion of lung or bronchial tube that is weak, inflamed, and kept at rest. This is a quiet home for them, a fertile soil in which to grow and multiply, and they improve their opportunity.

In all this loss of health, however, the patient himself, as a rule, is hopeful; he says he has always, from childhood, been subject to "taking cold;" he is positive that this present trouble is merely temporary, and far from serious; that the cough is simply "bronchial;" that the blood very likely comes from the nose or the back of the mouth; that the pain in the chest is nothing new, but is due merely to a temporary "cold," and that flesh and strength will soon return. *In this very delay lies the greatest danger.* Too late he recognizes that the *golden* opportunity for a *speedy* recovery has passed, and that he must now *struggle* to regain his health and prevent the further ravages of the disease.

Whenever, then, the mucous membrane of the bronchial tubes is swollen and inflamed, as in bronchitis, "bronchial attacks," whooping cough, and asthma, and whenever lung tissue is consolidated or solidified, as in consumption, chronic pleurisy, and pneumonia, the life and healthful activity of the respiratory system is seriously impeded.

To soothe these inflamed portions of the lungs, to expand the consolidated portions, and at the same time to deposit remedial and antiseptic agents in cavities as well as upon the the weak and over-sensitive lung cells and bronchial tubes, is the method and the theory of the treatment of lung and bronchial diseases by the Pneumatic Cabinet.

DESCRIPTION OF THE PNEUMATIC CABINET.

The Cabinet is practically an air-tight chamber, large enough for a patient to sit or stand in. In front is a large plate-glass window, through which passes a gutta percha tube having a stop-cock on the outside, and ending in a trumpet-shape for receiving the medicated spray. The tube within the Cabinet is fitted to a flexible rubber mouth-piece for the patient. The patient enters the Cabinet and seats himself opposite the window. The door is closed, and a partial vacuum is made by an air-pump to the desired degree, as represented by a rise of mercury in a barometer connected with the inside of the Cabinet. The degree of rarefaction is usually that represented by a barometric rise of from one-tenth of an inch to an inch and a half, each tenth of an inch being equivalent to an altitude of 100 feet as regards the removal of external pressure from the chest-walls.

The patient now inserts the inhaling tube in his mouth and compresses the nostrils with the fingers to prevent the escape of air through the nose; the stop-cock is opened, and the outside air of the room rushes into the lungs, carrying with it the medicated spray, which is atomized by a cylinder of compressed air. The effect is a *forced involuntary inspiration* followed by a *forced voluntary expiration.** These respiratory movements are continued for several minutes, but upon the least fatigue the stop-cock is closed, the patient removes the tube from the mouth, and breathes the rarefied air of the Cabinet until ready for another application. The treatment varies in duration from ten to thirty minutes, and is repeated either daily or at intervals of two or three days, the number of applications varying, the greatest number being 105—a case of rapid consumption, which recovered.

* In *ordinary* breathing, on the contrary, the act of inspiration is voluntary, *i. e.*, accomplished by more or less effort, while expiration is involuntary and passive, *i. e.*, a simple elastic contraction of the chest.

Value of the Treatment. — *The peculiar value of this treatment lies in the combination of the medicated spray with the increased strength of the respiratory movements.* A much fuller expansion of the chest is produced than is possible by an ordinary full inspiration, and at the same time the medicated spray being carried to *the very deepest and most remote portions of the lungs* with much greater force than by a natural inspiration, *is deposited upon the bronchial tubes,* even the smallest of them, *as well as in cavities and other diseased and inflamed portions* of the lungs.

The materials, moreover, which have been found most useful as antiseptic inhalations are not mere gases which are mingled with the inspired air and then pass out with it, but they are vapors of soluble bodies* which are deposited upon lung tissue. *Upon every moist bronchial tube, upon the walls of cavities and around, if not within, the areas of inflammation, the inhaled vapor is condensed to render the soil barren for germ growth,* to impregnate lung cells and bronchial mucous membranes with antiseptic material, which we know renders them less fitted for the *cultivation* of germs, so that finally we may be able to supply the vital activity which is lacking in those parts, and prevent the progress of disease.

EFFECT UPON CHEST CAPACITY.

At the same time we must not neglect to consider the beneficial effects of removing the external pressure of the atmosphere from the chest walls. The active and passive movements of the respiratory act being reversed, the breathing takes place not merely with the *tidal* volume of air (which is carried by ordinary inspiration only to the larger bronchial tubes, reaching the lung-cells in obedience simply to the law of the diffusion of gases), but also with the much larger volume of *complemental* air.† When properly conducted, therefore, a gymnastic action is produced, which expands and strengthens not only the diseased, but even the healthy, although undeveloped, chest, and which is beneficial from a mere hygienic standpoint. Indeed, careful tests before and after a course of treatment, have demonstrated an increase in the capacity of the chest of from twenty-five to one hundred per cent., and a corresponding development both of chest measurements and of chest expansion.

I have called this increased action of the chest gymnastic, but I do not mean that its beneficial effects are solely seen in the development of the muscles of the chest walls. On the contrary, it is the mucous membrane of the bronchial tubes and of the lung-cells that is strengthened and invigorated, while the lung-cells themselves are expanded and stimulated into a more vigorous and healthful activity.

EFFECT UPON COUGH AND EXPECTORATION.

The effect of the inhalations upon the cough and expectoration depends not only upon the progress that disease has made upon the lungs, but also upon the choice of remedies that are to be inhaled. In nearly every case, however, there has been noticed a marked decrease of both of these symptoms, although at first the expectoration may be somewhat increased. This increase is due to the fact that the removal of the external pressure has caused such an expansion of air in the bronchial tubes as forcibly to expel secretions, which may have so accumulated as seriously to impede the proper expansion of the air-cells.

EFFECT UPON HEMORRHAGE.

Finally, the influence of this treatment upon the circulation is very instructive and worthy of the most careful study. In brief, we may say, without entering into a scientific discussion of the subject, that the blood-pressure in the large blood-vessels is increased, but that the pressure in the small blood-vessels or capillaries of the lung cells and bronchial tubes is so far decreased as *actually to decrease the liability to pulmonary or bronchial hemorrhage, and in some cases even to arrest the hemorrhage during the attack.* This modification of the capillary blood-pressure can scarcely be other than beneficial to any inflammatory process in the lung tissue.

SUMMARY OF EFFECTS.

To sum up briefly the effects of this treatment in the Cabinet: *The fever, cough, expectoration, and tendency to hemorrhage are all decreased, while the appetite, strength, weight, and vigor of voice, are increased to a marked degree. So, too, there is a disposition to a more restful and refreshing sleep.*

An increased amount of oxygen is absorbed by the system, giving better blood, firmer tone to the heart, and greater strength and regularity to the circulation. The withdrawal of atmospheric pressure from the surface of the body promotes also the healthy secretions

*The principal agents thus far used in the spray have been the bichloride of mercury, iodine, carbolic acid, phenyl, oil of pine needles, benzoin and other balsams, creasote, and camphor.

† The *tidal* or *breathing volume* of air is that air which passes in and out of the lungs with each ordinary breath. It amounts only to about twenty-five cubic inches. The *complemental* air is that amount which can be taken into the lungs by forced breathing *in addition* to the *tidal* volume, and amounts to about 100 cubic inches.

from the skin, and reduces blood pressure in the liver and kidneys. This reduction of pressure in these organs, which are so prone to diseases caused by over-distension with blood, allows them to resume their proper functional activity. *On the other hand, the unhealthy and weakening secretions, the so-called night-sweats, disappear as a rule,* owing to an increased tone and vigor in the sweat-glands.

Diseases that are benefited by this treatment. —Thus far the greatest value of this method has been in the treatment of *consumption at all stages, but especially in the early stages, acute and chronic bronchitis, asthma, emphysema, the chronic remains of whooping cough, and the consolidations resulting from an old pleurisy or pneumonia. It is useful also as a hygienic exercise, to expand a comparatively healthy but undeveloped chest.*

It cannot by any possibility interfere with any of the well-known medicinal and nutritive measures that it may be expedient to employ, and it certainly has been the means of curing pulmonary consumption, even after cavities have been formed.

To treat these various diseases successfully, an ingenious mechanism permits the operator at will either to rarefy the air within the Cabinet to a given degree, or to condense it to a given degree, or alternately to rarefy and condense it, rarefying it with the act of inhalation, and condensing it with the act of exhalation, thus causing a vigorous artificial respiration.

Although the cases that have been reported thus far have certainly given proof of the possibilities of recovery from the most serious of lung diseases, the danger, when looking at such a history of treatment, is that inconsiderate enthusiasm may prevent one from fairly weighing evidence which must in all justness be impartially considered. It is a duty, however, which we owe to humanity, to investigate the subject carefully and without prejudice, patiently developing what is good in the method, and gradually learning what is its proper place in the healing art.

194 *West Brookline street, Boston, Mass.*

Hospital Reports.

Pennsylvania Hospital.

Service of Dr. James H. Hutchinson.

Chronic Cirrhotic Kidney, with Acute Catarrhal Nephritis.

This colored woman, 47 years old, has been in the house before, in very much the same condition that we now find her. This last time she was admitted January 19. When we inquire into her family history we learn that her father died of "gravel," that she has had all the usual diseases of childhood, and later on typhoid fever, variola, and rheumatism. She has had several children, and her menopause occurred suddenly about one year ago. Some time ago she had well-marked chills and fever. About six months ago she was admitted to the hospital, complaining of great dyspnœa and orthopnœa, vertigo, œdema of the face and limbs, and she was passing very large quantities of urine. After a while she spat up some blood. At that time the cardiac action was very rapid, and there was an irregular, harsh, presystolic murmur. The urine had a specific gravity of 1025, and contained albumen in abundance, bloody and granular casts. After a course of treatment, which consisted largely of digitalis, she was very much improved and was discharged. Now she is back again, in very much the same condition. Her urine has a specific gravity of 1009; there is no sugar, but we find albumen in abundance, as well as hyaline, bloody, and granular casts. She has great œdema of the face, especially of the eyelids, the abdomen is much distended, and not only pits on pressure, but there is also fluctuation, which indicates to us that we have not only œdema of the cellular tissue, but effusion within the cavity of the abdomen as well. As additional evidence of this effusion, you note how the umbilicus protrudes. The whole body is œdematous. The apex beat of the heart is somewhat displaced to the left, being felt without the line of the nipple. There is a distinct increase of the area of dullness and a distinct musical systolic murmur, heard over the whole area, which indicates mitral insufficiency; and I am not quite sure that I do not hear a murmur over the aortic region, indicating aortic constriction, but it may be that this is a conducted murmur. Sibilant and sonorous rales are heard all over the chest; there is marked œdema of the lungs, which adds materially to the gravity of the case. Now the rheumatism may account for the cardiac trouble, or it may be due to the kidney disease, for we know that this combination is not uncommon. Since the case has not been observed closely, and we are consequently unable to procure a very accurate history, it is hard to say positively what is the exact relationship between the different diseased conditions. The woman has been intemperate; there is more or less œdema of every organ; the condition is a

very critical one, and calls for prompt treatment. The long continuance of the disease, the presence of granular cells, the fact that at times the amount of albumen is very slight, would incline us to the view that the woman has for a foundation a cirrhotic condition of the kidneys, a chronic parenchymatous nephritis. The presence of hyaline casts merely tells us that the disease is chronic, but does not aid us to differentiate the type, as they are common to all chronic forms. Dropsy is not usually marked in cirrhotic kidney, but is a very usual accompaniment of acute catarrhal nephritis; hence the explanation of this case would seem to be (bearing in mind that the woman was here six months ago in a similar condition) that she had and now has an acute attack of catarrhal nephritis superadded to a chronic cirrhotic condition of the kidneys.

The strongest indication in this case is to promptly relieve the œdema. If it could be accomplished by digitalis it would be well, for we would then have, with the diuretic action, a good cardiac tonic; but where the condition is so urgent, I fear that digitalis would not be satisfactory, for its action would be too slow. In this case we are called upon to use hydragogue cathartics; we can use compound jalap powder, in drachm doses, or elaterium. In addition to these drugs, we can also use digitalis, more especially for its action on the heart, and Basham's mixture. These measures will very likely relieve the woman for the present, but we cannot expect to do any permanent good where there is evidently so much disease. The chances are in favor of relieving the urgent symptoms, because they have been relieved before when she was in an equally critical condition. We might accomplish much in these cases by a full sweat with pilocarpine, but elaterium is more certain. Hot air or hot vapor-baths and dry cups over the loins are useful; but whatever you do, you must do promptly.

Mitral Regurgitation and Aortic Obstruction.

This woman has been in the hospital several times before. She is twenty-eight years old, and was admitted for the last time on the fifth of January. Her father died of phthisis, but all the other members of her family are living and well. She commenced to menstruate at fifteen, and it was regular and easy for one year, ever since which time she has had much pain at every period. At twelve years of age she had rheumatism, after which she suffered from heart disease and dropsy. Four years ago she was admitted to the hospital suffering from these conditions, and for the same troubles was readmitted eighteen months ago; on both occasions she was very much benefited by treatment. Now we find a systolic mitral murmur, the liver is enlarged, there are rales over the chest, the urine has a specific gravity of 1020, there is albumen, bile, and pus discovered in it. The eyes are very prominent, as is also slightly the thyroid gland; which symptoms, taken in connection with the cardiac disease, at first somewhat inclined me to the belief that we had to do with a case of exophthalmic goitre. On January 9 casts were found in the urine, while on the 12th they were absent. This was not enough to justify the suspicion of exophthalmic goitre. A violently-acting heart is not necessarily due to valvular disease; it is the cause here, but we have not the constant rapidity, independent of exertion, that we find in goitre. The area of cardiac dullness is increased. The apex beat is displaced to the left, probably due to a contraction of this side caused by a pleurisy. There is a distinct, but not loud systolic murmur. Remember that the loudness of the murmur does not indicate the extent of the disease; we may have a very loud murmur due simply to anæmia, when there is really no disease at all. Again, I have frequently noted, as in this case, that the murmur may be very feeble when the patient is weak and exhausted, and grow louder as she increases in strength. This woman has improved very much since she came in. If you take the apex of the heart as a centre and draw a circle with a diameter of one inch, you will have what is known as the mitral area. This murmur, or a murmur, can also be heard posteriorly on the right side of the heart, but it differs from the other in character and intensity. Remember that a conducted murmur will always have the same characters as the original murmur; therefore, when they differ in character, we know that we have two lesions. Here, then, in this case, we have mitral regurgitation and aortic obstruction. A curious and valuable point to be observed about this case, as we will find it in others, is that while the woman maintains her general health in fair condition, she is able to tolerate the heart disease with but little inconvenience, but when she takes cold, or in way her equilibrium becomes deranged, the cardiac mischief makes itself unpleasantly prominent. When she has a few days' rest she always recuperates. The mitral murmur is heard most distinctly at the inferior angle of

the scapula, more so than in front; this is a diagnostic sign in mitral disease. In many cases it is very difficult, even for the best diagnosticians, to differentiate a mitral from an aortic murmur; but when we hear it posteriorly, at the inferior angle of the scapula, we know that it is mitral. It is not, however, usual to hear it *more* distinctly posteriorly, but I think it can be accounted for in this case by the fact that the pleurisy has forced the heart backwards, closer to the posterior wall of the chest.

I will say here a word in reference to the propriety of paracentesis thoracis for pleuritic effusion, about which there is considerable diversity of opinion. I would consider that it would be proper to resort to this operation when the effusion threatens suffocation, when it is surely purulent, or when diuretics and hydragogue cathartics have failed to remove it. If in all cases we tap simply because there is an effusion, we will usually do more harm than good.

You will often see cases similar to the one before you, and it is therefore important that you should take away with you a clear idea of it. Here we have a diseased heart, superadded to which is an exhausted heart. Of course, the treatment is plain; cardiac tonics are called for, and there is none better than digitalis, especially if there be an effusion. I would give a dessertspoonful of the infusion every three or four hours, where the patient could be watched, though, if preferred, the tincture or the powder could be used. Diuretics would also be indicated if there were effusion, and there is none better than Basham's mixture, which combines diuretic and tonic properties. If there is much fever, quinine would be indicated, and if debility, cod-liver oil. The diet should consist of milk and semi-fluids. But I will enunciate as a golden and imperative rule, that all drugs will be absolutely useless unless you bear in mind the great importance of rest. If I were in this condition myself, I would rather remain in bed with no drugs, than to have all the most approved therapeutic resources and walk about as usual.

Psoriasis.

The student so seldom sees skin diseases that I bring this case before you. The woman has a fractured arm, for which she is being treated in the surgical wards. The eruption, as you see, is squamous, and the scales are very fine. This disease seems to have a peculiar affinity for the elbows and knees. In some places the eruption is only in points, while in others it is in large patches. From these appearances the disease has a variety of names: *Psoriasis punctata, p. guttata, p. umbilaris, p. diffusa*, and because some cases obstinately resist treatment, *p. inveterata*. But in all these forms the disease is the same, and calls for the same treatment. It is a characteristic of this disease that it usually attacks those who are otherwise in good health, which is a point to distinguish it from eczema, that usually attacks those who are out of health. It is very common to find this eruption about the junction of the hair and scalp. There is no drug better than Fowler's solution in these cases. Hebra prefers arsenious acid, in doses of $\frac{1}{10}$ of a grain, gradually increased up to the point of tolerance; but I think you will derive very satisfactory results from Fowler's solution, commencing with five-drop doses. If there is constipation or any functional derangement, it must be corrected. In this disease arsenic is almost as much of a specific as quinine in malaria and iodide of potassium in syphilis. Externally, we should use an ointment of chrysophanic acid, five or ten grains to an ounce. This will sometimes cause irritation, and if the fingers used to scratch are put in the eyes, we may have trouble; but there is not this objection to tar ointment, with a little alum. Oxide of zinc, yellow oxide of mercury, or nitrate of mercury ointments may be used. When very diffuse, we may use baths of sulphate of soda. In many cases we will have to vary the external treatment, giving arsenic all the while. The disease generally runs in families.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

Meeting of December 7, 1885.
President, Samuel Nickles, M. D.
Secretary, G. A. Fackler, M. D.

Dr. J. F. Whittaker, Professor of the Theory and Practice of Medicine, Medical College of Ohio, spoke on the subject of

Bright's Disease.

We scarcely have any idea of the results of the researches of Richard Bright, unless we transform ourselves back to the first quarter of this century. Then dropsy was considered a separate disease. The text-books contained chapters on dropsy. This was, it is true, known to sometimes depend on diseases of the heart and liver. Albumen was found in the urine. Bright displayed

the first anatomical specimen of kidney disease. Bright only described one form of the disease, but the subject was immediately taken in hand by English and French investigators. Frerich, in 1851, illuminated the field more than any one since Bright. Frerich came to believe that Bright's disease commenced as acute, then assumed a chronic form, then later became the shrunken or cirrhotic kidney. Eminent English observers denied this. Bright's disease, they said, commenced as Bright's disease. Partels, in 1871, said it should be called Bright's disease, acute, chronic, cirrhotic, and amyloid. But we cannot always distinguish between these. We generally have the chronic and the amyloid together. Bright's disease seems to be more and more frequent. It is the business of the kidney to carry off refuse matter, whether it be pathological or physiological. Carrying off diseased matter from the body, it becomes diseased. It is attacked by chemical and toxic agents. Diseases also extend from the urethra and bladder. Many a case of kidney disease has its origin in a case of gonorrhœa. I will confine myself chiefly to the theoretical part, and leave the practical to those who may take a part in the discussion. We use to-day the same tests as did Bright. Many others have been invented, but heat still remains the best. Of course, every student knows that the urine must be acid; if not acid, add acetic acid to make it so, otherwise carbonic acid will precipitate the phosphates.

The question is, why does albumen appear in the urine? There have been many theories. It is now definitely known that albumen appears in the urine from a diseased condition of the epithelial coating of the Malphigian coils. The albumen appears transitory in the urine. What is the source of the albumen? It has been demonstrated as an absolute fact that the cause of albumen appearing in the urine is a diseased epithelial coating of the Malphigian coil. If you keep the blood from the kidney mechanically, a change occurs in the epithelial cells, and albumen occurs in the urine. Senator says that the albumen sometimes transudes through the secondary capillaries lower down. Experiments have been made of cutting the kidney from the body and boiling it, and the coagulated albumen is found in the Malphigian tufts; the lighter the pressure the more albumen transudes, and the greater the pressure the less albumen. We estimate the amount of albumen present. This is never more than seven per cent., generally 5.1 per cent., maybe 2.3 per cent. Many practitioners look at the albumen coagulated in the test tube, and say thirty-four, forty, fifty per cent. is albumen. This is not the case. So far as the kidneys themselves appear, they show no lesions. One of the most prominent effects of kidney disease is dropsy. Many explanations are given to account for the dropsy. It has been said, the less urine the more dropsy, and vice versa. Cohnheim thinks it due to a diseased condition of the blood-vessels. This view is, however, not very widely received. Casts give us undoubted evidence of disease. Albumen does not prove positively: casts do. It is a familiar fact that these casts are hyaline—plain, simple, and translucent, composed of albumen. They take the size and shape of the tubes, are never more than one millimètre in length. The bulk of testimony goes to show that the casts are transuded albumen covered externally by cells and debris. The casts show the stage of the disease. Uremia is at all times the most important symptom of Bright's disease. When the kidney ceases its function all can see why water is present in the blood—not only water, but also urea. It has been a familiar experiment that extirpation of the kidney or ligature of the ureters in the lower animals produces vomiting and symptoms of uremia. Urea may be present in the blood, but is eliminated by the skin and other organs so that it does not poison the patient. In these patients the breath smells of urea, is very offensive, and can be recognized by the physician as soon as he enters the room. The French theory that the urea is transformed into carbonate of ammonia, and as such causes trouble, has been exploded. We are compelled to believe that the symptoms of uremia are caused by urea in the blood. The quantity of urea remains the same, but other matter may vary in quantity. Symptoms in the acute form are vomiting and headache. In the chronic form we have one grand mal. The patient lies unconscious, then falls into a deep sleep and awakens to have another. Amaurosis sometimes follows the attack. The pupils react perfectly to the light: the lesions are not in the eye, but central in character. Implications of the nerves and lungs may follow. We may have the asthma uremica. This is most distressing. It lasts weeks and months, and in one case I knew lasted a year. May have pulmonary œdema, which is generally the last symptom before death occurs. Renal asthma is always fatal. Hypertrophy of the heart, usually the left ventricle, occurs. It is present not only in acute perenchymatous

nephritis, but also in the chronic. Perhaps the most obscure point which yet remains is renal pathology. It is only when obscure points do remain that they are investigated with any interest.

Dr. David De Beck said that no general disease came so often before the specialist, and in no disease has the general practitioner received so much aid from the specialist, as the subject under consideration to-night. We have albuminuric retinitis, œdema, hemorrhage implicating the ocular end of the nerve, more particularly involving atrophy. The capillaries become sclerotic, and on section remain open. We have changes on the part of the nerve fibres, neuroglia, varicose thickenings which come crowded with oil drops. More particularly have we changes in the fibres of Müller. These become thickened and exceedingly refractive and sclerotic. These are important changes. In all cases of albuminaric retinitis we have the vessels more or less involved; the arteries which should be $\frac{2}{3}$ to $\frac{1}{2}$ the size of the veins, we have reduced to $\frac{1}{4}$, $\frac{1}{3}$ the size of the veins, the veins remaining about the normal thickness. We notice also the changes due to endarteritis. In this we have degenerative changes taking the lead; we have fatty patches in the retina. This may be a form of papillitis, optic neuritis, or neuro-retinitis from intra-cranial causes. Of greatest importance to the general practitioner is how often do we see these cases. Wagner saw 12 per cent., Frerichs 15 per cent., La Courier 20 to 25 per cent., Legner 28 per cent., of chronic kidney cases. I myself, out of 22 cases, have seen 6. The general practitioner does not appreciate the finer changes, and his per cent. is low. The specialist appreciates these finer changes, and his per cent. is high. The proper per cent. is probably 20 to 25. It has been proposed by a prominent oculist, that in certain cases of albuminaric retinitis, premature labor be induced. In one case this has been advised and done.

Dr. W. W. Seely said that the previous speaker had omitted one or two clinical points of interest from an ocular standpoint in regard to these eye pictures. It is generally known that this disease of the fundus oculi may improve and the kidney disease grow worse; and *vice versa*, the trouble in the fundus oculi may remain the same, and the vision may markedly improve. It is a curious fact that this disease in the bottom of the eye has been seen in cases of albuminuria due to malaria. I have seen at least one case. The connection between the disease and the appearance in the fundus oculi is very mysterious. I do not think that the attention of even the general practitioner has been sufficiently directed to these manifestations of malaria. I called attention several years ago to a serous effusion into the vitreous humor due to malaria. It had been diagnosed by another gentleman as hemorrhagic effusion. I have seen typical cases of retinitis due to kidney trouble, which in turn was due to malaria.

Dr. R. B. Davey failed to see the connection of the eye trouble with the general disease. A complete study of the eye enables us to advance very little in our treatment of the disease. Nothing has been said concerning the changes in the blood. One very important point is to measure the amount of albumen in the urine. The doctor then reported a case.

Dr. J. H. Taite spoke of the ocular appearance in chronic cases. In 23 cases of puerperal eclampsia he found the eye sensibly affected in 3. In 2 cases one eye alone was affected. In one the vision was almost completely lost for several days. Both cases made a complete recovery. In one case I know of, the patient, a young woman, almost entirely lost the vision of both eyes. She is perfectly healthy otherwise. Many practitioners say we cannot have Bright's disease, acute form, unless we have structural change in the kidney. I think this is erroneous. I have seen the urine return to a normal condition in a few days after puerperal eclampsia. No woman should be allowed to have eclampsia. Every practitioner should make it a rule to visit his patients as soon as engaged to attend them in labor, and carefully examine the urine. If no albumen is found he should examine her again at intervals to be sure there is none present. I have never seen eclampsia recur repeatedly in the same woman. It occurs almost invariably with the first child, with twins, or with women suffering from chronic Bright's disease. In the latter case the induction of premature labor might be considered Even in this case, preventive medicine might be employed successfully.

Dr. C. O. Wright thought it had been the experience of every man to have cases of puerperal eclampsia in which no albumen could be found.

Dr. Taite supposed that in many cases kidney diseases in women is confined to one kidney. We can easily see why this is, from the right oblique pressure of the pregnant womb. Its function may be almost entirely if not entirely stopped. Hence no albumen

in the urine. We have had gentlemen here to-night to tell us of what has been said or done in France or Germany, but few who tell us what they have seen or experienced or reflected. Let us have a little American thought, experience, and independence.

THE BALTIMORE ACADEMY OF MEDICINE.

Stated meeting held January 6, 1886.

Dr. J. J. Chisolm presented the following notes on

A Piece of Iris Living in the Vitreous Chamber.

G. T. S., æt. 59, six months ago, falling down a railroad embankment, received an injury to the right eye. When seen by his family physician six hours after the accident, he was suffering intensely. The lids had already become very much swollen. Upon carefully separating them a wound was discovered at the upper edge of the cornea, from which a thick splinter of wood was protruding. The removal of this bit of wood was accompanied by a bloody aqueous discharges leaving, however, so much blood in the anterior chamber as to conceal the amount of injury done to the eye contents.

The treatment pursued was rest, cold applications, and the internal administration of anodynes. As the swelling subsided and the blood was absorbed, it was found that sight had been so materially impaired as to leave only perception of light. In time, however, the vision slowly improved, till after three months large objects could be again recognized. In the meantime, the left good eye indicated some growing impairment of vision for distant objects, and the spectacles heretofore worn with comfort, no longer permitted easy reading.

This growing defect in vision in the good eye was supposed to be a sign of sympathetic complications, and for this reason the patient was sent to me from his distant home for surgical treatment.

I found the left good eye hyperopic, v $\frac{15}{15}$ with a + $\frac{1}{20}$, his distant vision became $\frac{15}{12}$ even above normal, and he read brilliant type readily with a + $\frac{1}{8}$ lens. His spectacles were + $\frac{1}{12}$, which accounted for his discomfort. At first sight the injured right eye presented every appearance of a successful cataract extirpation.

The iridectomy was large, well shaped, centrally located, and clean to the very ciliary border. The well formed artificial pupil was black, with traces of capsular deposit as is seen after successful cataract operations. He could detect large objects and count fingers readily at four feet, the distance at which I was sitting from him.

In putting a + $\frac{1}{8}$ lens before his injured eye I was surprised to find v $\frac{15}{70}$, and with a + $\frac{1}{2}$ of $\frac{1}{8}$ lens he could make out words in brilliant type.

He complained of something moving about in his eye, which seemed to wave before his sight. By oblique illumination I could see a whitish body in the vitreous. With ophthalmoscopic illumination the examination showed a healthy fundus and clear vitreous, so as to give a perfect retinal picture.

Hanging from the roof of the vitreous chamber, at some little distance behind the thin, partial capsular film, was a flap of membrane apparently one line wide and two lines in length. It was rectangular in shape and of a yellowish white color. Upon its anterior surface could be clearly traced a vessel of some size, which starting at the base ran down through the whole length of the membrane, to the free extremity of the flap.

This piece of living tissue moved to and fro with the movements of the eyeball. This floating membrane in the vitreous, adhering to the upper anterior edge of the choroid, could be nothing else than the missing piece of iris.

The splinter of wood in entering the eye through the upper scleral border of the cornea, had torn the iris in two places from the pupillary border to the ciliary region, in this way punching a piece out of it. This detached bit of iris had been pushed back into the vitreous chamber, carrying with it a portion of its ciliary body. It remained adherent to the ciliary body at one point by a broad base.

The lens must have been injured also at the time of the accident, because through its torn capsule the aqueous humor had been brought in contact with it, to its complete disappearance by absorption.

As there was a broad base to the flap, with ample nourishing blood-vessels, the piece of displaced iris had continued to live. Although it had been bleached and all trace of pigment had disappeared from it, it was yet thick enough to show us translucency. Under ophthalmoscopic examination it showed boldly as a whitish yellow membrane against the healthy red reflex of the fundus. Curiously, the passage made by the splinter into the vitreous chamber had not been invaded by inflammatory deposits. The hyaline structures had taken on no pathological changes and therefore, excellent vision

had been retained to this curiously-injured eye.

Dr. J. Edwin Michael then related

An Unusual Case of Gunshot Wound.

On Christmas night last, about 9 o'clock, he was called to see a large, stout, well-built German, a saloon-keeper by occupation, who had received a pistol wound while engaged in quelling a disturbance in his establishment.

The ball came from a pistol of the "bull dog" pattern, 38-calibre, and was shot from a distance of 12 to 14 feet in front of and a little to the patient's right.

Upon examining the patient it was seen that the point of entrance of the ball was at a spot almost if not directly over the apex beat of the heart.

Later measurements showed the exact location of the perforation to be 3 inches to the left of median line, 1½ inches to right of left nipple line, and ¾ of an inch below a line drawn transversely through the nipple. There was, of course, no probing. The patient was in a condition of extreme shock; stimulants were given, and after a short while consciousness returned. Upon examination by physical signs, wound of the lower lobe of the left lung, and hemorrhage into the pleural cavity of that side, was diagnosed. It was also probable that there was a co-existing pneumothorax of small degree. About eleven o'clock, two hours after the accident, the patient began to complain of much general pain. He became quiet after a hypodermic of morphia and atropia, and continued comparatively easy for a time, when pain again began to be felt, which was again arrested by a repetition of the hypodermic injection.

At the end of twenty hours from the time of the accident the patient died.

The autopsy showed that the bullet had passed through the fifth rib, near its junction with the cartilage, through the pericardium, through the left ventricle, making in its passage an opening at its point of entrance and another at its point of exit, which two openings were connected by a furrow in the ventricular wall, ploughed up by the ball in its passage through the heart. After leaving the heart it had penetrated and passed through the lower lobe of the left lung, fractured the eleventh rib, and imbedded itself in the soft tissues of the back about two inches to the left of the spinal column.

The doctor thought it remarkable that such a ball should have passed through the heart without causing instant death. He had seen one other case in which the heart had been perforated by a 22-calibre ball. In this case, death was practically instantaneous.

In the case under consideration the wound was obliquely through the heart in such a way as to make valve-like openings in the ventricular walls, similar to the openings in the bladder through which the ureters pass —this form of perforation, he thought, prevented what would have been rapid hemorrhage into the pericardium, had the openings been made in a line perpendicular to the plane at the point of entrance of the ball.

During life there was considerable hemorrhage, but he did not think that it came directly from the heart, but was forced from the pleural cavity by the movements of the lung in respiration. The dressing consisted of cloths saturated in bichloride solution.

Dr. J. J. Chisolm said of course we had all heard of the rare case of perforation of the heart and retention of the bullet within its cavity until found there after death. He had seen cases of injury to the heart by bullets, but none of them had lived so long as 20 hours.

Dr. A. B. Arnold next read a most exhaustive paper on

Circumcision,

in which he treated the subject from a moral as well as from a historical and surgical standpoint.

He protests against the practice, not only because he considers it detrimental in robbing the glans of its natural protective covering and thus exposing to irritation those very sensitive Pacinian bodies about the corona. The result of this exposure and consequent irritation, he thought led to habits of masturbation. From the religious point of view he considered it an entirely erroneous idea that a child born of a Hebrew mother was not a Hebrew until circumcision had been performed. It has recently been decided, he said, that a Jew cannot be excluded from fellowship in a Jewish congregation because of the presence of a foreskin.

He described in detail the methods of operating pursued by physicians in the different countries, both civilized and barbarous.

In answer to the question, "Had any hereditary shortening of the prepuce been observed in Hebrew children as a class?" he said he had noticed nothing different in the formation of the foreskin in them from that of other children.

Dr. James Carey Thomas thanked Dr. Arnold for the pleasure he had had in listening to a subject so ably treated.

Dr. Stanley Hall, who was present, was invited to make some remarks upon the subject. He said, after Dr. Arnold's paper, there was left but little for him to say—he had always been more or less in the dark on the subject, but had never had such a flood of light given him upon the topic, as had been afforded by Dr. Arnold's treatise. Some few years since he was in Vienna during a discussion upon the subject, and it was there decided that circumcision was beneficial in lessening the erethric habit, and that it was anticipating what nature would herself do if left to her own course.

Dr. John R. Uhler said that possibly circumcision had its effect upon procreation by lessening the amount of surface tissue to be filled with blood, and thus allowing a greater amount of blood to be supplied to the centre of the organ. This would, he thought, have the effect of increasing the temperature of the body of the organ. Again, he thought that possibly the reason for its having been first practiced in Eastern countries, and especially in the tropics, was that the dry, sandy atmosphere so potent in causing ophthalmia might have such an irritating effect by causing a gritty deposit beneath the foreskin.

Dr. J. Edwin Michael thanked Dr. Arnold for his paper. He had some time since read an article on the subject from a surgical standpoint. In his experience he had been frequently called upon to remove the prepuce because of its inconvenience. As to affecting the sensitiveness and irritability of the glans, he did not see that the operation made any difference whatever, for how very often do we see men with naturally-exposed glans from an abnormally short prepuce. They present no greater degree of sensitiveness. He thought, with some eminent authorities, that the sensitiveness of the glans is increased by circumcision of long prepuce, the irritability decreased.

Dr. A. B. Arnold thinks too much importance has been attached to the part played by the organ in originating venereal desires. The brain is the centre from which impulses arise. He thinks that when sexual impulses are observed in very young children, as is not rarely the case, that here it is not the brain, but some undue irritation to the corona of the glans. It is to protect against the possibility of such irritation that he advocates leaving the natural covering, the prepuce, just as nature has made it.

Dr. John N. McKenzie exhibited a portion of a growth coughed up from the larynx. The patient had suffered from dyspnœa caused by a growth almost completely filling the laryngeal cavity. Laryngoscopic examination revealed the growth to be composed of an oval mass composed of two lobes, divided by a shallow sulcus of what appeared to be fibrous tissue. The throat was so very irritable that local anæsthesia by the cocaine spray was necessary before any manipulation could be satisfactorily carried out. He removed a portion of the growth with the laryngeal forceps. This gave rise to such a degree of irritation that he was obliged to desist and postpone any further attempt at removal until the following day. On the following day dyspnœa was so great that tracheotomy became necessary. On the day succeeding she was attacked with a spell of coughing, and threw off the portion of papillomatous growth here exhibited. Another attempt will be made to remove the growth with the forceps. Another case that he was examining for hoarseness revealed the presence of complete double uvula.

NEW YORK ACADEMY OF MEDICINE.

Annual meeting, January 7, 1886. The President, A. Jacobi, M. D., in the chair.

Contagious Ophthalmia in Public Institutions.

Dr. R. H. Derby, of the committee appointed to make investigations regarding contagious ophthalmia in the asylums and residential schools of New York, said that on the whole the condition of the asylums was not better than at the time of the preliminary report in June last. He read the detailed report regarding three institutions in the city into which children were received to the number of about one thousand, and nearly three hundred of the entire number had contagious eye disease. The ventilation, sewage, and general sanitary condition, was not such as it should be. The committee recommended an enactment by the Legislature providing for a physician attache to each institution receiving children, who should be required to examine the inmates and those about to be admitted with regard to any contagious or infectious disease, particularly eye or skin disease; and it should be compulsory on the authorities of the institution to provide suitable quarantine for all such cases. The minimum of cubic air space for each inmate should be six hundred cubic feet. Failure to comply with these regulations should be considered a misdemeanor.

The annual reports of officers and committees were handed in. It appeared that the academy was out of debt, and the treasury contained over eight hundred dollars. The total number of volumes in the library, including pamphlets and journals, was twenty-seven thousand.

Among other changes in the constitution and by-laws, it was provided that cases relating to ethics should be referred to the council, and the Committee on Ethics was abolished. The Committee on Education was also abolished.

The result of the election was as follows:

Vice-President.—Dr. H. D. Noyes.

Treasurer.—Dr. Cushman.

Trustee.—Dr. Geo. A. Peters.

Committee on Admission.—Dr. Emerson.

Recording Secretary.—Dr. Jacobus.

Corresponding Secretary.—Dr. Wesley M. Carpenter.

Committee on Library.—Dr. Katzenbach and Dr. Johnson.

Delegates to the State Medical Society.—Drs. W. R. Birdsall, R. W. Amidon, A. S. Hunter, Bullard, and Bacon.

Adjournment.

Editorial Department.

Periscope.

On a Febrile Disorder Communicated from Calves, and Accompanied by an Eczematous Eruption.

Dr. T. Frederick Pearse thus writes in the *Brit. Med. Jour.*, August 8:

A case having the above characteristics has lately been under my care, and I have particulars of two other cases. Similar eczematous patches, but of a very mild form compared to that of my case, are said to be frequent on the hands, arms, and face of those having the handling of these diseased calves. The eruption on the animal is called by my patient (a castrator) "ringworm;" but there are certainly not the same acuteness of symptoms or discharge in the animal as in the disease propagated to the human subject. It is more than doubtful whether the disease in the calves is of the nature of "ringworm" at all. I have not had the opportunity of seeing the disease in calves.

The general symptoms, which came on somewhat acutely, were heightened temperature, varying from 99.5° to nearly 102°, with a frequent but weak pulse, moist but coated tongue, foul breath, a feeling of malaise, and general weakness. These have lasted for nearly a month, though they have somewhat improved during the latter half. My patient says that his brother suffered for six weeks during last winter in exactly the same way as himself.

The eruption consists of inflamed patches, somewhat like incipient boils, which burst, but, instead of discharging pus, pour out a very glutinous serous fluid, which quickly dries and forms a hard scab. There is considerable thickening and hardness of the skin around, and some slight enlargement of the lymphatic glands. The eruption is situated all round the chin, and under the jaws on both sides, with isolated patches on the forehead, eyebrows, and cheek. All round the lower margin of the face there is one continuous discharging surface. As soon as the scabs are removed, fresh discharge hardens and forms a scab again.

A question may, perhaps, be raised as to diagnosis. My patient was in perfect health before this attack, and never had an eruption of any kind about him before. It was treated by my *locum tenens*, in its early stages, for eczema, but apparently without the slightest benefit. The surface is hardly extensive enough or associated with sufficient inflammatory appearances, to account for the decided general symptoms. Again, the thickening around the base of the eruption is too hard for acute eczema, and there is not the same swelling of the skin. There is not the same pain or soreness, either, as in acute eczema. I have prescribed quinine (three or four grains), with full doses (thirty minims) of nitro-hydrochloric acid; and, locally, I tried, first, dusting with iodoform-powder; but, finding apparently little benefit from this, it was changed for oleate of mercury, with oleate of zinc as an ointment. The sores have considerably improved, and the man's general condition is nearly restored.

The Influence of Diet on Cancer.

Dr. H. Percy Dunn thus writes to the *Brit. Med. Jour.*, 1885:

That diet has some influence upon the production of cancer is now generally believed. Since Moore first drew attention to the matter, in 1865, whilst discussing the question of the increase of cancerous disease, confirmatory evidence—partly comparative, partly direct—has been produced by several observers. But, in the case of the human subject, an inquiry intended to elicit evidence upon this point is open to certain objections if it is simply limited to the statement of the habits of a person in the matter of eating. For, undeniably, a "large eater" and a "small eater" are only relative terms. Women are universally small eaters; and, whilst full-bloodedness amongst them is quite the exception, they do not generally exhibit an underfed condition. Ladies, as is well known, are averse to eating much, because they are averse to placing themselves in the position of imperiling their "figures," by growing stout. In the case of men, a different state of things prevails. Men often eat largely without necessarily manifesting any trace of their eating habits. Their business occupations enable them to throw off any ulterior effects which full living might be supposed to induce. Consequently, although eating largely, they cannot be said either to eat to excess or to suffer from the food they consume. But a small-eating woman, by leading a life of ease and indolence, might suffer as much from the penalty of good living as a man who ate to excess. Still, inasmuch as it is impossible to assert that food and feeding occupies more than a subordinate position in the category of mundane attractions made accessible for women by nature, it is conceivable that diet has less opportunity of influencing the production of cancer in women than in men. Now, if the terms "large eater" and "small eater" are only relative, as they obviously must be, how can the question of diet in this relation be determined? By using the term plethoric, which is descriptive of a condition exhibited or not by the patient at the time of examination. If plethoric, then the diet, whatever its nature, has been in excess of the person's requirements. If not plethoric, the patient could scarcely be accused of free living, even although the presumption would be in this direction, when further inquiry elicited the fact that good living was the rule. There is little known as yet of the connection between diet and cancer; but, as a matter of opinion, I am disposed to believe that the influence of diet upon cancerous disease is chiefly centred about those persons whose practice throughout life has been to live freely, whose plethora has always been a positive quantity, and whose cancer becomes developed in one of those organs immediately concerned in actively disposing of the surcharge of food ingested.

A Suggestion on the Proper Alternation of Rest with Effort, as Essential to Health and Strength.

Dr. Jacob L. Williams thus writes in the *Jour. American Med. Ass.*, 1885:

In the early part of my professional pupilage, I heard a suggestion from the venerable Dr. John C. Warren, long since deceased, to this effect. He said: "When engaged in a long surgical operation of half an hour or more in duration, the eyes will sometimes become fatigued, and it will be difficult and unsafe to continue the operation with them in that condition. It is better, under such circumstances, to raise the eyes and let them rest upon some object in a distant part of the room, or, if you can leave the operation, step to the window and look out for a minute or two; you will then return with the eyes refreshed, and can see as well as ever." And more recently, one of the most eminent of American oculists has written that "one great cause of injury to vision is the *continuous* application of the eyes to book or work *after* they have become fatigued." This mention is made because the ideas therein contained represent a principle which holds good in the use of any faculty.

There is a very common belief that mere "exercise strengthens," without the recognition of any other element as necessary to that end. And so some seem to think that the more and longer they can exert their faculties, the stronger they must be. As a result, we see fatigue carried to exhaustion, which is another name for weakening or debility.

Instances are common in various occupations and ages of individuals. The youth is too often crowded with study continuously through the day and perhaps part of the night, till the mental process becomes actually debilitated, sometimes permanently. The business or professional man will not, or cannot, pause for rest till he finds that he positively must, and sometimes not then, but drops at his post. The ambitious rower or pedestrian continues his exercise till his strength is absolutely gone, and sometimes his constitution shattered.

In our special department, the practitioner will labor too many hours continuously during the day, and perhaps the evening, till

his nerves shake like so much loose cordage in the winds. And if he does not, as to my knowledge has occurred in one instance at least, fall dead by the chair, he finds a very long vacation needed to bring back a semblance of his former tone.

We also cannot ignore the fact that patients are too often allowed to suffer a continuance of endurance which has required days to recover from, and has sometimes been followed by more serious results. I emphasize the term *continuous* effort, because from that comes the harm when carried beyond the point of simple fatigue, on to the condition of exhaustion; that point, of course, varying in different persons, and in the same person at different times.

This rule, then, should be learned, and the earlier the better, namely: to rest, if possible, just when we are tired, and to let our patients do the same.

Contributions to Practical Surgery.

From the *Edinburgh Med. Jour.* we learn that Prof. John Chiene, in an admirable series of practical notes on every-day surgery, makes, *inter alia*, the following suggestions:

In wounds of the face, the best stitch to use is horse-hair. Unless the wound is of considerable size, no form of drainage is necessary. The best dressing is a pad of salicylic cotton-wool, or corrosive wool, fixed in position with flexible collodion.

The introduction of the sharp spoon into surgical practice has greatly simplified the treatment of lupus. In the use of the sharp spoon, special care must be taken to scrape away the raised edges of the lupoid ulcer, as it is here that the pathological change is advancing. This is best done by scraping from the sound skin toward the centre of the ulcer. After the new formation is completely removed, the best application is a powder which has been introduced into surgical practice by Dr. Lucas Championnière, of Paris. It consists of (1) light carbonate of magnesia, which has been impregnated with the vapor of eucalyptus, (2) powdered benzoine, and (3) iodoform, in equal quantities.

In persistent hemorrhage from the nasal cavity, plugging of the posterior nares should not be done until an attempt has been made to check the hemorrhage by firmly grasping the nose with the finger and thumb, so as completely to prevent any air passing through the cavity in the act of breathing. This simple means, if persistently tried, will in many cases arrest the bleeding. The hemorrhage persists because the clot, which forms at the rupture in the blood-vessel, is displaced by the air being drawn forcibly through the cavity in the attempt of the patient to clear the nostrils. If this air is prevented from passing through the cavity, the clot consolidates in position, and the hemorrhage is checked.

In a reduction of a dislocation of the lower jaw, the patient should be seated on a low stool before the surgeon. In this way the surgeon gets a sufficient leverage, standing above the patient, and the reduction of the dislocation is simplified.

In the division of a tight frænum of the tongue, when a child is tongue-tied, care must be taken not to use the scissors too freely. All that is necessary is, standing behind the patient, to nick the anterior edge of the frænum with the scissors, and to tear with the finger-nail the remainder of the band. In this way hemorrhage, which is apt to be troublesome, is prevented.

In the removal of an elongated uvula, after you have grasped the apex of the uvula, it is to be drawn forward and rendered tense before division. If it is simply grasped, and an attempt made to divide it in its normal position, it is not always an easy matter to effect the object desired. When it is rendered tense, the operation is a very simple one.

Difficulties of Diagnosis in Certain Cases of Cerebral Tumor.

Before the West Kent Medico-Chirurgical Society, January 1, Dr. Hale White read a paper on the Difficulties of Diagnosis in Certain Cases of Cerebral Tumor. The author first related particulars of a case in which no cerebral symptoms whatever were known to be present during life, but at the necropsy the presence of a tubercular mass in the cerebellum was quite accidentally discovered. Then full particulars were given of an interesting case of tumor in the frontal lobe. In this patient, for a long time, the only symptom was headache, and it was not till a short period before death that the presence of optic neuritis was discovered. The patient died suddenly without the advent of any other than these two symptoms. The next case related was one of a woman, in whom a tumor in the region of the occipital and temporo-sphenoidal lobes existed; it was about the size of a Tangerine orange, and produced no symptoms whatever that could with certainty be referred to its presence. It was concluded from these three cases that tumors might exist in the cerebellum, frontal lobes,

and occipital region, and be very difficult of diagnosis. The presence of paralysis of some of the cranial nerves did not necessarily forbid the diagnosis of the presence of a tumor in this region, for if it were of a very great size its pressure might compress the nerves at the base of the skull against the bone. Tumors in the regions just indicated have no special symptoms, such as paralysis; therefore, for their diagnosis we are entirely dependent upon the general symptoms, viz., headache and optic neuritis; vomiting occupying an intermediate position, being partly a general and partly a special symptom of tumors near or in the cerebellum. Even the combination of headache and optic neuritis did not conclusively prove the existence of a cerebral tumor, for a case was brought forward in which both of these symptoms were present, both being due to anæmia, the patient rapidly recovering on treatment with iron; still, the combination of these two symptoms would make one extremely suspicious. The form of headache most likely to be associated with cerebral tumor was next discussed, and it was pointed out how frequently, if not careful, a mistake might be made with myopic patients, who often complained of dimness of sight and headache. The next question raised was as to the means of diagnosing the kind of tumor, but it was pointed out that this was not of so much importance as to diagnose its presence, because one's duty to a patient is always to give large doses of iodide of potassium.

Animals as Medical Practitioners.

The *Medical Record* says that M. G. Delaunay, in a recent communication to the London Biological Society, observed that medicine as practiced by animals is thoroughly empirical; but the same may be said of that practiced by inferior human races, or, in other words, by the majority of the human species. Animals instinctively choose such food as is best suited to them. A large number wash themselves and bathe, as elephants, stags, birds, ants. In fact, man may take a lesson in hygiene from the lower animals. Animals get rid of their parasites by using dust, mud, clay, etc. Those suffering from fever restrict their diet, keep quiet, seek dark and airy places, drink water, and sometimes plunge into it. When a dog has lost its appetite, it eats that species of grass known as dog's grass (*chien dent*), which acts as an emetic and a purgative. Cats also eat grass. Sheep and cows, when ill, seek out certain herbs. An animal suffering from chronic rheumatism always keeps, as far as possible, in the sun. The warrior ants have regularly organized ambulances. Latreille cut the antennæ of the ant, and other ants came and covered the wounded part with a transparent fluid secreted from their mouths. If a chimpanzee be wounded, it stops the bleeding by placing its hand on the wound, or dressing it with leaves and grass. When an animal has a wounded leg or arm hanging on, it completes the amputation by means of its teeth. A dog, on being stung in the muzzle by a viper, was observed to plunge its head repeatedly for several days into running water. This animal eventually recovered. A sporting dog was run over by a carriage. During three weeks in winter it remained lying in a brook, where its food was taken to it. This animal recovered. A terrier hurt its right eye. It remained under a counter, avoiding light and heat, although it habitually kept close to the fire. It adopted a general treatment, rest and abstinence from food. The local treatment consisted in licking the upper surface of the paw, which it applied to the wounded eye, again licking the paw when it became dry. Animals suffering from traumatic fever treat themselves by the continued application of cold, which M. Delaunay considers to be more certain than any of the other methods. In view of these interesting facts, we are, he thinks, forced to admit that hygiene and therapeutics, as practiced by animals, may, in the interest of psychology, be studied with advantage. He could go even farther, and say that veterinary medicine, and perhaps human medicine, could gather from them useful indications, precisely because they are prompted by instincts which are efficacious in the preservation or restoration of health.

Poisoning by the Seed of Datura Stramonium; Two Cases; Recovery.

Dr. P. B. McCutcheon writes in the *New Orleans M. and S. Jour.*, 1885:

On August 21, 1885, about 12 m., I was called to see Mrs. W., and her son, H. C. W., aged 26 years. I found the mother in bed, complaining of headache, a sense of weakness, and great thirst. The pupils of both eyes were widely dilated, the tongue and fauces very dry, pulse rapid. There was partial delirium. I was informed that about eight o'clock the whole surface of the body had become very red and swollen. Neighbors, recognizing that poison of some kind had been swallowed, gave an emetic, which produced frequent vomiting. The only

symptoms that the son presented at the time of my visit, were dilated pupils, thirst, and swollen hands and arms. He says that he first noticed that he could not see distinctly, whilst in the car at 7 a. m., on the way to his work. Very soon thereafter he had confusion of ideas and dryness of throat; when he arrived at his shop about 8 a. m., he was told that he was intoxicated; while attempting to work, he fell to the floor; water was thrown over him, and he recovered sufficiently to get home by means of the cars.

I obtained the following account as bearing on the cause of these symptoms:

On August 20, a friend gave the mother a branch of datura stramonium, to which were still attached the leaves and some capsules, which contained nearly ripe seed. The leaves were stripped from the stalk and mixed with lard, to form a salve; this was done in a skillet. Some coffee was on the table, and a few of the seed from the capsules, which had been opened, became mixed with the coffee. Moreover, the coffee was parched in the same skillet in which the salve had been made.

Next morning this mixture was ground, and an infusion made which was drunk by the mother and son about 6 a. m., and in one hour's time the symptoms of poisoning were manifest as described. By 4 p. m., all these abnormal manifestations had nearly disappeared.

The only treatment that I used was sulphate of morphia in one-eighth grain doses every two or three hours.

Displaced Spleen and Pregnancy.

Much attention has recently been paid to the anatomical or teratological conditions wherein the kidneys or liver are found to be unusually movable. Arguments have been brought forward to show that the condition represents a mere anatomical or physiological peculiarity, or, on the other hand, that it is pathological, and of the nature of hernia. The latter theory is adopted by Landau and others, who also deem pendulous abdomen and uterine displacements to lie within the province of hernia. Dr. Gabriel Engel, of Klausenburg, Transylvania, has published in the *Orvos Természettudományi Értesitö*, a paper on the "Ætiology of Displaced Spleen." In three cases under his observation, two occurred in pregnant women, without interfering either with gestation or labor. The third case was very interesting. A woman suffered from amenorrhœa for sixteen months, and pregnancy had been confidently diagnosed; the patient, cachectic from malaria, had also been seized with acute pains resembling those felt during labor. A large soft tumor filled the lower part of the abdomen and the pelvis. Quinine was administered in all three cases, and the tumors diminished in size. Otherwise, should drugs or an abdominal belt have failed to relieve, Dr. Engel would have recommended extirpation in preference to the artificial induction of atrophy of the spleen by twisting that organ by manipulation applied to the lax abdominal walls, so as to cause obstruction of the vessels of the hilum. Dr. Engel distinguishes between displacement and mere enlargement, although the three cases which he quotes seem, from the satisfactory therapeutic results, to have all been instances of ague-cake. From any point of view it is doubtful if displaced spleen be homologous, pathologically speaking, to movable liver or kidney.

Unusual Effects of Malaria.

Dr. J. J. Norwine thus writes in the *Therapeutic Gazette*, 1885:

Case 1. Mamie M., age 13. Family history good; no syphilis, gout, or rheumatism; has always been a healthy, stout girl, and at present presents a very healthy appearance; menstruated first at the age of 12, and has been regular in frequency, normal in quantity, and without pain during the flow. This, in brief, constitutes the past history. Patient now presents the following symptoms: Three weeks ago she arose from her bed feeling quite well, "but," says her sister, "she was so nervous." This condition has existed ever since, and is gradually growing worse; her rest at night was good after once getting to sleep, probably not awaking during the night; bowels constipated; appetite failing last few days; does not complain much of pain. Upon this history, in connection with a close physical examination, I diagnosed chorea, the result of malarial infection, and upon this basis I gave the patient the usual anti-malarial agent, sulphate of quinine, combined with that most efficient vehicle, the syrup of yerba santa, in doses of 8 grains every two hours, giving four doses daily, and to my satisfaction the patient had entirely recovered on the third day. I should have added that a liberal mercurial purge was given prior to the quinine.

Case 2. Child, age 1½ years, suffered from chronic diarrhœa for over thirty days. The usual treatment was given—astringents, pepsin, bismuth, and tonics—but all seemed to

only relieve for a very short time. At last my attention was called to the fact that the child's bowels were worse every other morning, and I immediately gave sulph. quinine, gr. iv, until I gave four doses daily, and the child was relieved the second day, and made a rapid recovery. I claim that it was the anti-periodic effect of the quinine, and not the effect of a bitter tonic, that produced the cure, for the result was too quick.

Obstinate Vomiting Cured by the Stomach-Tube.

Dr. Maere has communicated to the Ghent Medical Society a case in which a young woman who had had some mental shock suffered from such extreme irritability of the stomach that nothing whatever could be retained. The bowels also absolutely refused to act. This obstinate constipation was overcome by faradaism applied by means of an insulating sound with a metallic button introduced into the rectum. Nourishment was given by the bowel. At last, as the patient's condition appeared to be somewhat critical, Dr. Maere, after painting the pharynx with a one per cent. solution of cocaine, introduced a Debove's stomach-tube, and poured in a litre of milk and water in equal proportions. This was retained, and afterwards the patient was able to take and retain gradually increasing quantities of liquid nourishment. In a week she was convalescent. The author suggests that the girl's hysterical condition had caused the stomach to contract in the same way as the limbs sometimes do in these cases, and that when this was once forcibly overcome by feeding through the stomach-tube it did not recur. He remarks that painting the pharynx with cocaine is, as has been pointed out by Dr. De la Roche, much more effectual in facilitating the passage of the œsophageal tube than the application of bromide of potassium.

Atrophoderma Pigmentosum.

The pathology of this affection, which has received so many names, appears to be fairly understood as the result of the labors of Kaposi, Neisser, Vidal, Radcliffe Crocker, and others. About thirty-six cases appear to have been placed on record. Dr. White, of Harvard University, describes two cases in the *Journal of Cutaneous and Venereal Diseases*. The cases occurred in a family of Russian Polish Jews. There were seven children in the family, and the two affected were the second and sixth. The first case was a boy aged seventeen, in whom the melanotic and atrophic conditions were well marked, and telangiectasis was evident only about the face. The second case was also a boy, three years old, in whom the only marked morbid condition appeared to be on the face, and to consist of abnormal pigmentation. The author avers that there can be no doubt of the correctness of the diagnosis in the cases, the first of which exhibits everything characteristic of the disease, except the final transformation of parts into malignant growths. White regards the melanosis as the initial lesion, and would so name the disease, adding the terms telangiectodes and atrophica as secondary conditions. Radcliffe Crocker says the disease is admittedly an atrophy of the skin, and suggests the term "atrophoderma pigmentosum."

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——*Harper's Monthly*, in all the thirty years that it has come to us, has been among the most interesting and valued of all our exchanges, and one that commends itself with increasing interest as its years increase. Its illustrations are always of the highest order.

——*The Century* is fairly the rival of *The Monthly*, and while sometimes it may not quite equal it, so fully fills a place of its own both in literature and illustration, that it is always more than welcome.

——*St. Nicholas*, the young people's monthly, is beautiful beyond comparison. There is nothing in periodical literature for the young that can equal its charming illustrations and "well-told tales." Mary Mapes Dodge is its very competent conductor.

——*Littell's Living Age*, a valued exchange of more than thirty years, holds a place that belongs to no other magazine. Without illustrations, or any of the modern attractions of monthly or weekly periodical literature, it is their equal, and to many readers their superior. Its weekly contents of choice *English* literature are invaluable.

——Of family newspapers, *Harper's Weekly*, as an illustrated paper, is the first and best in the country. It is always fresh and beautiful, preserving for future generations the notable scenes of the present, while its literary contents are high-toned and valuable.

——*The Germantown Telegraph* also holds a foremost place. Its new editor has, if possible, made it more attractive, while maintaining the *purity* of its character, that has always made it so welcome as a family paper.

——*The Vermont Journal* is of the same standard, well edited, and always interesting.

——The *Bennington Banner*, the *Cincinnati Weekly Gazette*, and the *Trenton Gazette*, are excellent and welcome exchanges.

——Of our religious exchanges, the New York *Evangelist*, the New York *Christian Advocate*, the *Presbyterian Banner*, of Pittsburgh, and *The Presbyterian*, of Philadelphia, are as valuable for their general, historic, and scientific contents as for the information on more strictly religious matters.

——*The Sunday-School Times* is a bright and valuable weekly paper, not only for the Sunday-school teacher, but for the general reader.

BOOK NOTICES.

A Treatise on Bright's Disease of the Kidneys, Its Pathology, Diagnosis and Treatment. By Henry B. Millard, M. D., etc. 8vo., cloth, pp. 264. Wm. Wood & Co., New York.

This is the second edition of Dr. Millard's work, the first having appeared in 1883. It has met with a favorable reception by the profession, and merited it, as it is founded on conscientious, original research, and a wide field of observation both in hospitals and private practice. The author includes chapters on the anatomy of the kidneys, on albuminuria, and on the urinary secretion generally. In this second edition he has included a considerable amount of new matter, bearing especially on the result of recent researches on the nerves of the kidneys, on the tests for albumen, and on the true etiology of what are generally, though he thinks erroneously, termed uræmic accidents. These additions, and others throughout his pages, bring the work down to the latest advances in the pathology of diseases of the kidneys.

Transactions of the State Medical Society of Wisconsin. 8vo., pp. 170. Appleton, Wisconsin, 1885.

Transactions of the Medical and Chirurgical Faculty of the State of Maryland. 8vo., pp. 254. Baltimore, 1885.

In the first of these volumes about one-half of the reading matter is occupied with the Proceedings, the remainder with original articles. The latter contain usually interesting practical material by independent observers. We may mention a discussion of the comparative merits of Syme's and Pirogoff's Operations, by Dr. Meacher; The Treatment of Pyrexia, by Dr. Dodson; Notes on Insanity, by Dr. Wigginson; The Ignorant Use of Ergot, by Dr. Davis, etc.

The Medical and Chirurgical Faculty of Maryland rely more on official reporters to make summaries of the advances in their respective branches than on voluntary papers to fill their volume. It lacks therefore much of the freshness which we find in society transactions where original observation is more assiduously sought for. The reporters generally perform their work faithfully, and render good abstracts. There are also a limited number of "volunteer papers," most of which we have already referred to as sent us in advance reprints. They are usually carefully prepared.

The Principles and Practice of Medicine. By the late Charles Hilton Fagge, M. D., etc. Edited by P. H. Pye-Smith, M. D., etc. Vol. ii., pp. 888, 8vo. P. Blakiston, Son & Co., Philadelphia, 1886.

The excellent character of this work, to which we alluded on the appearance of the first volume a few months ago, is steadily maintained throughout the second and concluding volume now before us.

The contents of this volume embrace the diseases of the heart, alimentary tract, liver, urinary organs, joints, bones, circulatory system, and skin. The last mentioned is added by the editor, whose judicious notes and careful revision increase the value of the work in all its parts. Within its compass there is no other general treatise of recent issue which equals this work for the fullness and accuracy of its information on the whole realm of practice. Dr. Fagge was a man of unusual capacity, and an enthusiast in medicine. From his student days he was singled out by his teachers and associates as one of the most brilliant of his compeers. The present treatise was the great work of his life, and bears throughout marks of the most careful elaboration and extended studies. We have no doubt that it will take, as it deserves, a place at once in the foremost rank of popular text-books on practice. While it is not too large for the reading of the student, it includes in its nigh two thousand pages much that will be instructive to the practitioner of many years' standing.

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TUBERCLE-BACILLI.

Though the number of eminent medical authorities acknowledging the pathogenic character of micro-organisms daily increases, we do not wish to refer here to the still disputed question, but only mention an important discovery by Prof. Voltolini, of Breslau, (*Allg. Med. Centr. Zeit.*, August 15, 1885). One fact is recognized by all: the presence of tubercle-bacilli in the sputa or in any other morbid discharge (as from the ear, etc.) of a patient is a sure proof of the tubercular infection of the individual, while their absence does by no means determine the contrary.

It might thus appear very easy to discover the tubercular taint in a person. Such really is the case, but the naked truth remains that it is occasionally exceedingly difficult to prove the presence of tubercle-bacilli. As well known, the microbes of lepra and of lupus so greatly resemble each other and those of tubercle, that in all such doubtful cases only the inoculation of an animal by the suspicious material or the pure culture of the bacilli can settle the point. But in both cases we have to wait at least a month before we can establish a correct diagnosis, for in the one we have to look for the result of the artificial infection, and in the other we have to watch the development of the species under pure culture. Many different methods have been proposed during the last year, to overcome this difficulty and to find a way which would enable us at once to recognize the true tubercle-bacilli from those of lepra and of lupus; but such have been scarcely reported ere some investigator proved their fallacy or unreliability.

Voltolini, however, seems to have discovered a procedure which promises the long-desired aid. This procedure is as follows: After the sputum or the pus has been treated in the usual manner on the watch-glass, it is allowed to dry thoroughly in the atmosphere, and the glass then drawn in the well-known way through an alcohol flame. The glass is then taken hold of by brass pincers, or, still better, glass pincers, and dipped *quite slowly* into the strongest undiluted nitric acid, *i. e.*, the acidum nitricum fumens of 145 to 150 specific gravity; it is then taken out just as slowly, and at once dipped into a vessel containing pure water, and there rinsed. The thus prepared material is then dried and afterward placed into the coloring fluid, according to the usual method, and in this the floating glass is permitted to remain for 24 hours, when the color is removed with diluted nitric acid. For the first coloring process

fuchsin, for the second a solution of malachit, is employed by V. The fuming nitric acid used must each time be a fresh preparation, as it at once attracts the water from the atmosphere, and by giving off nitrous vapor changes to common nitric acid, which no longer retains the property of the fuming acid.

Tubercle bacilli thus treated perfectly retain their form, shape, and color, only their contents have undergone an alteration; their interior appears as little nodules attached to each other like a chain of pearls. The bacilli, therefore, seem to consist of a hyaline wall and coagulable contents.

Neither the bacilli of lupus nor those of lepra show the same changes. This "chain-of-pearls" appearance, being characteristic of tubercle bacilli alone, may well serve, therefore, for the differential diagnosis of the three kinds of micro-organisms mentioned, while the method will permit us, henceforth, at once to establish the presence of tubercle bacilli without having to await the results of inoculation or of pure culture.

ANTIPYRIN IN TUBERCULOSIS.

The Medical and Surgical Reporter brought recently several reports concerning the antifebrile effect of antipyrin. In the meeting of June 6, 1885, of the Paris Medical Society, Dr. Daremberg greatly added to our knowledge of the new remedy by giving the results of his observations of the effect of antipyrin in tuberculosis.

According to him, the effect of antipyrin is a rapid but transient one, and for this reason special precautions have to be taken in administering this drug in phthisis, as such patients rarely have two days in succession the same type of fever.

Such individuals ought to take the first dose of the remedy (16 grains) before the fever symptoms appear; ere, therefore, the temperature has reached 101°. Should the temperature ascend more than one-half degree per hour, then a second dose has to be administered. If the thermometer indicate an increase of but one-quarter of a degree an hour before a meal, then the dose must be at once renewed, as digestion might otherwise bring on the fever. But there must always be one full hour between the taking of a dose and the meal. If the remedy is administered after the fever has already commenced, profuse sweats, vomiting, and debility then are the disagreeable side-effects, and in these cases the dose has to be doubled to obtain the same result.

In this manner consumptives may use for months daily 48 to 96 grains of antipyrin with the result that patients, who would otherwise be confined to their bed, walk about, evince appetite, and their lung affection appears to have become stationary, though probably progressing, but they enjoy in general a well-feeling, as the annoyances due to the fever no longer exist.

In cases of acute attacks of fever of short duration, it is better to administer antipyrin at the beginning of the febrile seizure, as its diaphoretic action is rather desired. But it is well in such cases to renew the dose at night to prevent a recurrence of the fever during sleep, a fact apt to occur. Thus, a night of rest is secured without the necessity of having recourse to narcotics.

Dr. Dujardin-Beaumetz confirmed the great antifebrile action of antipyrin in phthisis, but cautions against too large a dose, and considers 8 grains fully sufficient for the purpose indicated. As the main reason for this view, he mentions the fact, that sweats are anyhow annoying to consumptives, who suffer from them so frequently in consequence of their disease. Besides, large doses appeared to him to diminish the appetite.

From these and other reports, it is apparent that we have in antipyrin a valuable antifebrile remedy in pulmonary phthisis.

Notes and Comments.

Unpleasant Effects of Antipyrin.

While of undoubted value in reducing temperature, there can be no question but that this drug does occasionally produce some very unpleasant effects. The following case in point Dr. W. Graham reports in the *Canada Lancet:*

On the 7th of October he was called to Mrs. B., æt. 45, a patient in the fourth week of typhoid, whom he had been attending, and considered convalescent. Her temperature was 103.6°, pulse 120, respiration 30, fine crepitation throughout the lower portion of both lungs. He thought antipyrin the best selection as an antipyretic, judging that it would produce less depression than either quinine or salicylate of soda. He happened to have with him just one drachm, and divided it into five equal powders of two grains each, of which he ordered one every three hours. Next morning early, a messenger was sent with the unwelcome news that the patient was dying. On his arrival he found her in a state of severe collapse. Cold per-

spiration stood in drops over her face and parts of her body, cold hands and feet, temperature 95°, pulse feeble and flickering, impossible to count it. He was, indeed, alarmed, and expected to lose his patient. He immediately gave her ammon. carb. and digitalis, with whisky at short intervals, and applied artificial heat around the body, and was very very much pleased to find that this treatment counteracted the unpleasant symptoms, and she ultimately recovered. Two or three days afterwards her daughter drew his attention to a patch of purpuric macule about the size of the palm of the hand on the back, just below the seventh cervical vertebra. This was, no doubt, the characteristic eruption that results from the use of antipyrin, but it was not observed on any other part of the body.

A Fatal Case of Nitric Acid Poisoning.

Dr. Dyce Duckworth thus writes in the *Med. Press*, November 8:

A city merchant, æt. 29, was admitted to St. Bartholomew's Hospital on February 11, 1885, with the history of having swallowed about an ounce of strong nitric acid shortly before. He had been seen by a surgeon, and was found vomiting. Lime water was given to him. He was supposed to have had his luncheon before he took the poison. Calcined magnesia in milk was given freely, and the vomit, previously acid, became alkaline. Opium was given per rectum, and linseed and opiate poultices were laid on the abdomen. The suffering was intense; retching and vomiting; collapse followed. Nutrient enemata with brandy and opium were given. His cough was troublesome; next day there was relief from the opium. The urine contained blood on two occasions, and albumen twice afterwards. Vomiting and retching persisted at intervals, and the pulse became running. Shreds of putrid mucous membrane were ejected. The temperature rose on the fourth day to 102.2°. Diarrhœa set in, but no blood was passed. There was a suspicion of pericarditis. The patient nearly sank on two occasions, but was revived by nutrient enemata with brandy. On the fifth day he was so much better that his friends believed that he was recovering. He died one hundred hours after taking the acid. On examination there were signs of inflammation at the fauces, and down the œsophagus, stomach, duodenum, and as far as the jejunum. The stomach was contracted, but not perforated. Some local peritonitis over the stomach and liver, but no general peritonitis. The pericardium was sticky. He took in all over an ounce of laudanum while under treatment.

Symptoms Resulting from Swallowing a Caterpillar.

Although we will rarely be called upon to treat a patient who has swallowed a caterpillar, yet should such a curious case occur, it will be well not to be taken unawares; hence we note that Dr. George M. Waters, of Columbus, O., thus writes to the *Med. Record:*

"On November 10 I was called to prescribe for a child seven months old. From the parents I learned that the patient had been in good health previous to 2 p. m., and at that time awoke from a sound sleep with a scream, and appeared to be choking. Nothing could be found in the throat to account for these peculiar actions, but considerable redness was noticed about the fauces. At 8 p. m., I found the throat intensely inflamed, a slight elevation of temperature, pulse feeble and rapid, and the patient very restless. The following morning the throat inflammation had subsided, but the temperature had reached 102° F., there were symptoms of intense gastric distress, and the face, body, and upper extremities were covered with an eruption resembling a severe case of urticaria. Bismuth and oil were ordered, with a mild opiate. On the morning of November 12, the eruption, with exceptional spots, had disappeared, the temperature had fallen to 99.5°, and there were no indications of pain. The patient was much better, and well it might be, for with the first free stool was passed the body of a caterpillar an inch and a half long, and larger than the common lead pencil; the hair had been completely stripped from the body, which was complete and covered with mucus. With the two following stools came the brown hair of the caterpillar. This was followed by an inflammatory diarrhœa for three days, when the child began to improve rapidly, and is now in good health."

Conception while the Uterus Contained a Placenta.

Dr. W. M. Trow, of Northampton, Mass., gives an account of the following case to the *Medical Record:*

"Mrs. ———, a fleshy woman, and the mother of three children, regular in her periodicals, except during pregnancy, passed her period in February, 1885. In March she was normally unwell, and was regular

till August, which she passed. In September she again menstruated. In October she was taken with considerable flow and severe pain, which continued for twenty-four hours, when I was called to see her. On my arrival I found a three months' fœtus, which she expelled just before my entering the house. The placenta was partially detached, and occupied the mouth of the uterus. Under the influence of ergot it came away in a short time in a normal condition. The following day she was feeling well; the flow as usual in such cases. Four days after, I was again called, and found that she had been flowing twenty-four hours, and suffering severe pain most of that time. An examination revealed the mouth of the uterus open enough to admit two fingers, and occupied by a fleshy mass which was firmly attached to its fundus. I gave chloroform and introduced my hand into the vagina, when I was able to detach the mass, which was at once expelled. It proved to be a placenta as large as is usually found in a conception of four or five months. Pain and flowing at once ceased, and she made a fair recovery. This was an unique case with me in an experience of some thirty years."

Cocaine in Vaginismus.

Dr. J. Schrank thus concludes an article in the *Louisville Med. News*, November 28:

"For promoting dilatation the favorable action of cocaine commends it above every other means hitherto employed. While efforts at dilatation, after penciling in the ordinary way, advance only gradually, and to the patient, when not actually intolerable, are exceedingly burdensome, patients deport themselves with the greatest indifference under such efforts made during cocaine narcosis, for they scarcely feel the dilating instrument.

"The cure of vaginismus can then first be regarded as complete, when by dilatation efforts the vagina has been enlarged to the extent that no abrasion of the hymeno-vaginal lacerations, nor of the spots where they existed, takes place during coitus.

"Finally, in a medico-legal aspect, cocaine has also a great significance, since penciling with a solution of this drug renders coitus possible without particular pain, and thus obviates marital troubles."

Spasm of the Sphincter Ani.

This little muscle seems to be an exceedingly important one as regards our comfort or discomfort. We all know how very painful a fissure may be made by its contraction, and we are pleased to call attention to its importance by noting the following conclusions of Dr. T. Pridgin Teale, in the *London Med. Times*, November 28:

1. That spasm of the sphincter ani, as a cause of constipation, suffering, and ill-health, is often overlooked, and patients are allowed to suffer for years who might be cured in five minutes.

2. That spasm of the sphincter can be arrested by forcible dilatation more satisfactorily, more certainly, more scientifically, and with greater safety, than by division by the knife.

3. That in all operations on the rectum and anus, dilatation of the sphincter is an essential, almost an indispensable element in the treatment.

Maternal Impressions and Congenital Deformities.

The following very peculiar cases are of interest in this connection. Dr. George Harvey reports them in the *Brit. Med. Jour.*, December 5, 1885:

A few years ago he confined a woman twice successively of a headless child; in each case she had been frightened by a man's head suddenly appearing around the corner of her house. Both confinements occurred in the early stage of pregnancy. Quite recently he attended Mrs. S., a primipara, whom he delivered of a male child with a well-marked hare-lip. The father has one, but in a very modified form, so much so that it is hardly perceptible. At no period of gestation did her mind revert to her husband's physical defect; but, immediately after delivery, she asked if the child's lip was "all right," and this was the first thought she gave to it.

The Physiological Effects of Guaranine.

In the *Polyclinic* (January 15th), Dr. Thos. J. Mays, having made a series of experiments, thus sums up these effects:

1. That it affects both sensory and motor nerves; the former before the latter.

2. That it paralyzes sensation and motion from the spinal centres, and not, like brucine and cocaine, from the periphery.

3. That it produces hyperæsthesia of the whole body, and afterward convulsions.

4. That its convulsions are spinal, and not cerebral.

5. That it first increases and then decreases respiration.

6. That it differs in its action from that of caffeine, in that it has a stronger affinity for sensory, and less for motor nerves, and that it is more analogous to theine in its action.

Strychnia in Post-partum Hemorrhage.

If post-partum hemorrhage be due to nerve exhaustion, as we can readily suppose, we can understand how strychnia would prove beneficial. At any rate, Dr. Joseph Thompson tells us in the *Brit. Med. Jour.*, December 5, that it is. He knows of several cases where there was a previous history of flooding after labor, but where, when strychnine had been given beforehand, no hemorrhage came on. Strychnine has, no doubt, a marked influence in preventing *post-partum* hemorrhage. He usually gives five-minim doses of the liquor strychniæ in tincture of orange-peel three times daily for a month or six weeks before the expected time, and he cannot recall any case of flooding where it has been given in this way.

Unilateral Œdema.

A case is reported by Dr. Bassi in the *Rivista Inter. di Med. e Chir.*, in which an hysterical young woman presented the curious phenomenon of a unilateral œdema that appeared with each menstrual period. There was no other derangement of general health, although the patient is described as delicate. The œdema was absolutely limited to the right half of the body, but there was no alteration in the color, the temperature, or the sensitiveness of the two sides, although less irritation was necessary to produce reddening of the skin on the right side. Concurrently with this temporary œdema there were signs of congestion of the lung on the same side, and the right ovary was painful. Complete anæsthesia of both corneæ and of the fauces was observed.

The Supra-pubic Operation of Lithotomy.

Sir Henry Thompson, who is the greatest living authority on this subject, thus concludes a paper in the *Lancet*, December 5:

"I am satisfied that the operation described is well adapted for tumors of the bladder when ascertained to be of large size, and when they are not merely simple polypoid growths of a simple kind, which are easily removed through the perineal incision. I adopt, also, a modification of the proceeding for those cases in which a perineal exploration has first been made, and in which, therefore, the bladder cannot be distended; a modification equally applicable to the cases of women in whom the same condition practically exists. This I shall show on a subsequent occasion."

Meningo-Encephalocele.

A remarkably large meningo-encephalocele springing from the region of the anterior fontanelle, in a female child aged two months and a half, was shown before the Medical Society of the Mauritius by Dr. Laurent, a graduate of the University of London. The shape of the tumor was reniform, and it had somewhat the aspect of an elephantoid scrotum, and was pedunculated. It was twice the size of the fœtal head. The tumor was removed with strict antiseptic precautions, but the infant collapsed. The mother of the child had been shocked, when she was in the second month of pregnancy, at the sight of an elephantoid scrotum exhibited to a crowd by a drunken man.

Fixed Vocal Band in Lesion of the Recurrent Laryngeal—Paralysis or Spasm?

There is under observation in the Throat Department of the Philadelphia Polyclinic a case of aneurism of the arch of the aorta and left subclavian artery, producing fixation of the left vocal cord in the median line. The patient speaks in an abnormally high-pitched, stridulous voice; indicating tension rather than relaxation of the band. This suggests the possibility that the affection might be a tonic spasm of the adductor group of muscles, or closers of the glottis (Krause), rather than paralysis of the abductor muscle, the opener of the glottis, to which this position of the vocal band is generally attributed.

Blood-letting Extraordinary.

The *Med. Record* says that M. Thevenau, of Nivernais, according to the *Revue Médicale*, had under his care the wife of a sheriff named Gignault, twenty-four years old, whom he bled, in the course of nine months, from September, 1726, to June 1727, 3,904 times. The woman still lived, and was bled 651 times more in the next six weeks. Bleeding, it appears, was the only means of giving the woman relief, and it was accordingly practiced most industriously for three and a quarter years, the number at the expiration of that period reaching the very respectable figure of 26,230. It is not stated why the phlebotomy was discontinued at this time, but possibly the patient died.

Herpes of Pharynx.

One of those rare cases of herpes of the pharynx, in the vesicular stage, was seen at the Throat Department of the Philadelphia Polyclinic in September.

The patient, a boy nine years old, had complained for about four days of sore throat, with slight constitutional disturbance. On examination several vesicles were seen on the pharynx and pharyngeal side of the left posterior half arch.

Later, vesicles developed on the tonsil and soft and hard palate, and finally, on the lip and nose. These vesicles soon broke, leaving small ulcers, which healed in the course of a week.

Chronic Ulceration of the Face.

In the *Lancet*, December 5, Mr. Juler reports two cases of chronic ulceration of the face resulting from laryngeal fistula. The treatment which had been most successful had consisted (1) in removal of the obstruction, and (2) in complete removal of the thickened tissue. A Volkmann's scoop was used for scraping the ulcerated surface, and skin-grafts had led to rapid healing, without any noticeable scarring or contraction of the skin.

Correspondence.

BERLIN CORRESPONDENCE.

The Medical Faculty of the Berlin University.

Eds. Med. and Surg. Reporter:—

The important changes and improvements which have been taking place during the last few years in all parts of the capital are also noticeable in medicine—great discoveries have been made, and medical science is becoming larger and more extensive daily. As a consequence, the time of study has been increased to nine terms, and it is questionable if this is sufficient. Many voices had been raised for ten terms, and possibly that had been better, for it is not alone the extensiveness but the difficulty of the subject which requires long and concentrated study. Possibly every medical student will remember the confusion into which the study of anatomy threw him. One is overweighted by the long and difficult names. I shall never forget how old Professor Reichert, in one of his lectures, having named the different bones and ligaments, nerves, arteries, veins, muscles, etc., and noticing our perplexed and horrified faces, remarked, "Do not be alarmed, gentlemen; when I began the study of anatomy I believed as you do now, that I should never be able to master it, and now I am Reichert."

Splendid scholar as he was, soulful and enthusiastic in everything pertaining to science, kind and affectionate to his pupils, he could yet scarcely fill the requirements so large a university calls for from its leader, in his later years. An old man, with snow-white hair, he was present and active from 8 a. m. till 2 p. m., but he, an old man, could no longer have the necessary energy and activity required.

It was a lucky move of Berlin to select Waldeyer. He combines the qualities of a great scholar with those of an excellent teacher. His theoretical lectures are very popular, for he speaks with precision and an earnestness which fascinates his hearers.

But the grave point in the study of anatomy is in practical work in dissection. As in all large universities, there are difficulties here; although the material offered to the student is large, still the crush on the part of the student is so enormous that it requires great judgment and disposing talent to do justice to all; and just here Waldeyer is successful. He understands how to use the material fully and to the best advantage. He who has received a *part of a dead body* is obliged to pass an examination at the end of the week with respect to it. As a rule, Waldeyer himself examines. Only when the pupil has thoroughly mastered the object does he receive a new one. If it is not mastered, the student must work and study it further. In this manner two objects are reached—the student is obliged to earnestly study, and waste of the costly material is prevented.

Professor Hartmann continues as professor. Each professor has an assistant, who helps in giving the students the necessary instruction in the preparing. Hartmann reads on osteology, syndesmology, and anthropology of the primitive people. Waldeyer reads on anatomy and embryology.

In physiology nothing is changed. Prof. Du Bois Raymond teaches this in his class, and his spirited delivery, the elegance and precision of his experiments, make this one of the most interesting. During the summer term he lectures on the physiology of the muscles and nerves, a department which he has specially cultivated.

Every Monday evening during the winter, he gives his celebrated lecture on "Some Natural Scientific Discoveries of Late

Times." His words are listened to by more than five hundred persons, not only students, but teachers, officers, and others.

With regard to chemistry, botany, and physics, no alterations have been made. Hofmann, Helmholz, Schwendener, and Eichler, teach these. But we will mention more especially Christiani, professor extraordinary. It may be said that he has created a new branch, it is physic for medical men. For a number of years he has endeavored to acquaint medical men whose knowledge in general of physics might be small, with such physical facts as are related to medicine. He reads experimental medical physics, holds courses on pharmaceutical physics, and has a special class on "Die Mattematische Physic zum Behufe der Physiologischen Physic," for those who may wish to enter more deeply into science.

With the mention of pathological anatomy we arrive at the best of the Berlin University. He who has studied here has had the good fortune to have the personal instruction of the man who has brought about mighty changes in medicine—a man of whom all those connected with medicine can learn. In the theoretical lectures in winter, Virchow treats of general, in summer of special pathology. I believe Virchow needs a cyclus of six years to finish special pathology.

But here, also, the grave point lies in practical work—six times weekly for two hours, which, however, are oftener three and four, practical courses of pathological anatomy are announced. Once a week dissections take place. Here the students are to learn to make a correct autopsy; they themselves dissect, and are required to write down what they have found.

Twice during the week there are practical studies which serve towards the microscopical recognition of pathological changes. A large number of subjects for demonstration are at hand. Virchow connects his lectures with these; in his usual clear manner he reviews the objects, demonstrates the symptoms, and then hands round the objects, with the necessary explanations.

These courses, which are as entertaining as instructive, often extend to four hours.

Three days in the week are given to microscopical technic and to the microscopical recognition of pathological changes. And here the name of the man deserves to be mentioned who, by his extraordinary diligence and perseverance in his work for the Berlin University, deserves credit. I mean Mr. Grawitz. He directs these courses independently, and in an easy, graceful manner reviews the changes which are in the object to be examined, shows what is to be found, and explains this still clearer, with good drawings; then the students begin work, and Grawitz goes from one to the other—very often there are more than eighty students present—and superintends the work of each, constantly demonstrating and examining; he controls the students' preparations, helps the unskilful to prepare such, and is indefatigable. It is not astonishing that he is exceedingly popular, and was greeted with unanimous joy on his return from Greifswald, where he had been called to substitute Professor Grohé.

Passing on to clinical instruction, we should now consider internal clinics and surgery. We shall return to the former, which has experienced important changes, in a later letter; for the present, I shall merely say a few words on surgery.

I cannot possibly describe surgical instruction in Berlin as otherwise than inefficient, and Berlin shares this fate with all universities. The surgical clinics are in the hands of Bardeleben and Bergmann, both first-class scholars, skilful operators, and admirable teachers.

Bergmann, especially, understands how to hold his hearers by his vigorous diction. When he treats on a case and seeks to lead up to a diagnosis, every attentive hearer works with him mentally, and seeks to form the diagnosis. And this is a consequence of his interesting discourse, for very little can be seen—and that is just where the inefficiency mentioned above lies in a nut-shell.

Bergmann's method is not to be underrated; but nothing can substitute a clear viewing of an operation, without which no one can become a good surgeon. Now, it is a deplorable fact that in Bardeleben's, as well as in Bergmann's clinic, everything can be seen except an operation. It is especially aggravating to see the backs of the innumerable assistants, whose persons fill up the last chink through which we might possibly catch a glimpse of the operation going on.

Of course, I understand that in a large circle of listeners, it is very difficult to afford every student an ocular view, but in some way the fact that nothing is to be seen should be remedied; some change should certainly be tried towards a better state of affairs.

The medical man of a large town does not need to undertake surgical cases; there are surgical hospitals for that purpose. But the doctor in a small town, what is he to do? He is obliged to study surgery thoroughly and carefully. That which can be learned

in the polyclinics and in the courses of assistants is not sufficient. There is but one way to learn surgery, and that is to be practically active in a hospital.

It is true that all could not be satisfied, but in two respects affairs might be altered for the better. In the first place, situations for volunteers might be established in all surgical clinics and in all large hospitals, where young physicians or advanced students would find opportunities to see closely the operation, and if possible assist. Schroeder, in his women-clinic, has introduced this, and he should be imitated. If, say, in ten hospitals ten volunteers were engaged at the same time, and remained half a year, in Berlin alone two hundred medical men annually could gain the knowledge of surgery necessary in their practice.

Then also the advantages that military students have over non-military ones is highly unjust. Such pupils of the Friedrich-Wilhelm institute who will bind themselves to serve later on in the army as military physicians for the same length of time that they have previously studied, are allowed to practically work in the Charité by passing over all clinical departments and working there as under-physicians.

The Charité is by far the largest hospital in Germany; it absorbs a large part of the material; it is, so to say, the clinical institute of the university. That it, therefore, should offer the military students such an important advantage over the others, is hard and unjust.

The places for under-physicians in the Charité should not be the privilege of the military student, but should be given according to the merit, the efficiency of any pupil. The number of such places should also be increased, and as already mentioned, new ones should be created in hospitals not necessarily in connection with the university.

To close, permit me to say that such institutions, if called into activity, might be a blessing not only with regard to surgery, but in other clinical departments. L. C.

Berlin 2, 1, 1886.

Fracture of Skull, with Loss of Cerebral Substance.

Eds. Med. and Surg. Reporter:

On the evening of September 15, 1885, the undersigned was hastily summoned to attend a boy, aged ten years, who had fallen from a swing, striking his head against an upright plank. I found the patient in a comatose condition, with his brains oozing from a fracture of the skull at the antero-superior part of the left parietal bone, the fracture extending from near the coronal suture posteriorly, and forming a quadrangle in size about 2x2½ inches, with the anterior edge driven in to brain about one inch, and posterior edge still adherent to skull, and presenting a hinge appearance. A portion of the brain, measuring f.℥ss, was detached in a lump, and is now in my office.

My friend, Dr. Benj. Pearson, assisted me in trephining the skull in two places, when, with some difficulty, we succeeded in raising the depressed bone. Dr. Pearson agreed with me in the decision that there had been lost f.℥ij of the cerebral substance.

The patient remained comatose for thirty hours. On the second day after the accident, during my morning visit, I noticed his eyes turn after me as I moved around the bed. He was very restless, and on my inquiring if he wanted to pass water, to my surprise he said "Yes," the first intelligent word he had spoken. He was raised up in bed and passed water freely into a vessel for the first time, while conscious, since the accident. He lay down, and at my request protruded his tongue for my inspection, although he was still very dull, and the request had to be repeated several times before he seemed to comprehend. During the day he began to chew his food when inserted into his mouth, and notwithstanding the fact that his tongue was heavily coated with a whitish fur, he seemed to relish it well.

On the fourth day he knew his mother and one of the neighbors, but others of them he did not recognize. He would now open his mouth for gruel, it being fed to him with a small spoon.

On fifth day he protruded his tongue without hesitation. On seventh day tongue was almost clean, and boy had a fair appetite. The temperature ranged from 97.8° to 100°; the pulse from 64 to 112. On twenty-first day he was taken home, a distance of three miles, and from this time he gradually improved. The wound discharged for about ten weeks, when it entirely healed. His mind is not in the least impaired, so far as any one is able to judge at this time. He has been attending school, and seems to learn as fast as the other children. His treatment consisted of bro. pot., tr. verat. viride (Norwood's), and continual applications of ice-water to his head, with an occasional calomel purge, guarded with a little opium. After a time, pot. iodid. was substituted for the bromide, and later the others were discontinued. This, to me, was a remarkably interesting case, and thinking that

it might be of interest to some of your readers, and that it might be the means of drawing out some other country doctor's experience in a similar or dissimilar isolated case, I concluded to report it. If either proves to be the result, I shall feel amply repaid.

W. L. DeWolfe, M. D.

Coaltown, Pa., January 24, 1886.

News and Miscellany.

The Peril of Physicians.

Those who have followed the course of the Stead trial at London, will have been interested in that feature of it relating to the physical examination made of Eliza Armstrong, the young girl alleged to have been abducted for immoral purposes. This examination was made by Dr. Heywood Smith, under the belief that Mr. Stead, who had applied to him, was the guardian of the child. The developments of the trial were such that the Royal College of Physicians considered it proper to examine into the matter and see if the conduct of Dr. Smith was improper or not. The committee appointed for this purpose reported that his conduct had been unprofessional, and that he deserved a reprimand. In carrying out this decision, the President of the Royal College of Physicians said: "Speaking generally and without regard to this special case, or to cases involving medico-legal questions or about to come before courts of law, it is, in the opinion of the college, a grave professional and moral offence for any physician to examine physicially a young girl, even at the request of a parent, without first having satisfied himself that some decided medical good is likely to accrue to the patient from the examination, and also without having first explained to the parent or legal guardian of the girl the inadvisability of such examinations in general, and the special objections that exist to their being made. Moreover, the college feels that a young girl should on no consideration be examined excepting in the presence of a matron of mature age, and so far as the physician can know of good moral character. By failing to conform to rules that should regulate professional conduct, rules founded on concern for the public good and on sound moral principles, you would, had not the college taken its present action, have brought dishonor on the college of which you are a member, and discredit on the profession to which you belong. Having regard, however, to the motives that influenced you in your actions, to the fact that you were misled by others, to your full acknowledgment of the wrong you did, and to the promise you have given to the college in reference to your future conduct, the college has determined not to erase your name from the list of its members, but has desired me as their mouthpiece to reprimand you, and to admonish you that any deviation in the future from strictly honorable professional conduct will be followed by the severest punishment the college can legally inflict." The dangers from the physical examination of females are not alone noticeable in cases similar to those mentioned by the President of the Royal College of Physicians, but any private examination of the kind makes it possible to blackmail a physician, and the only safe course is always to require the presence of a third person. This was clearly shown in the trial recently concluded at Leeds, England, of Dr. Heath, who was charged with an assault upon a female patient. It was shown, however, that she was subject to attacks of hysteria, and the jury decided that the case was one of hallucination.

Damages Sought for Delay in Transporting a Dead Body.

A curious suit has been brought in Illinois against the Chicago, St. Louis and Pittsburgh Railway, and the Pullman Palace Car Company, to recover $50,000. It is brought by George Brown, an attorney, of Decatur, Ill., whose wife died in May last, and whose remains were sent to Zanesville, Ohio, for interment. A party of five, besides Mr. Brown, went with the body, but by some mistake the body was taken from the train at Indianapolis, while the passengers went through to Columbus, Ohio. The body remained at Indianapolis twelve hours, and when it finally arrived at Zanesville it was decomposed. The time of burial had to be changed, and the friends were unable to look at the body. For these reasons the suit to recover damages was brought. The railroad in its answer denies any negligence, and claims that it did all that could be required of it.

Circumstantial Evidence.

The following interesting case was recently tried in Paris, and forms a notable instance of the incorrectness of seemingly conclusive circumstantial evidence. A woman was put on trial for strangling her baby, and at the preliminary examination she confessed the

crime. At the trial, medical evidence was heard, and the doctor told the judge that he did not believe the woman was the real culprit. The finger-marks were fresh on the victim's throat when he made the examination, and the marks were singular. He examined the woman's hands, and found her fingers long, slender, and well-shaped; but the marks were of a short-fingered hand, stumpy and misshapen, and one of the fingers—the first—was abnormally short. On this the prisoner burst into tears, and said she was fond of the child, had not destroyed it, and mentioned in her excitement the real culprit. He was a man of the better class of life, with whom she had lived as a domestic servant. His arrest followed, and the doctor pointed out that the prisoner's hands were formed as he had described, and, moreover, that the first finger was without a nail, and almost deficient of a joint. On this evidence the jury convicted the man.

International Medical Congress.

At a regular meeting of the Montgomery County Medical Society (Pa.), September 23, 1885, the following preamble and resolution were adopted, with but one dissenting vote:

Whereas, The American Medical Congress has invited the Triennial Congress which convened in Vienna in 1884 to hold its next meeting in this country in 1887, which invitation was accepted; and,

Whereas, Certain eminent and worthy members of our profession in some of our large cities are dissatisfied with the arrangements made by the Association for the government and management of the Congress and its personnel, and by their hostility are fomenting discord among the members of the profession in this country, which may imperil the success of the Congress; therefore,

Resolved, That we approve the action of the American Medical Association on this subject at St. Louis, in 1884, and at its meeting in 1885, and also the recent action of its committee on September 3, in New York, and that as individuals and as members of the Montgomery County Medical Society, we will do what lies in our power to aid the American Medical Association in its efforts to make the Triennial Congress a success.

C. Z. Weber, M. D.,
Recording Secretary.

The Hammersly Will Contest.

The will contests involving the question of insanity and undue influence, which vex the courts constantly, have rarely been so entertaining to the public as that in which the mental capacity of Mr. Louis C. Hammersly, of New York, was questioned. The estate was a large one, and naturally the strife over it was bitter and long, but this was not the point that the general public was most interested in. An old servant named Becky Jones was called to testify against the mental powers of her employer, but she absolutely refused to say a word, and the court and lawyers were unable to induce her to change her mind. Imprisonment for nearly a year had no more effect upon her than threats or persuasions. The case could not wait for her, however, and it went on, having only very recently been decided. Becky Jones was discharged awhile since, but she kept her word, and said not a word.

The Plymouth Epidemic in Court.

The remarkable typhoid epidemic which raged so fiercely at Plymouth, Pa., last spring and summer, is to find its way into the courts. A short time since some fourteen suits were begun in the Court of Common Pleas of Luzerne county, against the Plymouth Water Company, by the relatives of some of the victims of the epidemic. About 100 in all died from the disease, and the plaintiffs in these suits charge that the epidemic was caused by the failure of the company to provide pure water for the people of the town.

Damages to the extent of $10,000 are claimed in each case, and it is expected that other suits will follow. The water company will fight the cases bitterly, and will endeavor to show that the typhoid fever originated not in the water, but from the bad sanitary condition of the town.

Correction.

Eds. Med. and Surg. Reporter:

In the report of my case of "Labor Complicated by Placenta Prævia and an Intramural Fibroid Tumor," in the Reporter of February 13, I am by some inadvertence of the reporter made to say a very stupid thing, viz: "that it is an unusual circumstance for a woman over forty years of age to suffer from a fibroid tumor." The sentence should read as follows: "The fact that a woman over forty years of age, suffering from a fibroid tumor filling up the greater portion of the uterus, *should conceive*, is in itself, I think, an unusual circumstance."

This is a very small matter, but I shall be

much obliged if you will correct it in your next issue. JOHN MORRIS, M. D.
Baltimore, Md.

Oleomargarine.

The oleomargarine question is one of the most important, relating to the adulteration of food products, and the efforts to prevent its manufacture and sale are giving the courts of the different States, and particularly of New York, considerable business. Since the Court of Appeals in that State decided that the manufacture could not be absolutely prohibited, a law has been passed making the offering for sale of oleomargarine as butter a penal offense, no matter whether the seller had knowledge of it or not. A test case involving this point has just been tried in New York city, and it will be taken to the Court of Appeals for final settlement.

Medical Society of the State of Pennsylvania.

This body will hold its thirty-seventh annual session in the city of Williamsport, June 2, 3, and 4. The programme of the entire session is required to be distributed at least one month before the meeting, therefore all who desire to present papers are requested to forward the title and a brief abstract of the subject at an early day. No voluntary paper is allowed to occupy more than twenty minutes in reading.

DR. T. H. HELLSBY, Williamsport,
Chairman of Com. of Arrangements.
W. B. ATKINSON,
Permanent Secretary.

Information from Pasteur.

M. Pasteur, in reply to a letter asking advice as to the case of Councilman Denizot, of Cape May, N. J., who was bitten while separating two fighting dogs on New Year's day, writes:

"When a dog is enraged, he dies in the madness in a few days. So if the dog of which you speak in your letter of January 3 lives yet, it is because he was not enraged, and the person whom he bit has nothing to fear. Let him take care of his bite as an ordinary wound."

Druggists to be Warned.

At the meeting of the New York State Board of Health, February 3, the chemists from different parts of the State, appointed to investigate the matter, reported that many druggists were selling certain drugs below the regular scale of purity. They were ordered to inform such druggists that by selling drugs below the standard of purity they made themselves amenable to the laws.

Personal.

Dr. J. C. Richards, Phillipsburg, Pa., desires the present address of Dr. W. H. H. Gibbons, who practiced at Glen Hope, Pa., about 1859.

Items.

—Cinchona cultivation has been commenced in Guatemala. The plantations are at an altitude of 4,000 to 5,000 feet.

—The cinchona trees of all ages now under cultivation in the Wynaad district (S. W. India) number 5,000,000.

—The first course of medical lectures given in what is now the United States was delivered by Dr. Cadwallader, at Philadelphia, in 1751.

—By ministerial decree the importation into Roumania of patent medicines and proprietary articles, with the exception of some specially declared exempt, has been prohibited from January 15, 1886.

—A Los Angeles accoucheur was about to to take the placenta with him for some scientific purpose when the new-made mother cried: "O, doctor! for God's sake leave that and let the nurse burn it, or I shall have terrible after-pains." The doctor left it, the nurse burned it, the woman had severe pains, and—was the M. D. sorry for her?

—There appears to be much room for the sanitarian in the cities of Japan. We learn from the Transactions of the Society for the Advancement of Medical Science in Japan, that in a city with a population of a million and a quarter the death-rate amounts to 56 per 1,000.

—Servant (to drug clerk): "Oi want twinty-foive cints' worth of powder." Drug clerk: "What kind of powder—face powder?" Servant: "Oi don't know, sorr." Drug clerk: "Who is it for?" Servant: "It's for Mrs. Hendricks, the lady what kapes the boordin' house bevant the corner." Drug clerk: "Oh, yes! I used to board with Mrs. Hendricks myself. She wants insect-powder."

—Dr. Govan stated at the New York State Medical Association that he had used aniline oil for the purpose of producing

local anæsthesia when laying open felons and performing other minor operations. There was absolutely no pain, even in cutting down to the bone, when the finger had first been dipped for a short time in oil.

—Hydriodic acid is growing in favor in cases of spasmodic asthma. It is given as a syrup in doses of from ʒss to ʒj. The syrup is much more stable than syrup ferri iod., and contains one per cent. of absolutely pure hydriodic acid. A large number of patients state that doses of 20 grains of the syrup afforded them more relief than any other remedy for asthma, surpassing even grindelia and the much-vaunted mixture of ext. grindelia and syrup of garlic.

—Gelatin bougies and suppositories are made of firmer consistency (Rundschau, No. 45) by the addition of acacia, without, it is claimed, interfering with their solubility. The proportion is about as follows: Gelatin, 5 ounces; acacia, 5 ounces; glycerin, 12½ ounces; and water sufficient to make 25 ounces. The gelatin and acacia may be dissolved in water separately, then mixed with the glycerin and evaporated to the proper consistence.

—In a recent number of *Brain*, Professor Dreschfeld has further interesting observations on alcoholic paralysis. He has found that Magnus Huss, who is generally credited with having been the first to describe a paralytic form of chronic alcoholism, was preceded by thirty years by Dr. James Jackson in the United States. The latter wrote in 1822. Dr. Dreschfeld has clinically divided this article into two groups, alcoholic ataxia and alcoholic paralysis—a classification followed by Lowenfeld, Moëli, Schulz, and Krück. Alcoholic paralysis is a multiple peripheric neuritis.

QUERIES AND REPLIES.

Papayotin.

Dr. Lawrence Wolff, of Philadelphia, thus kindly answers our numerous inquiries in reference to papayotin:

Moncorvo, of Rio de Janeiro, first called attention of the medical world in 1879 to the peptonizing power of the milky juice of the unripe fruit of the melon tree, or papaw, the carica papaya L., carica vulgaris D. C., of the natural order of papayaceæ, habitat Brazil and the tropical countries of South America. It had been long ago employed by the natives of these countries as a vermifuge, but large doses were cautioned against as possessing an irritant and corrosive action on the intestinal mucous membranes.

The early reports of Moncorvo regarding the digestive principle of the juice, obtained by precipitating it with alcohol as an amorphous greenish substance, which he termed "caricin," were soon confirmed by Bouduit and Wurtz. The latter of these separated from the papaw juice a digestive principle similar to pepsin in its action, which he called "papain," and which Balke named "papayacin." More recently, Zeckolt, of Rio de Janeiro, separated both from the milk of the fruit as well as from the leaves, the digestive principle, "papayotin," which is the one now generally employed. Zeckolt stated that the fruit yielded 7.848 per cent, and the leaves 0.119 per cent., but that nevertheless the leaves could be worked to better advantage. The inference is that the "papayotin" of the market is largely obtained from the leaves, although the product from this source appears to leave less digestive power than that of the fruit.

The juice of the unripe fruit is obtained by incisions into the rind. Incisions into the bark of the tree, and the wounds from tearing off leaves or branches, also yield digestive juice. It is of neutral or slightly acid reaction, of bitter taste, and gelatinizes when mixed with about three times its volume of water. When sun dried, it is a yellow plastic substance, that can can be kept for some time without impairing its virtues. It is said that the juice of other species of papaya leave similar peptonizing properties to that of the papaw.

The papaw juice is a decided peptonizing agent, dissolving muscular fiber, gluten, croup membranes, etc., coagulating the casein of milk, and redissolving the coagulated casein at the temperature of the body. The solutions so made possess the characteristics of peptones. The irritant action of the juice is not apparent in the isolated digestive principle. According to Wurtz, papain digests 1,000 times its weight of moist fibrin. Experiments made with some specimens of papayotin seem not to confirm the great digestive power of this agent, while others again fully demonstrate it. The advantages of the digestive principle of papaw juice over pepsin is that it will act either in neutral or alkaline solutions.

According to Grelletz, one decigram of papain corresponds to about one grain of the recent juice, and is sufficient to dissolve about 50 grains of meat. Very excellent reports have been made of the use of papain for the dyspeptic symptoms and gastro-intestinal irritation of cholera infantum, while recently the application of a solution of papayotin of one part in twenty parts of water or glycerin has been recommended to dissolve the membranes of pharyngeal diphtheria. Samples of excellent papayotin have been sent to the writer by Messrs. Parke, Davis & Co., which had been imported by them.

Terebene and its Derivatives.

Having been asked by several correspondents for some information about Terebene, we will answer all with the following annotation from the *Brit. Med. Jour.*, Feb. 6:

"This substance, which has lately come into prominence as a therapeutic agent, was first manufactured many years ago. As far back as 1873, M. Riban read a series of papers before the Pharmaceutical Society of Paris on this and similar substances. By acting on twenty parts of well-rectified oil of turpentine, boiling at 160° C. (320° Fahr.), with one part of concentrated sulphuric acid, a product is obtained by distillation at 250° C. (482° Fahr.), which is a mixture of terebene and cymene. The liquid so prepared is treated several times with caustic potash, in order to eliminate any acid products. By fractional distillation the following products are obtained: 1. Terebene, with a boiling point of 156° C. (312.8° Fah.); 2, cymene, boiling at 170° C. (338° Fahr.); 3, a camphoraceous substance, which distils over at 200° C. (392° Fahr.); and 4, colophene and several higher compounds. Pure terebene (C_{10} H_{16}) is a colorless mobile liquid, with a faint odor, of specific gravity of .877 to 1,000. Treated with dry hydrochloric acid gas, a crystalline mass forms, which consists of hydrochlorate of terbene (C_{10} H_{16} HCL), commonly known as turpentine camphor. This substance, when the unerystallized liquid has been expressed, consists of white friable crystals, which can be reduced to a powder without much difficulty, which distinguishes it from its isomeric hydrochlorate of turpentine, which is soft and pasty. Indeed, it was in seeking the causes of this divergence of qualities that M. Riban, who could not attribute it to the presence of impurities, was enabled to discover one of the most remarkable properties of the hydrochlorate of terebene, namely, its separation into camphene and hydrochloric acid, under the influence of cold, and its rapid resolution into the same substance by the action of cold water, which takes up the acid. The preparation of the hydrochlorate is by no means easy, if the compound be desired in a state of purity, and it can only be effected by means of special precautions and delicate manipulation. The raw material is dissolved in rectified spirit, at a temperature which must not exceed 55° to 60° C., as otherwise the major part of the mass may be converted into liquid products. On cooling the solution, large flakes of the hydrochlorate, now rather poorer in chlorine, are deposited. These crystals, deprived of their alcohol in a dry cold atmosphere, are then submitted to the action of hydrochloric acid gas. The crystals are melted in presence of this gas, at a temperature of 130°, and allowed to cool gradually. The hydrochlorate of terebenthene is obtained by acting on the oil of turpentine with hydrochloric acid, and this is isomeric with the analogous compound of terebene. Other isomers exist, as for instance the hydrochlorate of camphene, as well as the hydrochloric ether of natural or artificial borneol. Terebenthene was separated in a state of purity by M. Berthelot, by distilling the crude material *in vacuo*, after neutralization of the acid impurities."

THE

MEDICAL AND SURGICAL REPORTER.

No. 1513.] PHILADELPHIA, FEBRUARY 27, 1886. [Vol. LIV.—No. 9.

Original Department.

Lecture.

SUDDEN EXTENSIVE FATAL CEREBRAL HEMORRHAGE — REPEATED ATTACKS OF CEREBRAL HEMORRHAGE, WITH LOSS OF CONSCIOUSNESS — PLEURISY, WITH ANOMALOUS SYMPTOMS, SUGGESTING TYPHOID FEVER.*

BY WILLIAM PEPPER, M. D., LL. D.,

Provost of, and Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania.

Reported by William H. Morrison, M. D.

Gentlemen: Before referring to the case before you, I wish to describe a case which I saw in consultation last night. The patient was a vigorous, strong man, about fifty years of age, in active medical practice. About three o'clock yesterday afternoon he was visiting a patient and arose to leave the room, when he complained of a severe pain in the head and almost immediately fell to the floor, profoundly unconscious, with stertorous breathing. Physicians were sent for, the first arriving in thirty minutes. He found the patient with a purple face, eyes congested, throbbing action of the vessels of the neck, rapid, strong pulse, and absolutely unconscious. There had been vomiting of what had been eaten. The entire muscular system was completely relaxed. The pupils were contracted to small points and were entirely irresponsive to light. The conjunctivæ were completely insensible to touch. No reflex movements of any kind could be elicited. When first seen, about a quart of blood was taken from the arm and hypodermics of ergotine administered. The treatment was entirely without effect.

I was called about half past nine at night, six hours after the occurrence of the apoplexy. There had evidently been a central ventricular effusion of large size. It is not impossible that there had been an aneurism within the brain, which had burst. The effusion was evidently central, for the whole muscular system was relaxed. There had not been a movement on either side of the body since the occurrence of the attack. The reflexes on both sides had also entirely disappeared. There probably was pressure on the corpora quadrigemina and irritation of the roots of the optic nerve because of the contraction of the pupils. There was no deviation of the head or eyes. It is sometimes observed in cases of apoplexy that the head or eyes are turned towards the affected side. The breathing was very stertorous, the sounds filling the entire house. The pulse was very rapid and varied much in frequency, varying in five minutes from 150 per minute to 180. Death was imminent, and I remained until it took place a short time later.

That was an instance of frightfully large hemorrhage, tearing out the central portion of the brain, and stopping all its functions. I think that it was perfectly right to bleed the man as was done. It did no harm, and on the other hand, if the hemorrhage had been of moderate amount and attended with intense engorgement of the brain, the removal of blood might have affected the surrounding engorgement, and lessened the amount of hemorrhage and the damage to surrounding tissue. This treatment having been tried without appreciable improvement,

*A clinical lecture delivered at the Hospital of the University of Pennsylvania.

further venesection would not have been desirable. These are cases in which nothing can be done.

Repeated Attacks of Cerebral Hemorrhage, without Loss of Consciousness.

In the man before you we have a very different history. He is 69 years of age, and has been an exceptionally strong and hearty man. He has committed no excesses. There is no venereal history. His father died of apoplexy, and he has lost a brother and a sister from the same cause. Until two years ago, his bodily health was good, and his mental powers apparently well preserved. At this time, without warning and without apparent cause, he one day suddenly fell to the floor, and on being helped to his feet he found that he had lost power in the left side, not absolutely, but in a decided degree. There was marked left-sided hemiplegia. He does not remember whether or not there was any loss of sensation. There was no loss of consciousness. He felt the attack come on, he knew when he fell, and knew when he was lifted up. There were no brain symptoms at all, and in four or five days the loss of power almost entirely disappeared. There were no twitchings or involuntary movements. During the next two years he had two similar attacks, and the left side was again affected; although power returned, the left side remained a little weaker after each attack. The speech has not been affected in either of these attacks. The muscles of the face, however, have been paralyzed with each attack, each time being drawn to the right. This passed away after a short time.

Eight weeks ago he had a stroke, which left him in the present condition. There was no loss of consciousness, but total loss of power in the left side. His speech was affected, owing to the paralysis of the tongue and muscles of the face. During the four months preceding the last attack, he had experienced occasional attacks of dizziness, in which objects seemed to float around him. Through all these attacks, memory, intellect, and the special senses were entirely unaffected.

On admission the following was noted: the mental faculties are normal; there is no trouble with the bowels or bladder; the heart is only slightly enlarged; the first sound is somewhat heaving and prolonged, and the second sound accentuated; his arteries are tortuous and atheromatous; there is distinct arcus senilis; there is very little power in the muscles of the left side; the face is drawn to the right side, and the tongue is protruded to the left side; the reactions to faradization are diminished in the paralyzed muscles, and the galvanic reactions are much impaired; his sight has been failing a little, as would be expected at this age; hearing is normal; the speech is affected, but there is no aphasia; the pupils are equal and contract to light; the urine contains neither albumen, sugar, nor tube-casts. Such was his condition when admitted.

Let us note a few of the important features in this case. There have been four successive attacks, the symptoms of which seem to make it clear that there has been hemorrhage into the brain on the right side in the region of the corpus striatum, probably in the lenticular nucleus. Each attack produced complete paralysis of the left side, without any involvement of sensation and no aphasia. It is to be noted that in these attacks there has been a singular absence of loss of consciousness. In some cases where loss of consciousness does not accompany hemorrhage into the brain it is explained by the smallness of the hemorrhage, and possibly by the fact that it is not a true hemorrhage, but only a sudden congestion. In congestive apoplectiform attacks, the patient is suddenly seized with weakness of one side, sometimes with and sometimes without loss of consciousness. There may be capillary hemorrhage without unconsciousness.

Another reason why loss of consciousness is sometimes absent is because the irritability of the brain tissue is impaired, from beginning softening, and in such cases even a considerable hemorrhage may occur without loss of consciousness. Loss of consciousness is, therefore, not always a favorable indication. It is sometimes unfavorable, as indicating that the brain tissue has undergone degeneration. The prognosis of many cases of apoplexy without loss of consciousness is less favorable than that of cases where there has been loss of consciousness of moderate duration. Such patients are very apt to present progressive enfeeblement, repeated attacks, and the paralysis is apt to remain.

This patient, as I have said, has had four attacks, without loss of consciousness, and with complete paralysis; and with this we have the very interesting fact that this paralysis has passed away very rapidly. He has lately been more liable to these spells, and they are becoming worse. The last attack, although much worse than the others, has been followed by a rapidity of improvement which is exceptional. While the history and the condition of total paralysis when admitted indicated that the man was

paralyzed for life, yet we find that this left arm, which was absolutely dead, has rapidly regained power, and he is able to move the hand and to bend the arm. Power is also returning in the leg. The face, although drawn a little to the right, is improving.

I have said that this history indicates the occurrence of hemorrhages: at the same time it is proper to consider whether there is any other condition which could explain the occurrence of these spells. They have certainly not been the result of simple congestion. They might have resulted from small emboli lodging in the right middle cerebral artery, blocking up the small vessels and cutting off the circulation from a small area, and producing temporary paralysis. Under such circumstances there is scarcely as much paralysis as this man has presented. There is here atheroma which would explain roughness of the lining of the vessels, but there is no evidence of valvular disease of the heart with vegetations, portions of which being broken off might be forced into the circulation, causing emboli. In cerebral embolism there is nearly always valvular disease of the heart. The degree of atheroma is not sufficient to make us suspect that there are bony plates in the lining of the vessels, with shreds of fibrin which might be carried into the circulation.

The fact that there has been recurrence of the attacks, which is rare in embolism, and the absence of valvular disease of the heart, may be taken as showing that these attacks were due to cerebral hemorrhage.

In a case of this kind it is impossible to make a positive prognosis. We can say that this man is more liable to subsequent attacks. Some patients may have a number of spells before the brain passes into such a state of softening that at last one proves fatal.

The treatment of this case has consisted in absolute rest and careful regulation of the diet. Electricity has been used to the paralyzed muscles. As there has been no indication for internal treatment, none has been used. When the faradaic current was first employed the response was very imperfect. This was when the man was admitted two weeks ago. When we consider that the man had been paralyzed for six weeks, and the muscles were gaining strength very slowly, and that in two weeks with faradization they have gained rapidly, it is proof that this electrical treatment has been of service in this case. So many of these cases are almost necessarily fatal, from the character of the lesion, that we sometimes lose sight of the fact that in suitable cases electricity is a remedy of decided value. In the present case the indications for it were perfectly clear. There was no evidence of irritation of the brain, which is often a contra-indication for electricity in hemiplegia. There was no pain, no elevation of temperature, no disposition to rigidity or to contraction of the paralyzed muscles. Electricity was thus perfectly proper, and the form used was that which caused the greatest response in the muscles. The galvanic current, slowly interrupted, scarcely caused any movement. The faradaic current gave a response, and the muscles have been faradized every day with the result which we have seen. Although the improvement in this case is very satisfactory, yet I consider the man in a state of great danger.

Pleurisy, with Symptoms Suggesting Typhoid Fever.

This patient has been a source of some little anxiety and uncertainty in regard to the nature of his case. He came into the hospital five days ago. He is 26 years of age, has a healthy occupation, and has no family history bearing upon the present illness. He has been dissipated and has drunk to excess. Four weeks ago he had gonorrhœa, and was treated by a druggist. Twelve days ago he began to feel weak, dull, and dizzy. At the same time he had headache, poor appetite, and dryness of the mouth. Then he had a stitch in the side which was made worse by movement and by breathing. This has remained. Then he had a little bleeding from the nose. There has been no chill, but feverish feelings. The bowels have been regular, being open once a day or once every other day.

On admission five days ago, his face was flushed and his hands tremulous. The movement on breathing was more marked on the right side, the left side not moving, chiefly on account of pain. The heart was in the normal position. There was a little pleurisy with friction sounds, but no effusion. The abdomen was distended, and there was some tenderness on the right side. The tongue was coated. The temperature on admission was 102.5°. The same night it was 104.2°. The following night, 104.6°. The pulse has never been above 105 per minute. The man's condition has gradually improved. The temperature has varied between 101° in the morning and 104° in the evening. There has been marked fluctuation in the temperature. It has been as low as normal in the morning and the same evening reached 104°. This morning it was 100°.

The pain in the left chest has continued, but there has been no pleural effusion—simply a little dry pleurisy with considerable muscular pain. There is a little cough with expectoration, but no pulmonary lesion. There has been epistaxis, but no diarrhœa. At no time have I been able to find any eruption on the abdomen. The tenderness in the right iliac fossa has continued. Two days ago the patient had a chill about 1:30 p. m. Yesterday, for the first time, some effusion was discovered in the left pleural sac.

The urine has been examined and found free from sugar and albumen.

We have discussed the question whether or not this man has typhoid fever. There are certain symptoms pointing in that direction. The type of fever, the epistaxis, the muscular weakness, the slight cough are such as are found in a mild case of typhoid fever. The case is, however, wanting in some characteristic features. One of these is the eruption of typhoid fever. This is absent. There has been no tendency to looseness of the bowels. We know perfectly well that while typhoid fever often presents an eruption, it often runs its course without any eruption. Again, we often find in mild typhoid fever in this region, that the bowels are quiet and often constipated from the beginning to the end of the attack.

Another point of interest is that ever since admission, and judging from his statement, throughout his entire sickness, the man has had a pleuritic pain in the left chest. Friction sounds have been present ever since he came under observation, and now there is the formation of effusion. This is a complication which does not usually accompany typhoid fever.

This local inflammation might be sufficient to explain the fever which has been present, and the question has been to determine whether this fever and anomalous symptoms were due to typhoid fever, or to be explained by the local pleurisy which might reasonably be expected to keep up some fever, particularly as the existence of gonorrhœa disposes the system to inflammatory conditions.

I would add that there is no enlargement of the spleen, which is another point against typhoid fever.

I do not dwell much on the absence of delirium and nervous symptoms, because in mild typhoid cases these also may be absent.

This case is certainly wanting in some of the characteristic symptoms of typhoid fever, and my judgment is that the man has not had typhoid fever, but simply a symptomatic fever connected with the subacute pleurisy. Still the case is one in which it is impossible to be absolutely certain, and I have, therefore, given him the benefit of the doubt and treated him as though he had typhoid fever. I have kept him in bed, giving him a liquid diet and the hygienic care which would be suitable for a case of typhoid fever. Internally, we have given iodide and acetate of potassium for the relief of the local inflammation. I shall order a blister three inches square applied to the affected side.

Communications.

TRACHEOTOMY.*

A Report of Nine Cases.

BY JOSEPH RANSOHOFF, M. D., F. R. C. S. ENG.,

Professor of Anatomy, Medical College of Ohio, Cincinnati.

Case 1. Miss L. K., æt. 22, generally troubled with sore throat, November 17, diagnosed diphtheritis. Dr. B. Tauber was called in consultation. She was seized with suffocative attacks which necessitated tracheotomy. The inferior operation was made. Extensive membranes removed. Relief very decided, but continues only three hours. In the afternoon practiced aspiration of the bronchi and removed some muco-purulent fluid. Death from œdema pulmonum ten hours after the operation.

Case 2. Z. G., female, æt. 5 years, called by Drs. Krouse and Wilfert. Patient has been sick for ten days with diphtheria. Examination of the throat revealed thick and extensive patches on both tonsils and uvula. Cervical glands enlarged and painful. Patient restless, pale, and cyanotic; face covered with clammy perspiration. Temperature slightly subnormal. Respirations 40. Inspiratory depression of jugulum and epigastrium. Pulse 144 and scarcely perceptible. Croupous cough and aphonia very pronounced. The surroundings of the patient being ill-suited to the after-treatment, she was conveyed to the Good Samaritan Hospital, where on the 20th of March the trachea was opened below the thyroid isthmus. The use of the grooved director in tearing through the soft parts caused the laceration of a large vein, from which the hemorrhage was excessive. It being impossible to find and ligate the ruptured vein, a

* Read before the Cincinnati Academy of Medicine, January 4, 1886. (Abstract.)

hemostatic forceps was applied and retained in place for twenty-four hours. After the trachea was opened, large shreds of membrane were coughed up and others removed with the feather, both from below and above the tracheal aperture. After the operation, a rubber canula was inserted and the temperature of the room kept at ninety degrees, and the air moistened. The wound was covered with carbolized gauze, and continuous inhalations of bicarbonate of soda given. On the second day after the operation the temperature rose and the pulse became frequent, and continued so for nearly two weeks. Profuse hemorrhage occurred from the wound on the fourth day. Canula removed on the fifth day. Patient discharged on the twenty-sixth day in perfect health and with normal voice.

Case 3. J. R., æt. 13, was called in consultation by Dr. Forcheimmer. The sister of the patient first contracted diphtheria of the fauces, which was followed by diphtheritic paralysis. The little patient himself was ill with the disease for one week prior to the operation. Saw him twice in consultation on the 7th of May. Morning temperature 103°; evening, 104°. Pulse 150 to 160. Diphtheritic deposits on left tonsil and uvula, and absence of voice, were noted. On the night of May 7, symptoms of asphyxia supervened. Temperature 102°. Pulse 180. Respiration sawing and labored. Fingers cyanotic and cold, and child semi-comatose. Tracheotomy was performed below the isthmus without anæsthesia on the afternoon of May 8. No hemorrhage. Shreds of membrane were removed, and the tube, a hard rubber one, inserted. Dyspnœa removed at once. Patient drank a glass of milk immediately after being removed from the table. Treatment as in the first case. Tube removed on the fourth day. Recovery quite tedious on account of the supervention of malaria.

Case 4. D. R., female, æt. 9 years, attacked with sore throat July 23. Complained of difficulty in deglutition and occasional chills. I saw the patient first on the 26th of July, and found diphtheritic patches on both tonsils and uvula. Swallowing somewhat painful. Glands at the angle of the jaw tender and enlarged. Ordered lime-water inhalations and quinia and alcoholic stimulants internally. On the 29th slight hoarseness supervened, which on the 30th had changed to complete aphonia. Frequent attacks of coughing and of laryngeal spasms. Dyspnœa very marked, and attended by depression of jugulum and epigastrium. An emetic of the subsulphate of mercury gave only temporary relief. Dr. Nickles at this time saw the case in consultation. Tracheotomy was performed below the thyroid isthmus on the 31st. The opening of the trachea was somewhat enlarged by the enlarged thyroid. Extensive membranous shreds were expectorated and removed by the feather before the hard rubber tube was inserted. After treatment, as in previous cases, the patient revived quickly after the operation, and the painful dyspnœa was relieved. The respiratory impediment, which still continued, was doubtless due to implication of the fine bronchial tubes. Death 40 hours after the operation.

Case 5. S. K., æt. 2; called in consultation by Drs. Reamy and G. S. Mitchell early in November. Patient had an attack of measles, from which he recovered slowly. Toward the end of the month, throat symptoms supervened, with elevation of temperature and great loss of strength. On the 6th of December, dyspnœa intervened and some loss of voice was observed. On the 7th, the patient fell into a semi-comatose condition, from which he could be aroused only with considerable effort. Early on the 8th, the little patient was pale, lips bluish, perspiration clammy, and the feet and hands cold. He was comatose from carbonic acid intoxication. Breathing very labored and noisy, with sinking in of the epigastrium and total loss of voice when coughing or crying. The subsulphate of mercury had been twice given and produced emesis, but without permanent benefit. Infra-thyroid tracheotomy was made as a last resort and without anæsthesia. The operation partially relieved the dyspnœa, but the patient did not regain consciousness. Death twenty-four hours after the operation. Ante-mortem temperature 106°.

Case 6. M. S., male, æt. 5; called in consultation by Dr. C. D. Palmer. Brother affected with scarlatinal and slight diphtheritic sore throat. Developed a scarlatinal eruption on the 23d of January, and on the following day diphtheritic patches appeared on the tonsils, which were always enlarged. His temperature at this time was 104°; pulse 120. Symptoms of laryngeal occlusion developed on the 26th. The local treatment had consisted of the application of the perchloride of iron. Was called to see the patient at 12:30 a. m. on the 28th of January. Although he occupied a back room in the upper part of the house, his noisy breathing was audible below in the front hall. The patient was sitting in bed, with face pale, and

covered with perspiration; lips purple and fingers tumefied. He frequently cried, "I am choking, I am choking!" Pulse 160 and feeble. Temperature 102°. Respiration greatly impeded. Inspiration is long and labored; expiration noisy and prolonged, and voice very husky. Occasionally there is a low barking cough. The tonsils almost touch each other. They and the soft palate are completely covered by a thick, greyish membrane, which is firmly attached. Tracheotomy below the isthmus under partial anæsthesia. Large quantities of mucus and membranous shreds removed through the aperture. Relief to respiration immediate. Local treatment as in the previous cases, with the addition to the topical applications of the perchloride of iron to the throat. On the fourth day severe hemorrhage from the tracheal wound, which we believe to result in separation of the membranes. The tube was removed on the sixth day. Recovery rapid and uninterrupted.

Case 7. J. L., æt. 2 years; called by Dr. Good, has been ill for four days with diphtheria of nose and pharynx. On the fifth day symptoms of laryngeal stenosis supervened, when a consultation with tracheotomy in view was demanded by the physician in charge. At this time the patient was greatly asphyxiated, and the constitutional depression very marked. The pulse 180 and very feeble. Profuse deposits on the tonsils and uvula and very offensive discharge from the nose. The respirations were very rapid, but the laryngeal noises precluded the possibility of an examination of the chest. Tracheotomy below the thyroid was made, but no membrane was removed. The relief to the dyspnœa was very marked, but did not continue for more than twenty-four hours. Death from catarrhal pneumonia sixty-two hours after the operation.

Case 8. H. S., æt. one year; called by Drs. Ayres and Richard. The child had been sick for three days before medical aid was solicited. When first seen, presented diphtheritic deposits on left tonsil and uvula. Pulse very rapid and feeble. Temperature not much elevated, but irregular. When seen in consultation, it was almost pulseless. Respiration very labored and noisy, with sinking in of jugulum and epigastrium. Patient in a condition of sopor and unable to recogize its mother. September 25, tracheotomy inferior was made without anæsthesia. The asphixia was completely relieved. The child returned to consciousness and nursed completely, but sudden restlessness supervened six hours after the operation, and this was attended by a temperature of 106 degrees. Death ten hours after the operation.

Case 9. A. F., æt. 3½ years, previously quite well, was taken ill suddenly November 10. He had gone to bed feeling quite well, and wakened in the morning with considerable pain in the throat. Difficulty of swallowing, fever, and some prostration. His sister had suffered the week previous to this attack from an epidemic of follicular tonsillitis, which subsided completely after three or four days. On the 11th of November a few white spots appeared on each tonsil, and there began to appear over the body an ill-defined scarlatinal eruption, which was more decided on the following day. On the 12th, the white coating extended over the entire mucous lining. The voice was clear, and the child's manner as cheerful and lively as usual. At noon a sudden summons came. All had changed. The child was cyanosed; there was a marked lividity about the face; the voice was almost entirely absent; breathing very labored and increased in frequency, and there were several attacks of dyspnœa, in which it seemed minutes before he could get his breath. The voice was hoarse; the cough croupy. Tracheotomy was performed and afforded prompt relief. Twice in the first four days the child pulled the tube from the trachea. The condition was extremely precarious. The temperature fluctuated between 102° and 103½° in the rectum. The pulse was seldom less than 120, often above 130; respirations as frequent as 56 per minute. The tube was removed on the tenth day, the wound granulating quickly, and complete closure had already taken place eight days after its withdrawal. The child is now as well as ever, with the exception of a slight hoarseness after free use of the voice.

NONCONFORMITY TO TYPE IN FEVER, ESPECIALLY IN TYPHOID FEVER.

BY E. T. BLACKWELL, M. D.,
Of Cedarville, N. J.

The physician who has stored his mind with classical descriptions of disease, often finds it difficult to harmonize the affections presented to him with any recorded type or species. Especially is this true of fevers, which present numberless differences, though all, perhaps, referable to known varieties of a given type, if studied with proper diligence and with a true determination to trace each specimen to its legitimate position.

It is well for us to dismiss the idea that we can, in any given case of fever, refer it at once and unfailingly to its proper nosological place. We cannot be sure that the type which it bears at its outset will be continued to its end, and that it may not, in a few days, settle down to a form different from what at first appeared likely. That our nomenclature is often misleading is a matter of common observation.

The person who is testing the several symptoms of fever in a given case often finds one or more factors wanting to complete a perfect formula; but in a series, plainly derivable from the same source, or propagated by the same special poison, the "missing links" may be gathered from the different specimens so as to construct a typical form. In this way the hebetude, so characteristic in well-marked cases, may be scarcely noticeable in the milder form, or be quite absent; the color may not be so affected as to excite attention; there may not be epistaxis; the bowels may be unaffected; tympany may be moderate, and gurgling may fail to be elicted by pressure in the right iliac fossa; the invasion of the disease may also be preceded by a short prodrome, and be ushered in by an abrupt, distinct chill and fever, which have the exact form of quotidian intermittent or remittent fever. The affection may arise in summer, and make its home on very breezy heights.

In attacking a fever whose true form is not yet manifest, we do well to be wary. Should we deem it malarial, and proceed to purge the patient, we shall have hypercatharsis of the alvine canal—have the sensibility to irritants usually found in a typhoid subject. If we administer cautiously and rationally to the presenting symptoms, our way will become clearer before us. If we have declined at the outset to announce a special diagnosis, symptoms may arise to dissipate our doubts. If we see the patient at a suitable hour, morning and evening, we may find the fever assuming the specific rise and fall, the condition of tongue and pulse may correspond; there may be epistaxis or tympanites, or deafness, or delirium, or any of the many symptoms so accurately recorded by authors; but scarcely ever shall we have all the points—even the most characteristic may be absent. Should there be a series of cases, we may have the absent symptoms supplied by them.

The writer, after seeing much of the disease during his pupilage, treated some easily recognized cases in 1851. When he encountered it afresh in 1862, it was under a very different aspect. The first case presented no symptoms that could be deemed diagnostic of typhoid fever. It was indeed continued; there was a very slight, hacking cough, with a *rale* scarcely perceptible, and an irritability of temper and impatience not greater than in any nervous sufferer in an ordinary fit of sickness. A series of eight cases in this patient's home, extending over a period of several months, served to clear up the diagnosis. The specific symptoms appeared, one by one, in the various cases: hardness of hearing, epistaxis, tympanites, diarrhœa, mental hebetude, morbid vigilance, rose-colored spots, black fissured tongue, etc. However much the cases differed among themselves, there was no difficulty in assigning all to one cause.

It was well, perhaps, that I was not at first able to distinguish this as typhoid fever, because I was led to treat it symptomatically, and my mind was not fettered by believing that it was a self-limited disease, and little liable to be affected in its duration, or even in its severity, by treatment. In combating it with large doses of quinia sulphate without regard to the periods of exacerbation—a course then, and long after, held by prominent teachers to be inadmissible—I found that the fever steadily and surely declined in its severity, and that nearly all the patients recovered. When the disease had so far unfolded itself upon successive sufferers in the same family that its type and character could be pronounced with certainty, there seemed to be no necessity for change in the method of treatment. The antipyretic effect of quinia in continued fever was as firmly established in my mind at that time, as had heretofore been its antiperiodic quality. The disease was unquestionably shortened by its use, and dangerous symptoms failed of development in most of the cases by its capacity to diminish heat, and to counteract the other baneful effects of the noxious principle giving rise to the outbreak.

A correspondent of the Reporter in western Virginia uses the term "hybrid" to designate a fever occurring in his locality having the general characteristics of typhoid fever, but accompanied by one or two symptoms usually associated with fevers assigned to a terrestrial origin. It is to be regretted that the author used this term, which he immediately proceeds to correct in the sentences following, as it is echoed by another correspondent in a distant State. I think few medical men of extended observation will admit the idea of hybridization in disease. The affluents of certain rivers bring to the

main trunk waters highly colored from the soil they have traversed, and by the violence of their current may, for a time, give a distinct impulse to the main body of the stream, but they are soon merged and lost in the general volume, and indistinguishable in the general flow.

In the MEDICAL AND SURGICAL REPORTER, vol. xlvii., p. 421, I detailed with extreme minuteness what may be fairly termed a model case of typhoid fever, though it bade fair at first to be a so-called "malarial" fever. The prodrome occupied but three days, and was succeeded on the fourth and fifth days by chills and fever of a pronounced intermittent type. After that, the special features developed in due order, one condition being present which is quite rare, viz., a strong tendency to convulsion.

In traversing the signs exhibited by the epidemic at Martinsburg, it will be noted that they have a closer reference to typhoid than to malarial fever. The tardy development, epistaxis, iliac tenderness, alvine hemorrhage, the evening exacerbation and morning remission, all point in that direction, while the lack of appetite, loss of strength, and the condition of pulse and tongue, are quite constant in this affection.

The grave symptoms referable to the brain and the intestinal glands in bad cases, doubtless failed of development by the repressive effects on the pyrexia of the remedies employed.

On the whole, I should be inclined to invert the order of the diagnosis made, making it read, "Typhoid fever, modified by malaria of paludal origin, but in no sense 'a hybrid.'"

"RUPTURE OF THE SPLEEN."

BY GEORGE G. GRAHAM, M. D.,

Assistant Physician Western Pennsylvania Hospital for the Insane, Dixmont, Pa.

A. S. H., male, aged 35, married, laborer. Admitted to this Hospital November 27, 1885. Was suffering from chronic mania of eighteen years standing. Was in very poor health, and said to have had epilepsy for twenty years. During the past year he has had an average of one epileptic seizure every two days. Tonics and bromide of arsenic were prescribed, under which treatment he improved very much, only having had one convulsion during his residence in the hospital. This convulsion occurred December 14, 1885.

December 15, 1885. Patient very much excited since convulsion of preceding day. At 3 o'clock p. m., an accident occurred in the ward in which blood was drawn, at the sight of which the patient fainted, falling from the bench on which he was sitting to the floor. He was immediately placed in bed, and in a short time recovered consciousness. After this he was much quieter and less excitable. He ate his supper, and at 8:30 o'clock retired to bed, to all appearances in as good condition as usual. He slept well until 2:30 o'clock a. m., December 16, 1885, when the attention of the night-nurse was attracted to him by his groaning. Upon seeing the patient's condition, the nurse notified me, but as I was ill, my friend and colleague Dr. McKennan kindly answered the summons. When he arrived, he found the patient's condition as follows: Intense collapse, extremities cold, no pulse at the wrist, no heart-sounds could be heard, respiration labored, rapid, and shallow. Complained of intense pain in the region of the heart, and cried out every few minutes. Was delirious, very restless, and crying out that he was going to die. A diagnosis of "heart clot" was made, and free stimulation commenced immediately. Hypodermic injections of aromatic spirits of ammonia and whisky were given every ten minutes. External heat also applied. In about 30 minutes a feeble pulse-beat at the wrist could be felt, but the heart-sounds, although distinguishable, were very much confused and rapid. Left him in about one hour, with directions to the nurse to give the stimulants by the mouth every thirty minutes during the remainder of the night. In the morning he was somewhat better, reaction having been established. Carbonate of ammonia was substituted for the aromatic spirits, and he continued to improve during the day; but in the evening pulmonary engorgement set in, and he lingered on until the 19th of December, when death occurred.

Post-mortem thirteen hours after death. No bruises or signs of external injury were observable on the body. *Chest* opened first. *Lungs* found to be very much congested and completely filled with fluid. *Pleural cavities* were filled with a straw-colored serum. *Heart* normal in size, venæ cavæ filled with blood. *Left heart* filled with post-mortem clots. *Right heart* found to have a large ante-mortem clot formed among the columnæ carneæ and extending into the pulmonary artery. The entire clot measured fifteen inches in length. *Abdominal cavity* next opened and found to contain a large quantity of blood, and on examining to find the

origin of this blood, the *capsule of the spleen* was found to be ruptured on its anterior margin and surrounded by a large clot. The clot being removed, the rupture was found to be one-half inch in length. The body of the spleen was, to all appearances, normal, neither being enlarged nor softened. This rupture not being extensive, hence permitting the blood to escape but slowly into the peritoneal cavity, is probably the cause of the collapse not coming on for some hours after the fall. The patient's reacting from the collapse and improving for twenty-four hours thereafter was no doubt due to the prompt stimulation afforded by the doctor (for the patient would certainly have died at that time without it) and to the clot which had formed around the spleen preventing further hemorrhage into the abdominal cavity. To my mind the rupture occurred at the time of his fainting (December 15), and although no bruise could be found, or other symptom isolated that would point to such a serious injury to that organ, yet I do not doubt that it was caused by his fall from the seat.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

Service of Dr. James H. Hutchinson

Bright's Disease.

You will remember, gentlemen, the colored woman who was before you at the last clinic, suffering from an acute exacerbation of a chronic kidney trouble. You remember how very marked was the general œdema, what great dyspnœa the woman suffered from, and how critical was her condition. She had, you may remember, symptoms that warranted me in saying that she had, conjoined with her kidney trouble, disease of the heart and liver. Well, after her appearance at the clinic, she grew rapidly worse, not, however, in consequence of being brought down here, but because her system was unable to further oppose the progress of the combined diseased condition. You remember that she had not only œdema of the walls of the abdomen, but also ascites, for I could readily detect fluctuation. This accumulation was not so very great, but it was enough to embarrass respiration. The day after she was before you, I tapped the abdomen, but got no liquid. I would not have considered this a justifiable operation under ordinary circumstances, but the impediment that the collection of fluid offered to respiration imperatively called for the operation. As I say, I got no fluid, but after death the abdominal cavity was found to contain an abundance of liquid. Why I did not get it I am not prepared to say, for it was found that the puncture made by the trocar was below the level of the liquid. It is true that some fluid leaked from the orifice after the operation, but I did not get a free flow, as I had a right to expect from the amount of liquid that was in the abdomen. Well, as you may infer from what I have said, the woman died. I have here the specimens before you. You will see that the aortic valves are diseased, there is stenosis of the aortic orifice, which was the cause of the direct murmur with the first sound of the heart, that was heard during life. So, also, you see a thickened condition of the mitral valve which accounts for the indirect murmur to which I called your attention. The intensity of a mitral murmur is heard over the apex of the heart. If there be two murmurs, as there were in this case, we will, upon auscultation, hear the mitral murmur most distinctly, as I have said, over the apex of the heart, then, as we move away from this point, it will become less and less distinct, and as we approach the aorta we will commence to hear the other murmur, from which fact we infer that it is aortic in origin. It will also sometimes happen, but not always, that these two murmurs vary in character. They do not always do so, hence we must place most reliance upon the locality in which they are heard most distinctly.

Now, in such a case as this it is obviously impossible to say which organ was the point of departure of disease—whether the heart disease caused the kidney disease, or whether the condition of the kidneys caused the disease of the heart. Here we find a contracted kidney with an adherent capsule and a urinous odor to the organ. This odor has, by some authorities, been supposed to belong especially to the contracted kidney. The liver is somewhat contracted, which is what we would expect to see, for I told you that the woman had led a reckless, dissolute life. The fact that we have valvular disease rather inclines me to the belief that the cardiac mischief antedated the kidney disease, for when the heart is deranged as a sequence of nephritis we usually have merely hypertrophy and no valvular trouble. I am inclined to the view, in this case, that the kidney disease is merely one expression of the general thickened, stiffened, fibroid condition of the vessels throughout the whole system.

This condition of the vessels, as Dr. Johnson has pointed out, interferes with the freedom of the circulation; they exert a stop-cock action, as it were, because their contractility no longer favors the passage of the blood; hence the heart, compelled to make unusual efforts to overcome this obstruction, becomes hypertrophied.

Now, here is another colored woman, whom I also showed you last week, and who was almost a counterpart of the one from whom these specimens were obtained. At that time she really seemed to be the iller of the two, yet while the former case has died, this woman has made a comparative recovery. She has been in the hospital, as I told you, several times before. She is one of those cases of chronic cardiac and kidney disease that you frequently meet, where the patients will get along quite comfortably so long as they are not subjected to any strain. The great point in the management of such cases is to so ordain their lives that what is chronic shall not become acute, for in these cases the great danger to be apprehended is the supervention of an acute attack, which the depraved system is not able to oppose. In this case the woman's father died of dropsy, which is, of course, a very vague expression, but which may have been due to kidney disease. She has a somewhat uncertain history of syphilis, and she tells us that she had a severe attack of rheumatism when she was eighteen years old; but that she was subject to œdema even before that time. She has, during her history, been obliged to rise frequently at night to urinate, sometimes as often as twelve times; and this is an important symptom, for in many cases this very frequant micturition is one of the earliest symptoms of Bright's disease, manifesting itself some time before any other symptoms become evident. Therefore, whenever a patient tells you that she has to rise frequently at night to urinate, your thoughts should at once revert to the kidneys. She also suffered very much from dyspnœa and persistent headache. She makes the very vague observation that her whole family have been subject to tumors and dropsy, which is the character of statement that you would expect to receive from a colored woman. She has been in the hospital three times before her present admission, suffering with general œdema. She has a double murmur, one heard over the aorta with the second sound of the heart, which I take to indicate aortic regurgitation, and one with its point of greatest intensity over the apex, also with the second sound, which tells us that she has mitral regurgitation. In the urine I find granular, epithelial, and hyaline casts, the specific gravity is 1025, and it contains albumen. The trouble with respiration was very great. The treatment consisted in counter-irritation to the chest, with the view of relieving the engorgement and congestion of the lungs that was a very threatening feature, and she was given digitalis and Basham's mixture. At first the dyspnœa was so great that she could not lie down, but now you see this condition has been much relieved. Sometimes, in these cases, the dropsy of the legs will become so great as to seriously interfere with their circulation, and we may, as a consequence, have sloughing of the integuments. When such threatens, we should relieve the strangury by incisions. When I percuss this woman's chest I find an increased area of cardiac dullness, but the mammary gland is so large that it interferes very much with the completeness and accuracy of this examination, and such is a complication that you will not infrequently encounter. However, though I cannot accurately map out the area of cardiac dullness, yet the position of the apex beat, taken in conjunction with other signs, makes me satisfied that the heart is enlarged. The aortic cartilage is the second cartilage on the right side, and when I place the stethoscope over this point I hear a murmur that is double, so that in addition to the regurgitation, which I have already mentioned, there must be some roughening of the aortic valves, which causes a murmur to be produced when the blood flows over them on its exit from the heart. The pulmonary cartilage is the second cartilage on the left side, and here I detect a marked accentuation of the second sound, which tells us that there is mitral regurgitation. Such signs, that is a murmur with the second sound heard about the pulmonary cartilage, with accentuation of the second sound, are almost pathognomonic of mitral regurgitation, and when we hear this murmur posteriorly, at the angle of the scapula, we can be quite sure of its origin. So, also, as I tell you, she has kidney disease. You see here the line of albumen at the junction of the urine and the nitric acid in the test tube; if this precipitate were from the urates it would be from above, and would not be so distinctly outlined. As I say, in such cases, the treatment must consist in vigorous counter-irritation to the chest, and in stimulating the renal secretion. If we have time, if the case be not too urgent, we should resort to diuretics to remove the dropsy, but if the condition is more threatening we will be compelled to use hydragogue cathartics, and

I know of none more serviceable than elaterium, or we may relieve the œdema by means of copious sweating with pilocarpine. The woman has very much improved, and her treatment now will consist of rest in bed, with the infusion of digitalis and Basham's mixture.

Cerebral Embolus.

C. H., a Swede, was admitted to the hospital January 15. She had measles when a child, has no syphilitic history, is married, has had two children and one abortion. Her labors were very severe. Her menstruation is and always has been normal. She has never had rheumatism, but has complained, at times, of palpitation and dyspnœa, though she is not subject to fainting or attacks of epilepsy. As a rule, her bowels are costive, alternating with an occasional spell of diarrhœa. Her appetite is good. To come down to the history of her present attack; while in her usual condition of good health, after a day's work, she suddenly lost power in her left side and fell to the ground, though she did not lose consciousness. She was able to get up and walk a little distance, when she fell again. She finally reached her home, and for some time was paralyzed in the left side, which condition has been gradually less marked. She also suffered from nausea and headache, and formication of the left arm. She has, as you see, a large frame, and is well nourished; the eyes are sensitive to light, and she has suffered from intense frontal headache. Sensation is slightly impaired on the left side, and the reflexes are somewhat exaggerated. An examination of the urine failed to reveal anything abnormal. She was given small doses of calomel and soda, and counter-irritation was made to the back of the neck. Ophthalmoscopic examination revealed blood in the margin of the disc of the left eye. She is getting better now, and she has been put upon the use of iodide of potassium, and the small doses of calomel continued. When the gums are touched the calomel will be suspended. Well now, at first this looked like a case of apoplexy; but when we have a hemorrhage into the brain there is usually loss of consciousness, which was not the case here. She felt a sensation of faintness before falling. Apoplexy is usually more sudden in its onset, the patient receiving no warning whatsoever. In apoplexy we usually have the history of some previous diseased condition; not so here. We do have here some very slight heart murmurs. Well, now the question of cerebral embolus offers itself to us, and this I think to be the true explanation of the case. Some small clot has been detached from the aortic valve, and washed into a vessel of the brain. Against this theory is the fact that the left side is not usually affected in embolus. There has also been some fever here, which is not a necessary accompaniment of embolus. The onset of the attack is, however, like that caused by embolus. It may be that the plug does not completely occlude the artery into which it is washed, and in such a case we would have the comparatively gradual onset of the symptoms, as we did have here. As a clot formed around the embolus, the symptoms would become more pronounced. The choked disc and fever may mean meningeal inflammation, following the embolus. The neck was retracted, and when the head was lifted the shoulders came with it, as we would have in meningitis. The artery that has been occluded will never be restored to its former condition, but collateral circulation will be established, and the woman will be restored to comparative health. Such a case would have formerly been called apoplexy.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

Service of Dr. Theophilus Parvin.

Uterine Applicators.

Dr. Parvin gives the class a practical point about the selection of uterine applicators. As a rule, they are made of copper with a wooden handle; at least, very many are so made; and their construction, when so made, is faulty. The handle is very apt to get loose. You should select an applicator made of malleable silver, and one where the handle is continuous with the instrument. Such an instrument will cost a little more than those made of copper and wood, but they will be much more satisfactory, hence cheaper in the long run.

Vascular Tumor of the Meatus.

Here is a woman who had a syphilitic husband. Some years ago she had a growth removed from the vulva, which has left much deformity thereabouts. It looks as though she had lupus, but, of course, this tumor may have been entirely independent of the syphilis. She comes to us now with some kind of a growth about the meatus, which gives her great distress. Now it is a question in my mind whether this growth is syphilitic or malignant; I am inclined to think that it is not specific, for my impression is that it is a simple vascular growth. Now I remove it with scissors, and you see

I receive a jet of urine from her bladder on my clothing, which reminds me that I forgot to empty her bladder before operating, a precaution that should always be observed.

SERVICE OF DR. ROBERTS BARTHOLOW.

Epilepsy.

Here is a child who is subject to epileptic seizures and who presents to us for treatment a paralytic condition of the lower limbs. He had his first convulsion when he was nine days old, and has had them off and on ever since. Now, the fact is presented to us in this case, that is peculiar and to which Dr. Jackson first called attention, that when a convulsion comes on these paralyzed muscles are implicated. It seems singular that muscles that are so paralyzed as to be absolutely without the control of the will, should be made to act violently under the stimulus of a convulsion, but such is a fact that has been abundantly observed. In this case the convulsive movements begin in the paralyzed limbs. We have in this case the usual deformity produced by paralysis and consequent deprivation of exercise. We also notice from the expression of the boy's face that his grade of intellect is not very high, and as he grows older this defect will become marked. Now, the important point in such a case is to inquire what we can do to relieve the little sufferer. So far as a cure is concerned, we cannot hope for much; the chances are that we have to do with an intracranial lesion. But we can help such a case by devising an apparatus that will enable him to get about and thus derive the benefits of exercise. We will also use faradaism if the muscles will respond to it; if not, they may respond to galvanism; if so, we will use galvanism until the reaction to faradaism is restablished. It is really marvellous how much we can sometimes do in these apparently hopeless cases by the continuous use of electricity, aided by massage. We will also improve the boy's general condition and give him the bromides.

MEDICAL SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Stated meeting, January 14, 1886.

The President, J. C. Wilson, M. D., in the chair.

W. E. Hughes, M. D., Recorder.

Dr. T. S. K. Morton presented a "Cancer of the Lower Third of the Œsophagus, with Metastases to the Stomach and Liver," from a woman æt. 61 years, of good family history. Her illness commenced, by her account, eleven weeks before her death, with jaundice, vomiting, constipation, and lancinating pain in the right hypochondrium. The vomiting became uncontrollable, the matters several times containing coffee-ground material. After death there was found a scirrhus cancer of the lower third of the œsophagus, extending to the stomach, with no narrowing of the œsophageal lumen. The retro-peritoneal glands were involved, and the head of the pancreas slightly. Scattered through the liver and stomach were numerous secondary nodules.

Also "Cirrhosis of the Liver with Perihepatitis," removed from the body of a woman æt. 40 years, who had been an excessive consumer of strong spirits. Symptoms had been present for five years, the most prominent of which were the general œdema with marked ascites and diminution of the area of liver dullness. She died of an intercurrent attack of facial erysipelas. The liver weighed 36 ounces, and was strongly adherent to neighboring structures. At its entrance into the liver, the portal vein was much contracted, and below this point dilated.

Also "Amyloid Degeneration following Chronic Dysentery." The patient, a girl æt. 20 years, had no history of syphilis; there was a perfectly good family history. She had been in poor health, but with no positive symptoms, for two years. Last summer she had whooping-cough. After that she improved steadily till three weeks before her death, when profuse diarrhœa with high fever set in. This was the first attack of looseness of the bowels she had had. Jaundice gradually developed. The liver was found to be enlarged. The urine contained albumen and casts. The diarrhœa persisted, the passages containing blood and pus. At the autopsy, the liver, spleen and kidneys were found infiltrated with amyloid material, and the large intestine throughout was in a state of chronic dysenteric ulceration. Dr. James Tyson said this was the first case he had ever met with in which there was this association of amyloid disease with dysentery as the etiological factor, although this seems the only possible cause in this instance, where the possibility of syphilitic disease seems excluded. Dr. W. Osler thought it was well recognized that chronic dysentery might be followed by extensive amyloid disease. He had met with one or two instances in connection with chronic diarrhœa, which post-mortem

examination showed dependent on chronic dysentery, with very much the condition of bowel present in Dr. Morton's specimen.

Dr. Osler presented a "Spindle-celled Sarcoma of the Retro-peritoneum, with Extensive Thrombotic Degeneration," and gave a history of the case. A man, æt. 60 years, was admitted to the University Hospital in September, 1884, with an abdominal tumor which had been noticed for about six months. He had lost flesh and strength, but there was no pain. The tumor formed a solid mass occupying a median position, extending above the umbilicus, could be readily separated by palpation from spleen and liver. The case was regarded as one of Lobstein's retro-peritoneal sarcoma. For several weeks the patient passed daily over seven pints of clear urine of low specific gravity without sugar or albumen. The patient was subsequently admitted to St. Mary's Hospital under Dr. O'Hara, and while there Dr. Mears aspirated the tumor, the upper part of which had become soft, and drew off nearly two quarts of bloody serum. At the autopsy the tumor was found to occupy a central position, was covered by peritoneum, and was attached to the tissues in front of the symphisis pubis, and seemed to have grown from the subperitoneal connective tissue in this region. The upper part of the mass was represented by a soft fluctuating cyst containing blood and shreds of firm thrombi; the greater part formed a solid mass, which on section presented a brownish-red color, was firm, dry, and had all the appearance of an old unstratified thrombus. In an area at least 8 x 7 inches this remarkable condition existed. At the lower part there were two or three greyish-white masses, evidently of a sarcomatous nature. The capsule was formed of condensed fibrous tissue, beneath which in many places were recent extravasations. The weight was estimated as at least eight pounds. The lymphatic glands were not enlarged. The kidneys were fibroid. The liver presented several secondary masses, one the size of an orange. Microscopic examination showed the primary and secondary masses to consist of closely-packed spindle-cells. The reporter drew attention to the rarity with which spindle-celled sarcoma forms a large abdominal tumor, and to the unusual site of origin. The most interesting feature was the remarkable transformation which the greater part of the mass had undergone. This was attributed to repeated hemorrhages and the gradual conversion of the extravasated blood into a dry, hard thrombus. Such a thrombotic change in a tumor was most unusual, and he had not been able to find reference to a similar instance. A third point referred to was the polyuria, which was doubtless due to irritation by pressure on the renal nerves, and lastly a reference was made to the facility with which the growth might have been removed.

Dr. J. E. Mears thought the growth could have been removed, though the removal would have been attended with some hemorrhage.

Dr. Tyson would like to ask Dr. Osler what, in his opinion, was the effect of thrombotic degeneration on the histological elements of tumors; and, again, is it possible for clots to be converted into the tissue of the original tumor, as is asserted by some?

The President remarked that the case was of much interest from a clinical standpoint, in view of the possibility of surgical interference, and asked Dr. Osler whether the conditions as found post-mortem suggested any means by which such a tumor as this could be diagnosticated from a similar growth occupying the more usual position in the lumbar region.

Dr. Tyson, in connection with the clinical history, called attention to a retro-peritoneal sarcoma presented by him to the Society last winter, which had been mistaken by him and others for a tumor of the kidney.

Dr. Osler, in reply to Dr. Tyson's first question, stated that the only remnants of sarcomatous tissue were two or three small, but very distinct, portions in the lower attached part of the tumor; the remainder had wholly undergone this thrombotic change, and in the upper part had been converted into a blood-cyst. This change was no doubt slow, with first a destruction of the sarcomatous elements by the blood clot, and then a slow process of necrosis. There was no evidence in any part of the tumor of an invasion of the coagulum by the sarcomatous elements, as is not infrequent in thrombi in other regions, as he had seen in the portal and renal veins. The chief interest in the specimen lies in the remarkable extent of the thrombotic change. Looking at the clinical aspect, he had diagnosticated the case as one of retro-peritoneal sarcoma, from its large size, its being so centrally placed, its slight movability, its distinct separation from liver, kidney, and spleen, not being placed more on one side than on the other, and from the fact that palpation in the lumbar regions gave no pain or other evidence of kidney lesion. It was firmer above the brim of the pelvis than any other tumor he had ever ex-

amined. One remarkable feature about these tumors is their painless character; this man complained of no pain, and in two other similar growths, which he described at length, pain was not a symptom.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, Thursday, December 3, 1885.

The President, B. F. Baer, M. D., in the chair.

Some Causes of Tardy First Stage of Labor, and their Treatment.

By Elliott Richardson, M. D.

The following cases have been of interest to me, and I trust will be so to others. Most of them represent instances of certain forms of dystocia, which are neither new nor very rare, and the treatment of which is often a matter of censure to the accoucheur.

Mrs. M., æt. 28 years, born in England, a very light blonde, of more than medium height, and apparently well-formed, was taken in labor with her first child early in the morning of February 18, 1883. Her previous history was uneventful in a clinical point of view, no evidence having been elicited of any protracted or violent illness, or of hereditary taint of any kind. The pains were not at first severe, but became more so as the labor advanced. I saw her in the evening of the 18th, when I found the os dilated to about the size of a quarter of a dollar, thin, but soft and not sensitive to the touch. During the pains, the bag of waters, which was very small, seemed to press but lightly through the os. Through the membranes the presenting head was felt in an attitude of semi-extension with the anterior fontanelle occupying nearly the centre of the field. The occiput was directed toward the left acetabulum. The presenting head was held at the superior strait, and did not advance during a pain, but it so closely fitted the lower segment of the uterus as to completely separate the amniotic cavity above from that below, and to prevent any addition being made to the small amount of liquor amnii contained in the bag of waters. Nor did the head show any disposition to become flexed either during a pain or its absence. Labor continued with moderate pains during the 19th and 20th, with but little effect upon the os so far as could be perceived by the touch, although it was evident that a very slow dilatation was being effected. The condition of the patient during this time remained good, and gave no occasion for anxiety or alarm. On the morning of the twenty-first day, the fourth day of labor, however, symptoms of exhaustion became apparent. The pulse ran up to over 100 per minute, and increased bodily heat was associated with a tendency to dryness of the mucous surfaces. Still but little progress had been made in accomplishing the dilatation of the os, which was at this time opened to about the size of a half-dollar. It was still impossible without artificial dilatation to attempt either version or forceps delivery. The head had not advanced, and still plugged up the lower segment of the uterus as effectually as ever.

Two courses were open to me—one was to dilate the os artificially and apply forceps or turn, the other was to support the patient's strength by securing to her needed rest, while at the same time promoting perfect relaxation of the soft parts, hoping that sufficient dilatation would, under this treatment, soon enable me to rupture the membranes, when the head being exposed to pressure from the uterine contractions above it would fairly engage, and, it was hoped, descend through the os uteri and the superior strait. The latter course was chosen, and in order to carry out the treatment a sixth of a grain of sulphate of morphine was given every four hours, while the severity of the pains was still further mitigated by inhalations of chloroform at the beginning of each pain. Under this treatment the general condition of the patient improved; she slept regularly between the pains, and in that way got much rest. By ten o'clock in the evening sufficient dilatation had been secured to justify me in rupturing the membranes, when the head descended and soon the second stage of labor was established. This terminated successfully for both mother and child at about eleven o'clock that evening. Thus was the labor happily and safely concluded, after a duration of about ninety hours, by the use of constitutional means alone. The external measurements of the pelvis subsequently taken with care, showed the following dimensions:

Between ant.-sup. sp. proc's	8⅝ inches.
Between crests	10¼ inches.
External conjugate	6½ inches.
Real conjugate by inference	3¾ inches.

The relation of the measurements of the distances between crests and ant.-sup. spi. processes precludes, almost to a certainty the existence of a rachitic pelvis, and os. All the measurements were somewhat below the normal; the small pelvis was probably one of

those in which the sexual development of the pelvis was imperfect, that is, arrested in its progress. The attitude of partial extension observed in the fœtal head in the case just given is explained by the fact that the extremities of the narrowed conjugate diameter formed the points of resistance to the descent of the head, and as they would naturally offer much more obstruction to the descent of the greater diameters near the occipital extremity than to the narrower ones near the face, the latter extremity would of necessity descend first. In the last day of the labor I had the benefit of the advice of Dr. Albert H. Smith, who then, for the first time, saw the case with me.

On March 25, 1885, I saw, in consultation with Dr. Hampton, Mrs. M., in labor with her first child. She had been in labor for nearly twenty-four hours without making any great apparent progress. On examining I found the os dilated to about the size of a half dollar, and presenting no abnormal conditions. The bag of waters was small, and did not seem to press with any force through the os during the pains. The head presented in the second position, and was held in a partially fixed attitude at the superior strait. The patient was much alarmed by the slow progress she was making, so that the pains were becoming very rapid without materially aiding in the advancement of the labor. The treatment adopted in this case was rest in bed, one-sixth grain of morphia every twenty-four hours, and inhalation of ether at the beginning of each pain. The membranes were ruptured as soon as a greater amount of dilatation had been secured, and twelve hours after I saw the case she was safely delivered of a living child. No opportunity was afforded me to measure the pelvis after the termination of the labor. This case differs from the first in degree only, the nature of the impediments to the progress of the labor being the same. In both the dilating wedge usually afforded by the bag of waters was wanting, because the closely-fitting head prevented access of any considerable amount of liquor amnii to that part of the amniotic cavity which was in advance of it, and the head itself did not advance because it was held at the brim of the pelvis by the narrow conjugate. While in normal labor, before the membranes are ruptured, all parts of the fœtus are exposed to a like pressure, because that pressure is communicated to it by the liquor amnii; when the head cannot advance, and at the same time prevents any part of the liquor amnii descending past it into the bag of waters, this equilibrium of pressure becomes destroyed, that part of the fœtus which lies above the line of contact of the head with the uterine walls receiving the full force of the contractions of the uterine muscles, while that part which is below only receives the force of resistance offered by the cervix. Hence, when the latter is soft and dilatable, a process of moulding or adaptation of the presenting part of the head occurs, during which the most depending part gradually approaches the os, and tends to dilate it by affording that dilating wedge which is absent at an earlier period of the labor. When the head by this process approaches so close to the membrane closing the os as to exert considerable pressure upon the latter, all further moulding ceases, but at the same time dilatation of the os becomes more rapid, so that soon it will have progressed to a sufficient degree to justify rupture of the membranes. The effect of such rupture is to relieve the head of all impediment to the further progress of moulding and elongation. It is now thrust downward, and, if the pelvic narrowing is not great, will soon pass through the brim and into the os. The latter being exposed for the first time to the whole dilating power of the uterus, readily yields. The peculiarity of the first stage of labor, which in all its important bearings upon the welfare of the woman and fœtus, widely distinguish it from the second stage, is that so long as the membranes are intact, the relations of the two beings to each other are precisely the same as those existing during the course of gestation, so that almost indefinite delay is perfectly consistent with the entire safety of both. Notwithstanding this fact, the first stage of labor is often a period of great danger to both. The danger to the mother is from exhaustion, and exceptionally from rupture of the uterus; that of the fœtus is from asphyxia, due to the too frequent or too powerful uterine contractions. The mother will only become exhausted when the pains become so frequent, so violent or so long-continued, that she is not able to restore her strength from time to time by sleep and perfect rest between the pains. The same condition with regard to the nature of the pains, early rupture of the membranes, and probably some abnormal state of the tissues of the uterus, are essential to the production of rupture of that organ. The risk to the fœtus is due to the same condition of the uterine contractions as those which impair the mother's strength, in which the time intervening between the pains is not sufficient for the removal of the vitiated blood from the maternal part of the

placental circulation, and the supply of arterial blood in its place. In considering the relations of the woman and fœtus to each other, and the nature of the dangers which threaten each in the first stage of labor, the indications for treatment might seem to be obvious. They are to preserve the proper strength and rhythm of the uterine contractions, in order to secure needed rest to the mother, and sufficient regularity in the placental circulation to supply the fœtus with enough oxygen for its preservation. When, therefore, it is obvious that from any cause the dilatation of the os uteri must be a prolonged process, we should take care to protect both the woman and the fœtus from danger during its progress. Even weak uterine contractions, may, by becoming nearly continuous, produce the dangers already alluded to, and so while endeavoring to strengthen them, care must be used to preserve their rhythm. In the cases which I have reported, this principle was adopted in treatment. Nothing was done until the pains became abnormal in character, when the measures already detailed were instituted. In both cases morphia was used by the mouth; in one case inhalations of chloroform, in the other of ether, were used in conjunction with the opiate. In view of recent experiments, there is no doubt that ether is the safer remedy of the two, and yet it possessed so many disadvantages when compared with chloroform, and the risk of the latter when carefully used in these cases and in conjunction with the use of opium in some form is so slight, that it is a question in my mind whether we are not often justified in using chloroform in preference. During the first stage of labor, if no painful operation is to be performed, it is not necessary nor even desirable to produce complete unconsciousness. The anæsthetic is given to mitigate pain, not to entirely destroy the consciousness of it, and at the same time to prevent both mental and uterine irritability. Opium and chloroform supplement each other to a certain extent, so that when the effects of the two are combined a much smaller dose of each is required to produce a given effect than when either is used alone. This is not so with opium and ether, or to so slight an extent as to be almost inappreciable. While in a woman in labor who is under the moderate influence of opium, but a small amount of chloroform administered by inhalation is sufficient to give all the relief from pain needed, the quantity of ether to be used to produce the same beneficial effect will not be found to be less than when no opium has been given. The practical result of this relation of the remedies to each other is that in the former case the patient's suffering is relieved at once, while in the latter some time is required before any decided amelioration is experienced. In support of the above assertion, I may be permitted to quote somewhat at length from the able paper of J. C. Reeve, M. D., of Dayton, O., which appeared in the *Amer. Jour. Med. Sci.* for July, 1880. In the course of his review of Dr. Kappeler's book on anæsthetics, Dr. Reeve says: "The modification of the ordinary course of anæsthesia by the preliminary injection of morphia deserves attention . . . It is claimed for this mixed narcosis that it is especially adapted to prolonged operations, by rendering a far less quantity of chloroform necessary, the anæsthesia being continued with far less frequent repetition of inhalation; that the stage of excitement both muscular and mental is lessened, and that thereby the dangers of anæsthesia are diminished. Mollow, one of its enthusiastic advocates, goes further, and claims that the action of the morphia lessens irritability of the air-passages, and so restrains reflex action upon the heart; that in this respect its effect is similar to division of the *par vagum*; also that the morphia in small doses increases the blood-pressure by its action on the motor ganglia of the heart, and by its contraction of the peripheral vessels, thereby opposing the chief deleterious influence of chloroform from the beginning by presenting an opposition which must be overcome before the vascular pressure can sink below the normal. As to the smaller quantity of chloroform necessary for a given length of anæsthesia, the less amount of muscular excitement and the modified mental condition, Dr. Kappeler says: 'The advantages have been on various sides clinically proved, and are only seldom called in question.' The advantages claimed by this method have been denied by Demarquay, but confirmed by Heitel and in part by König. The latter does not, however, believe that the dangers from chloroform are at all diminished by the use of morphia." Dr. Reeve further stated that "none of the advantages of chloroform-morphia narcosis attach to ether-morphia narcosis," and that Dr. Kappeler's "experience . . . seems to show that in all respects the combination is injurious rather than beneficial." Reference is made in the paragraphs which I have quoted to the use of the agents mentioned in surgery alone. They apply in the main to obstetrics as well, although I do not see any

disadvantage in theory, nor have I in practice, in the ether-morphia narcosis as compared with ether narcosis alone. In comparing the effects of chloroform and ether in the first stage of labor, the former has, I believe, a decided advantage in its effects upon the os uteri in promoting relaxation. All the advantages above attached to it are at the same time coupled with its easy and pleasant administration. Against these, however, must be offset the danger from its use. Exactly how great this danger may be in careful hands cannot be told. In many cases of fatal chloroform poisoning, it has been the first few drops that have killed; in such cases, therefore, the diminished amount rendered necessary by the morphia previously given would now be a safeguard. I believe, however, that the danger is so infinitely small when thus given that we are justified in using it in painful cases of labor, especially when the chief difficulty lies in the rigid condition of the cervix or other soft parts of the parturient canal, and that in such cases the use of morphia either by the mouth or hypodermically in moderate doses greatly facilitates the accomplishment of the end in view. At the same time, I would not be understood as advising the use of chloroform instead of ether in ordinary cases of painful labor. Since in these the only object is to relieve pain, ether answers the purpose, and being the safer remedy, should be preferred.

(*To be continued.*)

Editorial Department.

Periscope.

Lead-poisoning from Drinking Water,

Dr. W. R. Thomas thus writes in the *Med. Press*, January 27:

The following have been the symptoms and signs which I have most frequently met with indicating the presence of lead in the system: A cachectic and pallid appearance, a furred tongue, unpleasant taste, dyspeptic symptoms, as flatulence, pyrosis, pain after eating, a blue or red line at the junction of the gums with the teeth, colicky pains coming on irregularly in the abdomen, pain in the back, obstinate constipation; in females, some disturbance of menstrual functions, generally amenorrhœa, sometimes for months, but occasionally menorrhagia; a deficient secretion of urine, which frequently contained albumen, acid in the urine: general pain in the extremities, and sometimes confined to the joints, considered to be of rheumatic origin by the patient; a tendency to abort, mental confusion, loss of memory, disinclination for any mental exertion whatever, general debility, paralysis of the extensors of the forearm, tremor of the extremities generally, especially of the upper, impairment of vision, attacks of gout. We know that patients suffering from lead are prone to have attacks of gout, and, on the other hand, gouty patients are peculiarly susceptible to lead.

A word about the blue line. Whenever teeth are absent, the blue line is not generally seen. Frequently when it is absent in front, I have succeeded in finding it by some of the molar teeth behind, and if absent entirely its place is, according to my experience, taken by a red line. The blue line, I believe, is formed by the chemical action of the sulphuretted hydrogen derived from the decomposing food which remains between the gum and the tooth, upon the lead of the blood or extra-vascular fluids of the gum, thus forming the sulphide of lead.

Now, why does the water we drink become impregnated with lead in Sheffield? We know that the water has to pass through a leaden pipe from the main to the house, and we take it for granted that during its passage it takes up lead from the pipe. Ordinarily water contains a quantity of air, which acts upon the lead it comes in contact with, converting it into the oxide of lead, which is partly soluble, and is carried off by the stream. Now, water not only contains oxygen, but carbonic acid also, which, coming in contact with lead, forms the oxycarbonate which is precipitated, and deposits an incrustation on the inner surface of the pipe—a protecting and almost insoluble incrustation, which effectually prevents the water from acting further upon the lead and carrying it off as the oxide, so that the old pipes are better—not so poisonous—as new ones. These are the changes that take place when water contains nothing but air and carbonic acid, but we know that it nearly always contains salts as well. Water which has been contaminated by sewage is especi-

ally dangerous, as it contains nitrites, nitrates, and chlorides, which dissolve the lead; and that which contains lime-salts, as the phosphates, carbonates, and sulphates, tends to produce a protecting deposit on the interior of the pipe; so we see that contamination by organic matter is very dangerous. Vegetable matter, such as peat, is exceedingly dangerous, and is apt to form the deleterious compounds I have mentioned.

Let us now for a moment consider what becomes of the poison which is continually being drunk by many of us in small doses day by day and year by year, and how it acts upon some of the organs and tissues of the body. It has been found deposited in the kidneys, liver, spleen, heart, lungs, brain, spinal cord, muscles, and bones. How it acts upon the different organs and tissues we do not know, although theories have been promulgated; but this we do know, that certain post-mortem appearances have been met with, time after time, showing the effect of the poison. Muscles have been found atrophied until but little else has been left but their fibrous tissues, with occasionally hyperplasia of the latter.

I believe that drinking-water containing small quantities of lead has ultimately a most disastrous effect upon the health of the public at large; giving rise to symptoms which at first are trivial and slight, but which later on become serious. I believe that it tends to produce retraction of the gums; early decay of the teeth, so prevalent in Sheffield; imperfect assimilation in stomach and bowels (owing to a diseased state of mucous membrane), with the consequent general anæmia, constipation, derangements of uterine tract, diseases of kidneys, serious affections of brain and nervous system generally, giving rise to symptoms at first slight —such as slight impairment of mental powers and general aches, and later on to symptoms pointing to more serious cerebral changes, and paralyses of different kinds.

There is a tendency in us all naturally to walk through the world, if we believe that the water generally drunk is good, never looking for disease produced by impurities in that water; but if once our attention is directed to that subject, it is astonishing how often cases turn up demonstrating that impurity.

Now we might ask what ought to be done to prevent this. As a temporary and home remedy I would suggest the desirability of using carbon filters, which deprive the water of its lead and, it is said, of its acidity—the addition of a small quantity of calcium carbonate would be useful. As a remedy at the fountain-head, the advisability of using calcium carbonate to counteract the acidity, or of charcoal, or of both, might be considered by those who, no doubt, are extremely anxious that the water should be as pure as possible. Either of these could be utilized at the reservoir. Might not the leaden pipes have an internal layer of some material not easily affected by acids or salts? is another question which has often occurred to me. These are only crude suggestions of mine, which I simply put forward for consideration.

Poisoning by Sulphuretted Hydrogen.

A communication has been made to the Académie des Sciences by MM. Brouardel and Love on the symptoms induced by the inhalation of dilute sulphuretted hydrogen (*La France Médicale*, September 5). The experiments were made on tracheotomized dogs. When these animals were supplied with an atmosphere composed of two litres of sulphuretted hydrogen in 100 litres of air, death ensued in two or three minutes. The pupil was noticed to dilate five to eight seconds after the commencement of the inhalation, and the eyeballs became prominent. The pupil did not react to light. The vessels of the ocular fundus were much dilated. The cornea became quite insensitive; the skin could be stimulated without causing any reaction. Twenty seconds after the beginning of the experiment galvanization of the sciatic nerve by a powerful current did not give rise to muscular movements. In brief, there was disappearance of all reflex actions. After a little struggling the muscles became rigid, so that all the limbs were in a condition of forced extension, and the thorax was in a position of expiration. The contracture disappeared when the respiratory movements ceased. The urine and fæcal matters were forcibly expelled. After a few seconds the respiration became slowed, and afterwards convulsive, as the animal began to struggle. In twenty to twenty-five seconds the respiratory movements completely ceased. If the animal be anæsthetized by chloroform the convulsive respirations are not observed. The respiratory rhythm is at first slowed, then accelerated, and gradually diminished in amplitude, and respiration ceases altogether in thirty to thirty-five seconds. If both vagi be cut before the inhalation is commenced, the phenomena are said not to be altered, and the respiratory changes do not take place earlier or later. The number

of cardiac beats is diminished; there may be four instead of fifteen beats every five seconds. This infrequency does not persist, for the rate becomes normal again at the end of the first minute. The heart, though slowed, beats very strongly. The authors believe that the action of the gas on the centripetal nerves of the heart is the cause of the alteration in the cardiac rhythm. The heart does not die until respiration has ceased for two minutes. The auricles may be seen to beat for an hour after the thorax has been opened. The blood-pressure is first raised, then lowered. Excitation of the peripheral end of the vagus causes slowing of the heart all through the experiment. Galvanization of the sciatic nerve after twenty seconds have elapsed does not modify the blood-pressure. The blood coagulates rapidly, and in thin layers has a violet tint. The arterial blood analyzed after the arrest of the heart's action is said to contain enough oxygen to support life. When a mixture of half a litre of sulphuretted hydrogen in 100 litres of air was inhaled, death followed in from seventeen to fifty minutes. The ocular phenomena were the same as with the larger dose. The cornea, at first insensitive, becomes sensitive as the respiratory movements reappear. Contracture of the limbs is noticed fifteen seconds after the commencement of the experiment, but it disappears on the return of respiration, though it may recur several times. The respiratory movements are at first ample, then slowly cease, and disappear at the end of thirty seconds. One minute later powerful respiratory movements are observed. The inspirations gradually increase in amplitude, whilst the respiratory rhythm gradually diminishes till death. The respiratory capacity of the arterial blood is diminished. The urine often distends the bladder, and may contain both albumen and sugar. The muscles are said to respond to electricity after death, and excitation of the motor nerves is also efficacious. The authors regard the death from the stronger dose as due to the influence of the gas on the nervous centres alone, whilst in the weaker doses the nervous phenomena are complicated by those of asphyxia. These observers promise to treat of the medico-legal aspects of the subject in a future paper.

Deafness in Bright's Disease.

Dr. J. Walker Downie thus writes in the *Glasgow Med. Jour.*, December 1885:

Amongst cases of interest, alike to the aural specialist and the general physician, which I have been called upon to treat within the last twelve months, was one of deafness in a patient suffering from Bright's disease.

I am the more constrained to bring this case before the readers of the *Journal*, as in referring to works specially bearing on diseases of the kidneys, auditory disturbances I find to be all but unnoticed.

On December 4, 1884, I was requested by a medical friend to see a patient of his. The patient, a warehouseman, aged 27, and married, was suffering from chronic nephritis, and on account of the swelling of his lower extremities had been confined to bed almost constantly during the two previous months. Two days before date he had been seized with sudden deafness, of which the following are the particulars, with subsequent progress:

Before December 2 his hearing was good. During the night of the 2d he was prevented from sleeping by a constant and severe pain in the right ear, which, however, did not affect his hearing. To get relief from the pain, patient had a few drops of warmed whisky and laudanum placed in the meatus several times during the night, with but slight benefit. In the morning the pain had gone, but he found himself to be completely deaf in the right ear.

It was then I saw him for the first time. On testing his hearing power with watch, the tick of which in normal hearing is audible at fifty inches, I found hearing on left side normal, while on the affected side the tick was not heard even on firm contact. Examination, with aid of speculum, showed nothing abnormal, and with careful use of Eustachian catheter the tympanum was readily inflated, but without improvement in hearing power.

The condition of his ear remained unaltered till the 16th of same month, when there was a slight return of pain in the right ear, and his left became similarly painful—"an aching pain deep in the ear"—and on the following morning he found he was equally deaf in both.

With watch, even in contact, he could hear with neither ear. Vibrating tuning fork applied to cranial bones, as also to the teeth, was not heard; but on shouting loudly to him he could make out some words indistinctly. Questions had to be put in writing.

On both sides the meatus and membrana tympani were normal in appearance, and both Eustachian tubes were permeable. He continued, to all intents and purposes, absolutely deaf till 29th of same month, when he was able to hear a little with the left, and

on 31st with the right, and in two days more his hearing was completely restored.

Desquamative Prostatitis with Hyaline Casts.

Before the Clinical Society of London (January 8), Sir Andrew Clark related a case of acute prostatitis, with discharge of hyaline cylinders resembling renal cylinders, seen by Sir James Paget and himself. The chief interest lay in the circumstance that during the whole course of the case there were found in the urine hyaline cylinders and small flask-shaped hyaline masses, which in some instances were connected with the cylinders. The patient recovered by resolution. It is nearly seven years since the date of the attack, and the patient, a medical man, has remained quite well. Sir Andrew Clark alluded to two other cases, also of medical men, which had come under his personal observation. They might be mere curiosities of medical experience, but as no reference to the discharge of hyaline casts in prostatitis could be found in standard works or special monographs, he thought the case of sufficient importance to be brought to the notice of the Society.

Mr. T. Bryant considered that the observation was one which merited careful attention. He asked in what way the casts could be distinguished from those of renal origin,

Professor Greenfield had met with four cases in which the urine contained concretions having somewhat the characters of corpora amylacea; the cases occurred in two girls and one young woman, and in one boy seven years of age. The concretions appeared intermittently. In one case he found the concretions in large numbers in the kidney after death; they stained deeply with carmine and magenta, and some with iodine. He mentioned these cases, not as of the same nature as Sir Andrew Clark's, but as worthy, like his, of further investigation.

Dr. J. G. Glover asked whether the patient had previously had a well-defined attack of gout.

Sir Andrew Clark replied in the negative to the last speaker. The characters of the casts were such as existed in the urine of cases of acute nephritis or acute congestion. A most important diagnostic point was the presence of flask-like bodies attached to the hyaline cylinders. The presence of prostatic trouble, and the fact that it was a healthy urine with the addition of a little albumen, were the conditions that favored the diagnosis of the prostatic origin of the hyaline casts. In two other medical men he had had illustrations of the same thing, but in neither of these was the disease so acute. The flask-like bodies were probably moulds of the follicles of the prostate. In the urine of women he always found a large quantity of mucus and veritable starch-granules, which were probably derived from the violet powder of the toilet.

Menstruation During Typhoid Fever.

Dr. E. Barthel, of St. Petersburg, *Deutsche Archives für klinische Medizin*, publishes a treatise on "The Retention of Menstruation and the Frequency of Pseudo-menstruation in Different Forms of Typhoid." This is a questson concerning which the authorities either omit altogether or discuss, at least some of them, in an unfavorable manner. On account of this uncertainty, the doctor endeavored to secure the necessary data from the patients in his department in Oubuchow Hospital. He did this partly through questions, partly through special examination. His material included 112 female typhoid patients.

From the information obtained, he made the following statements:

1. If the menstruation was expected during the first five days of the disease, it appeared at the proper time.

2. If the time for the menstruation fell between the end of the first and end of the second week, then it came about two times out of three. In abdominal typhoid it was absent oftener than present.

3. If the time for the menstruation to occur was after the second week, then the menstruation generally remained absent during the sickness.

4. If the time for a second or third menstruation occurred in the course of the disease, then he generally found amenorrhœa.

5. The amount of blood lost and the continuance of the same was scarcely varied by the disease.

6. Non-menstrual hemorrhage from the genitals occurred very seldom—about 3½ per cent. of the cases.

7. In some cases where the disease began during the menstruation, this ran its usual course, with the exception of one case.

8. The course of the disease never caused the commencement of the menstruation.

a. In those girls who had not yet obtained their development, who had either not menstruated at all, or only one or two times.

b. In old women who had ceased to menstruate.

c. In women who had suffered a longer or shorter time from amenorrhœa.

d. In women who had nursed shortly before or until their entrance into the hospital.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——*Shoppell's Modern Houses* is the title of a new quarterly devoted to domestic architecture, published by the Coöperative Building Plan Association, 24 Beekman street, New York city. Price, $3.00 a year, or $1.00 a number. It is profusedly illustrated, and contains numerous useful plans suited to those contemplating building.

——The Pathological Society of Philadelphia now issue a semi-monthly publication with a report of their proceedings. The editor is Dr. E. O. Shakespeare, 1336 Spruce street, Philadelphia.

——Every one interested in gardening or farming should write for a copy of the admirable seed catalogue published by Henry A. Dreer, 714 Chestnut street, Philadelphia. It will be mailed free on mentioning the name of this journal. The firm is one which we unhesitatingly recommend.

——A neat reprint by Dr. George P. Andrews, of Detroit, Michigan, on "Puerperal Pyrexia," describes in considerable detail the various morbid processes accompanied by this symptom. It is a careful study of the subject.

——The subject of the post-mortem imbibition of poisons has a great deal of importance in certain medico-legal investigations, and a recent article upon it by Dr. George F. Miller, in the *American Naturalist* for February, deserves attentive reading by those who would acquaint themselves with the facts in reference to it.

——Dr. Meigs Case, of New York city, sends a reprint of a late article on spinal disease and spinal curvature.

——In a late brochure, Dr. W. R. Chittick recommends the treatment of certain cases of serious vomiting by large doses of oxalate of cerium.

——Dr. E. C. Morgan, of Washington, D. C., forwards reprints on submucous laryngeal hemorrhage, and on the value of the snare in performing uvulotomy.

BOOK NOTICES.

Local Anæsthesia in General Medicine and Surgery. By J. Leonard Corning, M. D., etc. Cloth, 8vo., pp. 102. New York, D. Appleton & Co.

The title of this book is wider than the subject matter. The theme with which it deals is strictly the method of anæsthesia by means of cocaine, and the devices of rendering this more effective by causing a temporary venous stasis in the circulation of the part, and by raising the temperature to the degree of warmth of the blood. These ingenious plans were first suggested by the author, and they certainly add much to the effectiveness of the drug.

Guide to the Examination of the Urine. By Drs. Hoffmann and Ultzmann. Translated by F. Forcheimer, M. D. Second edition. Cloth, pp. 251. Price $1.50. Woodruff, Cox & Co., Cincinnati, 1886.

This second edition has undergone a careful revision at the hands of the translator, and a quite complete index has been added, rendering it much handier as a work of reference. The comparatively rapid sale of the first edition speaks well for the suitability of the work to the wants of the practicing physician.

The Diagnosis and Treatment of Diseases of the Ear. By Oren D. Pomeroy, M. D., etc. Illustrated. Cloth, 8vo., pp. 412. New York. D. Appleton & Co., 1886.

In this manual of convenient size the author has aimed to tell everything about the management of diseases of the ear which the general practitioner should be acquainted with. By omitting the chapters on the anatomy and physiology of the organ usually found in such monographs, he leaves himself space to go into fuller details in reference to its maladies and their treatment. He is especially full on the important subject of instruments used to improve audition, and in operations on the part. This second edition has been carefully revised, and a number of pages, as well as some illustrations, have been added, so as to render the volume an accurate representative of the science of aural surgery as it exists to-day.

——On the occasion of the tercentenary festival of the University of Heidelberg, a large gold medal was founded for contribution to the scientific knowledge of the human eye. It has been awarded to Professor Helmholtz, of Berlin, for his discovery of the ophthalmoscope.

THE

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CONCEALING THE TASTE OF QUININE.

Probably as long as the valuable therapeutical effects of quinine are known to the profession, ways and means have been tried to correct the bitter taste of this drug, especially as its intense bitterness greatly lessens the usefulness of the remedy. It almost is impossible to administer quinine to children in any other way but in the form of pills; but no matter how well prepared; they have the serious drawback of often passing through the alimentary canal undigested; the quinine simply makes a passage through the intestines, but exerts no influence. To be sure, the drug may be employed in the form of a clysma, but first its dose has then to be augmented, and besides, its effect when thus introduced into the human organism is always precarious and not seldom nihil.

The compound elixir of taraxacum, in vogue for the last ten years, conceals the bitter taste of quinine to a great extent, provided the latter drug be mixed with the elixir immediately before its being administered, otherwise the disagreeable taste remains. Liquorice also has a good effect, and answers the same purpose as the elixir. But recently Professor Hugo Engel discovered a method which really promises to be of great value. The doctor had been in the habit of prescribing in the moist stage of bronchitis equal parts of muriate of ammonia and powdered extract of glycyrrhiza, which is besides probably the only remedy which will give relief to those patients who have a great deal of trouble, mainly in the mornings, ere they can expectorate the hardened round piece of scab and mucus, which, in consequence of a slight ulceration, is apt to accumulate in cases of chronic catarrh of the posterior nares. One to two teaspoonfuls of the compound, largely diluted with water, and taken three times daily, generally establishes a cure of this annoying complaint within three or four days, while a great improvement sets in the first twenty-four hours.

About a month ago Dr. Engel, while again prescribing this powder to fulfil a special indication in the case, added four grains of quinine to each forty grains of the powder. He told the patient, who had previously taken the powder alone, of the bitter taste he had to expect, and was not a little surprised when the patient informed him that he detected no such taste whatever. Since then, Dr. Engel has tried the same combination in a number of cases, and also induced some colleagues to make use of it, and all agree that it is the best method yet discovered to conceal the bitter taste of qui-

nine. Children usually like liquorice, and as a small dose of muriate of ammonia probably never can do harm when quinine is indicated, we possess now the means of administering quinine to young children without the trouble formerly connected with this remedy. The following combination seems to be the best for the purpose:

℞. Quiniæ sulphatis,
Ammoniæ muriatis, āā gr. j.
Pulv. extracti glycerrhizæ, gr. iv.
M.—Ft. pulvis. S.

In the same proportion, larger doses may be given, but it does not seem to be necessary to take more than ten grains each of powdered extract of licorice-root and muriate of ammonia to ten grains of quinine, so that probably after a certain quantity of quinine that of licorice need not be increased in the same ratio as has to be the case with smaller doses.

Persons with a sensitive palate, about two minutes after they have taken this compound quinine-powder, have a slightly bitter taste, which, however, soon ceases. In children it is besides the main point to conceal the taste of the drug at the time they are taking it, so that if greater experience should demonstrate the fact that a few minutes after the dose has been swallowed a bitter taste appears, we still would have gained a valuable addition to our corrigents.

We hope that some of our readers will try the combination and report the result. It is scarcely necessary to add that the muriate of ammonia and the powdered extract of licorice-root must be finely powdered and intimately mixed, and kept in a dry and warm place. There should also first be added only a little water, the same as we do in the case of flour when we wish to make a paste, otherwise the licorice swims in the form of little balls in the water, and is then difficult to dissolve. As soon as the whole—the muriate of ammonia, the powdered extract of licorice-root, the quinine, and the water—forms a homogeneous mass of syrup-like consistence, the remainder of the water, about half a tumblerful for 20 grains of the muriate of ammonia—otherwise the latter may cause griping—may be added.

ÆTIOLOGY OF INFECTIOUS VULVO-VAGINITIS OF CHILDHOOD.

Every now and then the practitioner is confronted by an angry mother, who has by the arm a frightened female child, say from two to twelve years of age, and who has at her tongue's end stories of rape and subsequent bad diseases. The practitioner immediately finds himself in a very uncomfortable position, and visions of tedious law suits and witness fees flit before him. Nothing so clears a case up as a thorough knowledge of its ætiology. Dr. J. Cséri, of Buda-Pesth, in the *Wiener Medizinische Wochenschrift*, xxxv., 1885, discusses the above subject. He says that he was induced to publish his observations through the remarkable production of Dr. E. Fränkel, which may be found in Schmidt's Jahrbucher, ccvi., p. 46.

It is generally known that one meets with a catarrhal, a croupo-diphtheritic, and a gangrenous kolpitis. The observations of Cséri have to do only with the first form—the catarrhal. In this the vagina and vaginal entrance are mostly reddened, swollen, and sensitive, and give off a secretion which is of a thick or thin fluid nature, generally free from odor. In acute cases the affection makes itself known by burning or itching. The etiological factors, which until now have been accepted, viz., external irritation, acute eruptions, scrofula, etc., are not sufficient to account for the frequent epidemic appearance of this disease. It is much more probable that a micro-organism plays an important role in this disease. Since 1883 the doctor has examined 26 cases. The children were from two to ten years of age, and were in the Children's Hospital suffering from chronic diseases. He had observed five cases in his private practice. In all cases, he found by a method which is original with himself, a 0.4–0.6 H sized coccus, which formed diplococci appearing in more or less large masses, but no chains. For the most part, as was also observed by Fränkel, he found that this coccus was attached to cells with more eccentric granulations. It resembled, in morphological relation, the gonococcus of Neisser.

In regard to the question, which is of no little importance, is the vulvo-vaginitis identical with the blennorrhœa or not, Fränkel determined in the negative. Cséri, however, thought that the arguments in favor of this decision were not sufficient, and thought, after his examination, that the identity of the kolpitis with the blennorrhœa was beyond a doubt. The clinical observations which he made were also in favor of this decision.

Seven cases were observed in the Children's Hospital at Buda-Pesth, in which more or less severe cases of conjunctival blennorrhœa resulted from a vulvo-vaginitis. Bókaisen, Hirschfeld, and Pott, also report such cases.

As the result of his examinations, the author came to the following conclusions: The vulvo-vaginal catarrh is decidedly infectious. How much it is like the exanthemata in its mode of onset must be determined by further examinations. Although it has not yet been demonstrated by pure culture that the vulvo-vaginitis is identical with the blennorrhœa, yet from clinical observation it is so proven, and also that it will infect the eye. Plain indications for prophylaxis and therapy are given by these facts.

Notes and Comments.

Compression of the Brain.

After Huegenin had finally settled the point that conimotio cerebri is not caused by a concussion of the particles of the brain tissue, but by vascular paralysis, in consequence of which arterial anæmia and venous hyperæmia accompanied by capillary hemorrhages develop, v. Bergmann, the successor of Langenbeck at the University of Berlin, has taken up the subject of compression of the brain (*Arch. f. klin. Chir.*, xxxv., p. 705).

The brain can be pressed like a sponge, *i. e.*, its fluid contents can be pressed out, but cannot be compressed. B. believes that in consequence of abnormally increased tension of the cerebro-spinal fluid, an acute general anæmia of the brain develops. He succeeded in the case of a child, 15 months old, which suffered from a meningocele, in demonstrating the tension of the cerebro-spinal fluid. By crying as well as by pressure upon the fontanelle, he was able to show manometrically the increase of pressure, and to induce such a tension of the cerebro-spinal fluid that the typical group of symptoms belonging to compression of the brain, as sopor, coma, diminution in the frequency of the pulse, and artificial pressure, set in. That the experiments tried with the same view on rabbits by various authors, had no results, B. explains by the fact that the liquor cerebro-spinalis in rabbits is too small in quantity ever to give rise to compression of the brain. Besides, Cramer has proved by his investigations that any alteration in the tension of this fluid at once causes a change in the venous circulation. In consequence therefore of an injury, the tension of this fluid is increased in the same manner as B. produced by pressure on the fontanelle; this augmented tension first causes disturbance of circulation, the latter becoming difficult, and being impeded or totally obstructed for the time being, and afterwards the nervous centres are deprived of their nutrition, and their functions cease, while the increased tension, *i. e.*, the compression, lasts.

Ovarian Epilepsy.

That many cases of epilepsy are reflex from ovarian disease we full well know, and that they can be cured by appropriate treatment is equally true. This treatment Dr. C. D. Palmer thus gives in the *Cinn. Med. and Dent. Jour.* for February. After describing a case, he says:

"We will treat this girl by keeping the bowels open daily with mild laxatives, regulating her diet, and giving abundance of nutritious food. She should by no means be allowed to remain idle. She needs both mental and physical exercise. She wants to have enough to do to keep her occupied and out of mischief, and not too much to overtax her. There should be a freedom from excitement.

"The bromides should be given three times a day in ordinary doses, at what appears now to be the ovarian molimen.

"In this case I will also apply the blister over either ovary, one at a time, anticipating the would-be attacks. I will not prescribe any iron, although she is anæmic, because the ferruginous tonics in epilepsy, probably, tend to excite reflex action. The time may come in the future when iron will do good.

"Avoid the use of emmenagogues; their effects are pernicious. It is in just such cases as this that mothers often resort to hip-baths, hellebore, savin, rue, etc. This treatment is highly injurious. It is exceedingly important that this girl be looked after regularly and faithfully, and, if possible, that these attacks be broken up now. Otherwise, as they increase in number they gain force, and become provoked from causes less and less disturbing.

"December, 1885. Patient, since receiving above treatment, has passed over three months without any return of the convulsions. The prognosis, then, in this case is very favorable to cure; but the treatment should be continued for a year or two, although not a single fit recurs."

Chylothorax.

Dr. Kirchner reports in the *Arch. f. Klin. Chirurg.*, xxxii., p. 156, the following interesting case:

In consequence of an accident a young girl, æt. 9, was thrown against a brick wall and the right side of her chest was violently

compressed. Within three weeks chylothorax in a high degree—containing over two quarts of chyle—developed in the patient, who had previously enjoyed the best of health. Thoracentesis was performed, and though almost the same quantity of chyle again accumulated, a few weeks later a perfect cure was established, and at the time of the report, four months after the accident, the presence of any fluid in the chest could not be demonstrated. The patient had all the symptoms of a one-sided hydrothorax, and just over the third rib anteriorly there was severe localized pain and soreness. No emaciation set in, and, to be sure, the physical sign of pleurisy as concerns friction-sound was absent. To judge from other reported cases, K. believes that the thoracic duct was injured by contre-coup somewhere between the fourth and tenth dorsal vertebræ, and that the parietal pleura must necessarily also have been ruptured. The lesion probably was only a tear, or the patient possessed a double thoracic duct, an anomaly by no means rare, for otherwise the patient would have greatly emaciated. The examination of the fluid taken from the chest left no doubt of its being chyle.

In addition to his own case, K. mentions 17 others from literature, where a rupture of the thoracic duct occurred. The cause of the rupture seems always to be some accident. In one case of Beegehold, the cervical part of the duct had been injured in consequence of an operation.

The Increase of Blind and Deaf and Dumb Persons, Idiots, and Cretins in Italy.

The following facts are gleaned from the *Ann. di Statistica*, of Rome, and the *Ann. Universal*, of Genoa.

In the Italian census of the years 1861, 1871, 1881, statistics were gathered concerning the number of persons who suffered from the above infirmities. There were found to be 100,000 inhabitants in Italy. From these we find the following:

Year.	Blind.			Deaf & Dumb.			Idiots.		
	Male.....	Female.....	Average.....	Male.....	Female.....	Average.....	Male.....	Female.....	Average.....
1861.	108	82	95	96	66	81	—	—	—
1871.	118	91	106	86	61	74	80	48	65
1881.	85	67	76	61	46	54	81	57	69

It is noticeable that the males suffer in larger numbers from all three of these infirmities than the females. This is also found the case in other countries.

The greatest numbers of blind were found in Calabria (the southern part), Sicily, and Sardinia, 10.6, 21.4, and 10.4 respectively, per 10,000 inhabitants. In these the greatest number of the inhabitants have dark eyes, viz., 80 per cent., 100 per cent., and 98 per cent. This testifies in favor of the assertion of Dr. G. May, that dark eyes are more inclined to blindness than light.

The most deaf and dumb were in Lombardy. In this province and Piedmont the most idiots and cretins were found. This goes to show that in Italy, as well as other countries, the mountainous sections produce more suffering from these infirmities than the level countries.

Leucorrhœal Discharges from Roller-Skating.

Dr. Von Klein writes thus to the *Boston Med. and Surg. Jour.*:

"Mrs. L. consulted me about two of her little girls, Anna, aged ten, and Eva, aged twelve years. The mother called my attention to a leucorrhœal discharge which she lately observed on their clothing. An examination of the parts verified the mother's statement. I told her I could not account for it, as I had already seen it in children younger than hers, but the lady, who is of rather extraordinary intelligence, advanced a theory that their recent excessive indulgence in roller-skating brought on their affliction. Certainly, I partly coincided with her sentiments. When she returned home and spoke to other ladies about the matter, it brought out the fact that there were many others afflicted in the same way. In fact, I examined nine children in forty-eight hours, whom I found affected with leucorrhœa. These children were all roller-skaters, from nine to sixteen years of age. Their mothers steadfastly maintained that they were not afflicted before they commenced the so-called exercise. I have reason to believe that the practice of roller-skating exercise is injurious to young females, by reason of excessive movements of the lower extremities, especially of the pelvic organs, including the walls of the vagina. I trust the profession everywhere will record cases of this nature that may come under their observation, which will, I am sure, reveal many valuable pathological changes caused by the exercise of roller-skating."

Abortive Treatment of Syphilis.

More than once the opinion has been expressed that by extirpation of the indurated

primary sore we would be able to prevent the constitutional infection, while others contended that the affection of the organism has already taken place when the induration of the virulent chancre develops. To determine this question, Dr. J. Neumann has instituted a series of experiments, and published their results in the *Wiener Med. Blatter*, 1886, 2:

In ten patients he extirpated the primary induration, and in three of them the swollen inguinal glands were also removed. The effect was in all cases a negative one, for the constitutional infection was not only not prevented, but also not postponed, it appearing in each case within about two months; if anything, therefore, earlier than we observe in most cases. In the cases of extirpation of the inguinal glands, the buboes had already been in existence for four weeks, so that these cases would probably not be a correct test; but in the others no bubo had as yet set in, and the whole of the indurated primary sore, and some healthy tissue surrounding it, had been carefully removed. These researches simply prove that we do not yet possess any means by which to prevent constitutional lues, though we can surely influence its course by an early anti-luetic treatment, commenced as soon as we detect the induration, and pushed to its complete disappearance.

More about Cocaine.

Dr. George C. Catlett thus writes of it in the *Journal American Medical Association*, February 6, 1886:

1. It is an agent possessed of great potency. It acts primarily with great power and celerity upon the cerebral and spinal nervous system, and secondarily upon the heart and vascular system.

2. From its potency and rapidity of action it is liable to initiate organic lesions and functional disturbances which are uncontrollable. It is not uniform in its action, and therefore is an uncertain agent.

3. Its effects are too transient and unstable to become a reliable and efficient remedy in constitutional or organic diseases. The aphrodisiac effects attributed to it have not been observed, neither have the intense nausea and inability to vomit been observed. Its permanent beneficial effects in melancholia and allied affections are not established facts, in the writer's opinion.

4. As it is an agent of great potency, and as it is under trial to determine its limits of usefulness and danger, it should be prescribed with increasing precaution and discretion.

Poisoning from Quinine.

From the *Canadian Pharmaceutical Jour.*, for February, we learn that a case of poisoning by quinine sulphate is reported from France. A soldier requiring a purgative asked for a dose at the dispensary. The soldier in charge gave him a little mugful of what he thought was solution of sodium sulphate, and also took a like dose himself. The solution was that of quinine sulphate, and the quantity taken by each man was equal to about 180 grains of the salt. About half an hour after, symptoms of poisoning set in, the most marked features being a lowering of temperature and depression of the heart's action, with neither nervous excitement nor convulsive movements. The sensation of buzzing in the ears was, of course, strongly felt. The treatment consisted in the administration of emetics, followed, after vomiting, by strong coffee. One of the men died in a fainting fit, which occurred about two hours after the quinine was taken. His comrade survived, and in a week or two was ready for duty.

Epileptic Fits Sequelæ to Acute Rheumatism, and Cured by a Second Attack.

Dr. Hunt brought to the Sheffield Medico-Chirurgical Society the notes of this very interesting case. A young man, æt. 22, an accountant by profession, always in good health, had an attack of acute rheumatism in April, 1881. For this he was treated with the salicylate with excellent effect as regards the rheumatic fever, from which he made a good recovery. Subsequently he suffered from severe and constant pain in the head. In the following June he had the first epileptic fit. These seizures steadily increased both in frequency and severity, recurring twice and three times a week. His mental powers became affected, and he was incapacitated from attending to business. This state of affairs continued down to July, 1885, when he had another very severe attack of rheumatic fever, from which he made an excellent recovery, and with the unlooked-for and fortunate result of a complete disappearance of the fits and restoration to a perfect state of health.

Jaborandi in Bright's Disease.

We know that this drug will rapidly relieve the œdematous collection of this dis-

ease, but now, in the *Atlanta M. and S. Jour.* for February, Dr. F. H. O'Brien tells us that he feels confident that jaborandi must act in some special manner upon the kidneys, assisting nature to free the tubes when they are obstructed with epithelial or fibrous debris. He would, of course, use other remedies in conjunction with the jaborandi mixture, if indicated, such as specific tonics, purgatives, etc.

He feels that jaborandi is entitled to the credit of possessing the power of bringing about, from its continued use, favorable results, and that Bright's disease is curable, in the same sense in which we apply the word cure to any other disease in which organic changes have taken place, or, in other words, a cure would consist in assisting nature to stop a morbid process, throwing off effete material, and placing a barrier between diseased and healthy structure.

Arthritis, arising from Peripheral Nerve Lesions.

Dr. J. McArdle reports several cases in the *Dublin Journal Medical Science*, November, 1885, from which he formulates the following conclusions:

1. The lesions followed partial rather than complete nerve destruction.
2. In traumatic cases the symptoms appeared at the period of cicatrization.
3. The arthritis (unless arising from irritation of pelvic or abdominal viscera) was for a long time unilateral.
4. The symptoms resembled those of the affections styled scarlatinal, alcoholic, and rheumatic arthritis.
5. They were usually accompanied by chorea herpes neuritis, with which they ran a parallel course.
6. When the nerve irritation is removed, a rapid disappearance of pain takes place, and gradual restoration of the joint function sets in.

A Case of Persistent Menstruation in a Lady Seventy Years of Age.

To the New York Obstetrical Society, December 15, 1885, Dr. T. Addis Emmet reported the case of a lady of seventy, whom he had known for several years. She had menstruated regularly every month since the age of sixteen, except when she was pregnant, and during a certain interval after she had reached the age of forty-five or fifty. Her daughter, who was aged fifty, also had a regular monthly flow. The mother was, as far as he knew, in perfect health, and had been a widow for thirty years. He regarded the case as a very unusual one.

Belladonna in Cholera Infantum.

Dr. Charles Chassaignac speaks most highly of this remedy in the *New Orleans M. and S. Jour.* for February, and concludes that while he does not wish to inculcate the belief that belladonna will cure every case of cholera infantum, he is convinced that future observations will prove it to be a remedy of great value in the treatment of a disease so terrible that every physician can but be delighted to possess an additional weapon with which to fight it.

Correspondence.

Two Cases of Membranous Croup Treated with Large Doses of Calomel.

Eds. Med. and Surg. Reporter:

On December 7, 1885, I was called to see a boy aged eleven years suffering with slight sore throat, for which I gave the ordinary remedies, and improvement was noticed until the 12th, when he took cold from exposure to draughts, and the disease, which was mild, developed into that most terrible of all diseases, membranous croup. Having treated a number of cases of this disease upon the plan laid down in the books with poor success, three-fourths of them dying, I concluded to try the calomel treatment in this poor unfortunate boy. On the 13th, the membrane was very firm, temperature 105°, pulse 140, respiration 40, breathing labored and heaving; cough sharp, ringing, and frequent; tongue coated, expression anxious, and every symptom that of a grave case of the disease. On the 12th and 13th he took five grains of calomel every three hours, and inhaled steam from tar, besides breathing the atmosphere that was loaded with steam from lime-water. I endeavored to have the room placed in the best hygienic condition possible, for I knew there was to be a bitter warfare for life. On the morning of the 14th the boy's every symptom was worse, and, in fact, he was almost smothered. At once I gave him twenty grains of calomel, and in half an hour twenty-five grains more. One hour after the first dose was taken, to my great pleasure I found the membrane was loosening and the cough and breathing improving.

The calomel was kept up in twenty-grain

doses every hour until four p. m., when he coughed up with great effort a piece of membrane about five or six inches long, and a complete mould of the trachea and one branch of the bronchi. Any amount of mucus was expectorated. Strange to say, with all this amount of calomel the bowels were acted upon only once, and that about 5 p. m. The patient passed a very comfortable night and continued in good condition until the evening of the 15th, when the membrane again commenced to form. On the morning of the 16th the boy was almost suffocated. I gave him now thirty grains every hour for five or six hours, and again found the little sufferer improving. In the afternoon complete moulds of membrane were brought up, and this raising continued until the 18th, by which time eight or nine complete moulds were raised, and any amount of shreds of membrane and mucus. During the intervals of severe oppression he took about five grains of calomel every four hours, and when the symptoms became more severe I gave him the large doses as frequently as the symptoms required.

At no time while he was taking these large doses of calomel did the action of the bowels amount to a diarrhœa, in fact part of the time there existed a constipated condition; all the power of the drug seemed to be used up in combating the effect of the disease, and to loosen the membrane large doses were required. At no time was an emetic employed, my reliance being upon calomel and steaming thoroughly the patient. The disease abated on the 18th, but the patient was left with a pneumonia involving the entire left lung, and the lower half of the right lung. The little fellow struggled through on the regulation treatment, but was left with complete anorexia; this in turn was combatted with rectal injections of milk and whisky every two hours, day and night. On the 3d day of January the temperature was 98.2°, pulse 80, respiration 20, air permeating both lungs, tongue clean and moist, bowels regular, expression good, and a favorable termination confidently looked for. About noon of this day he commenced to complain of severe frontal headache, and great restlessness during the afternoon. About 6.30 p. m. he wished to have his bowels moved, which accomplished, he asked to be put back in bed, and died almost instantly. What caused his death was and is a mystery to me. Was it heart-clot? If so, what, if anything, had the severe frontal headache to do with his sudden death? The treatment I am perfectly satisfied with in this case, but the result, I must say, was a shock and surprise to me.

Now I will take up the next case, which will not consume much of your time. The mother of the boy, aged 42 years, began on the 14th to complain of stiffness in the region of the throat, some difficulty in swallowing, hoarse voice, croupous breathing, elevated temperature, with slight deposit, noticeable on the tonsils. On the 16th, there was entire loss of voice, and all the symptoms increasing in severity. On the 18th, the temperature was 105°, respiration 40, pulse 150, cough ringing, and the membrane firmly adherent to the walls of the trachea and the bronchial tubes. She had been taking from five to ten grains of calomel every four hours for two or three days, and now the symptoms becoming so alarming, I increased the doses to thirty grains every four hours, when the membrane becoming detached was raised in distinct moulds, but not nearly as perfect as her son's. With the raising of the membrane the symptoms were ameliorated, but this was only of short duration. The morning of the 19th found her every symptom aggravated, and although I gave large doses of the calomel, it apparently had little or no effect. In the afternoon about 4 o'clock I was called, and found her almost suffocated; and succeeding in getting a large dose of tartar emetic down her, she vomited a solid piece of membrane from the upper part of the trachea and a large amount of mucus. I called my neighbor and friend, Dr. W. E. Doughty, to my assistance, with the object of performing tracheotomy if deemed advisable; but on account of the membrane being firmly fixed below where the tube should be inserted, the operation was not performed, and now all we could do amounted to nothing, and our patient died at 1 a. m. on the 20th, from complete asphyxia.

This was a most remarkable case, on account of the age of the patient. Dr. Gove Mitchell, forty years ago, said of this family that there was in the members of it when much sick a strong tendency to death, and this woman was always disposed to take her children's diseases. I do not think there can be any doubt but that the disease was true croup, on account of all the symptoms standing out in such bold relief. Having exposed my failures to the profession, I hope it may influence for good those who read the report. Still I believe that it is, in the present knowledge we possess, the best treatment extant. J. B. Carrell, M. D.

Hatboro. Pa.

A CORRECTION.

Short Intervals Between Labor.

Eds. Med. and Surg. Reporter:

In the issue of this journal of February 6, 1886, is a report from Dr. L. N. Davis of a case reported by me to the Randolph County (Ind.) Medical Society—a case of two confinements at term within a period of nine and one-half months. Dr. Davis is correct, but I was wrong. The case was reported verbally from memory, and I find on examining the records that the time is ten months and eleven days, instead of nine months. The time, when corrected, still being so short, I append a report of the case, asking that those who have found a shorter time between confinements at term will report.

March 9, 1883, called to see Mrs. C., a primipara. Found her in convulsions, and after the usual remedies for their control and much patience were exhausted, I succeeded, with the aid of Dr. H., in delivering her by use of forceps of a child apparently still-born. However, breathing was finally established, and it lived three hours.

A second still-born child followed the first in a few minutes. This was followed immediately by the placenta, and this in turn by convulsions that had seemed to be under control. We again resorted to morphia hypodermically, which finally controlled them. In all she had about fifteen convulsions, remained unconscious for two days, and delirious most of the time for two weeks. Albumen remained in the urine in considerable quantity for five months.

On January 20, 1884, I again delivered her of a healthy female child, seemingly at full term. Mother and child at this time both did well. This is ten calendar months and eleven days, or 317 days, from her first terrible experience—she again passed through the ordeal, but this time with comparatively great ease. I. N. Trent, M. D.

Losantville, Ind.

Ethylate of Sodium in Nævus.

Eds. Med. and Surg. Reporter:—

I see by the last Reporter that one of your readers is anxious to know something about the treatment of nævus with the ethylate of sodium. I have not had a very extensive experience with it, but sufficient, I think, to warrant me in recommending it very highly. As prepared by Wyeth & Brother, it is a pasty liquid of about the consistency of cream. The following is the manner in which it is used: Take a piece of adhesive plaster, cut a hole in the centre of it the size of the nævus. Apply this over the nævus. This serves to protect the sound skin and leaves the nævus exposed for treatment. Paint the nævus on two successive days with the sodium, using a camel's-hair brush. An eschar is formed, which comes off in two or three weeks, and the nævus is cured. The pain from the application of this remedy is not very great, and the result is entirely satisfactory.

Oscar Leedom, M. D.

Plymouth Meeting, Pa.

News and Miscellany.

The Naval Medical Society.

[Reported by Frederick Horner, M. D.]

The thirty-seventh meeting of the Society was held on Thursday evening, February 4, 1886, at 8 o'clock, in the library of the Museum of Hygiene, at the corner of Eighteenth and G streets, Washington city. This building, once known as the "Edward Everett House," was once the residence of Mr. Jefferson Davis while Secretary of War. The Museum is an appendage to the Bureau of Medicine and Surgery of the Navy Department.

The Society continues to hold monthly meetings. President, T. I. Turner, U. S. Navy, and H. G. Beyer, M. D., U. S. N., Secretary. The attendance, though comparatively small, is usually honored by the presence of Surgeon-General F. M. Gunnell; I. Miles Brown, Medical Director; A. L. Gihon, the eminent sanitarian; H. G. Beyer, microscopist; Chas. H. White, chemist; C. H. H. Hall, biologist, and James M. Flint, connected with the U. S. Fish Commission, all surgeons of the U. S. Navy.

The following instructive and practical papers have been read at the various meetings:

1. Report on a case of dilatation of the heart, with post-mortem, by Dr. Chas. H. White, U. S. N.

2. Case of colitius with anomalous symptoms post-mortem, by Dr. C. H. H. Hall, U. S. N.

3. Sydenham and Hahnemann, by Dr. F. B. Stephenson, U. S. N.

4. Case of typhlitis and partial constriction of the bowel, followed by perforation, peritonitis, and death, by Dr. Oliver Diehl, U. S. N.

5. Case of enteric fever with pathological specimens, by Dr. A. L. Gihon, U. S. N.

6. Annual address of the retiring President, by Dr. T. I. Turner, U. S. N.

7. Report on the discovery by Dr. Lustgarten of the specific micro-organisms of syphilis, by Dr. H. G. Beyer, U. S. N.

8. A plea in behalf of a naval hospital for inebriates, by Dr. Frederick Horner, U. S. N.

9. The uses and dangers of antipyretics, by Dr. H. G. Beyer, U. S. N.

These monthly reunions of the surgeons of the Navy of the active and retired list are of the most pleasant character, socially and professionally. It is to be regretted that the publication of the *Transactions* has been for some time suspended. The annual report of the Surgeon-General furnishes valuable data, embracing the official reports, statistical, medical, and surgical, of the surgeons of the various naval squadrons and hospitals. The hope may be indulged that in the near future the powers that be will accord to the Naval Medical Staff like privileges enjoyed by Naval Cadets, and will establish a Naval Medical School, such as the English and French have at Hasler and at Marseilles.

It may be added that the Museum of Hygiene extends a cordial reception to visitors. As stated in a former notice, Surgeon I. Miles Brown is Superintendent. The plan on which the Museum is conducted comprehends, as the late report published in the *Sanitary News* says, "the collection of material which shall illustrate the entire scope of sanitation, the delivery of lectures by prominent sanitarians, and the maintenance of a library which has now 7,300 volumes, including standard sanitary books in the English, German, and French languages, accessible by all who are studying the subject."

Mr. Glenn Brown, architect, is engaged at present in making experiments illustrative of sanitary engineering, conducted on the rear outside of the museum building, from the ground to the roof, a distance of fifty feet, with an observing station and outlets for the attachment of traps and fixtures. Here an exhaustive series of experiments is being carried on, showing the effects of siphonage, ventilation, etc., and to determine questions in dispute, and to furnish data where data is wanting in this important part of house planning, and when completed must prove a valuable contribution to sanitary science.

Beware of Bogus Dentists.

In the *Am. Agriculturist* C. P. Dewey says that the operation of pulling teeth is not ordinarily regarded as an "entertainment," either by the dentist or his victim. Yet it was made so by a "professor" in Reading, Pa., who was arrested there a few days ago. He called himself a painless tooth extractor, and had a brass band and a variety singer, who acted as a popular allurement, and hundreds of people were enticed into the operating establishment and there induced to part with their teeth, and then with their money, for worthless medicine and more worthless advice. There is a class of traveling and advertising dentists who go about the country and practice their art upon credulous people, in ignorance of its principles, whose sufferings in the end are only heightened by the mistaken means they have taken for relief. The art of dentistry has made a great advance within a few years, and what was once deemed impossible is now easily accomplished. It is probable that the time is not distant, when to draw a tooth because it aches will be regarded as absurd as to lop off a finger because it is painful. Teeth are treated and "doctored" with as much system and success as any other part of the organization, and are preserved to a good old age as assuredly as an eye or an ear. But they must be examined and inspected by a competent dentist every year or two, to discover whether there are signs of decay, and to remove the deposits of tartar which may threaten them. Such an examination is simple and cheap, and saves much pain and cost in the end. Of course, no one should neglect the daily habit of using a tooth-brush, by which means the clinging particles of food and the minor accretions that disfigure the teeth are removed. Nothing adds more to the good looks of man or woman than well regulated teeth, and nothing is more unbecoming than a mouth with bad, or broken, or discolored teeth, the relics and ruins of what might have been ornamental and useful. It is a very great comfort to possess good teeth to the end of life, and the comfort is worth paying for. If properly taken in hand early in life, and when the first indications of decay appear, the teeth may be usually made secure for all time.

Disinfection by the Salt-water Stove.

A year ago Prof. A. Dobroslawin, of St. Petersburg, published a preliminary communication on a portable disinfecting stove constructed by him, which acted through overheated air. The author obtained the high temperature simply by the use of solutions of common salt instead of plain water. To produce a higher temperature some different

salts may be employed. In 100 parts of water, 41.2 parts of common salt gave the boiling point at 108.4° C.; 61.5 parts of nitrate of ammonia gave it at 121.0°; 205.0 parts of carbonate of potash, 135.0°; 325.0 parts of chloride of calcium, 179.5°; 88.9 parts of chloride of calcium, 114.2°. The stove requires from 40 to 50 litres of the solution, and boils with a solution of common salt after two or three hours. After four hours' working it must be refilled. To prove the effect on micro-organisms, silk threads saturated with the spores of bacillus subtilis were submitted to the stove, and were completely killed, after remaining three or four hours in the stove, at 102° to 104° C. The price of the apparatus is 250 roubles ($125), to be procured through the St. Petersburg Metallfabrik.

Injections into the Lungs.

A discussion has recently taken place in the Medical Society of the Paris Hospitals, chiefly between M. Gougenheim and M. Dieulafoy, on the advantage of practicing antiseptic injections into the tissues of the lungs in cases of phthisis. M. Gougenheim had injected bichloride of mercury in thirty-three cases of advanced phthisis with considerable amelioration, the loss of flesh being retarded, and the râles as also the expectoration diminished. M. Dieulafoy, on the other hand, had, in 1881, practiced injections of glycerine of carbolic acid, coloring this with cochineal, by which means he was able to assure himself by inspection of the sputa that the antiseptic had entered a cavity. He found, however, that the patients suffered great pain from the injections, and that no beneficial effects followed, so that he soon abandoned this treatment.

Quackery and Its Punishment in Holland.

A Rotterdam jeweler, who has been for some time past carrying on the trade of "cancer curer," which he seems to have found much more profitable than that to which he was brought up, has found to his chagrin that the Dutch laws do not allow of the perfect freedom in the treatment of the human body, which is doubtless considered as an important part of the liberty of the subject by the whole confraternity of charlatans. Had his impostures been carried on in this country, it is questionable whether he could have been successfully prosecuted at all, and under the most favorable circumstances he would only have been compelled to disgorge a few dollars of his ill-gotten gains by way of a fine. The Dutch court, however, marked its sense of the gravity of offenses of this character by sending him to prison for fifteen days.

Dr. E. O. Shakespeare.

Dr. E. O. Shakespeare, who was appointed by the President of the United States a special commissioner to visit the cholera districts of Europe and investigate the disease, after performing his mission commendably, is expected to return to us within the next two weeks brimful of valuable information.

A movement is on foot, headed by Dr. Levis, Dr. M. S. French, and other prominent members of the County Medical Society, looking to giving Dr. Shakespeare a suitable and certainly well-merited reception. It is expected that distinguished national, state, and municipal officers will take part in this deserved reception of our distinguished commissioner. We look forward eagerly for the valuable information which Dr. Shakespeare will bring us.

To Suppress Pleuro-pneumonia.

The Berks County Agricultural Society has decided to ask Congress to make an appropriation of $500,000 to be used in the suppression of pleuro-pneumonia. They suggest that this fund be drawn upon by the Governors of the States in the reimbursement of persons whose cattle may be destroyed by authorized agents in the effort to arrest the progress of the disease, and that a set of rules relative to the eradication of pleuro-pneumonia be prepared by the National Department of Agriculture, to be observed in all the States. Senator Cameron and Congressman Ermentrout will be asked to press the bill to passage.

An Important Invention.

A very important invention, which will, as is said by some lighting engineers, completely revolutionize the present system of gas-lighting, has just been perfected by Dr. Auer in the chemical laboratory of the Vienna University. Briefly described, the invention may be said to consist in rendering a cotton wick incombustible by impregnating it with a metallic liquid. Thus treated, the wick, instead of burning, merely glows, emitting a radiance not unlike that of the electric light. The whole process is very simple, and the great advantage of the invention is that it may be applied to any gas-burner.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE THREE WEEKS ENDED FEBRUARY 6, 1886.

Bennet, P. H., assistant surgeon. Died at Detroit, Michigan, February 3, 1886.

Watkins, R. B., assistant surgeon. To proceed to Detroit, Michigan, for duty, February 3, 1886.

Puttus, W. J., assistant surgeon. Appointed an assistant surgeon February 5, 1886. Assigned to duty at New Orleans, Louisiana, February 6, 1886.

Liquid Glue.

The following directions for preparing a glue we have found to be good, and we therefore give it to our readers from the *New England Medical Monthly:*

Fill the vessel (glass) with the best broken up glue, and fill up with acetic acid. Keep it in hot water for a few hours until the glue is melted, and you will have a most excellent glue always ready.

Personal.

—Dr. G. Betton Massey has removed to 1706 Walnut street.

Items.

—The Société de Médecine de Paris has awarded the Dupare prize, value 1200 francs, to M. Dalché, interne of the Paris hospitals, for his treatise on ovaritis.

—Dr. Filechne, teacher of Pharmacology in the University of Erlangen, has accepted an invitation to the professorship of the same subject in the University of Breslau, in the room of the late Dr. Haeser.

—It is announced that the city of Amsterdam will send Dr. Saltet, of the hygienic laboratory, to Paris, to study M. Pasteur's methods of inoculation for rabies. The expenses will be paid by the municipal funds.

—The progress of pharmaceutical education in America is being marked by the Massachusetts College of Pharmacy, which is erecting a much finer and more convenient building than has ever before been used for such purposes in the United States.

—An old man in Stoughton, Mass., described as "stalwart, robust, and vigorous," has bathed every morning for years in a cold spring near his house. The baths were not omitted recently when the thermometer was 18° below zero. He says the custom cured him of catarrh, and is the panacea for all ills.

—"My poor man," said the doctor, "you are dangerously ill. Is there any word you want to send to your friends?" "Am I really so ill?" asked the sufferer. "Alas? I can offer you no hope." "Very well, then," said the sick man, "just telephone for another doctor."

—The lively interest in dogs just now (or perhaps we should say the mortal fear of them) will give point to the instructive pages by Hugh Dalziel, in the March *Harper's*, on "Dogs and their Management." Advice from so eminent an authority concerning the proper care and treatment of canine pets will receive careful attention. Especially valuable are the particulars in regard to distempers and madness.

—Mr. Snell urges Opplus' method of concealing the smell of iodoform. It consists of mixing one part of freshly ground coffee with two parts of iodoform. The result is most satisfactory, it being difficult to detect the presence of the iodoform, and the effect lasts for a very considerable portion of the time, *i. e.*, three weeks or a month. The coffee is also accredited with antiseptic qualities.

—Rhodomyces, according to Dr. Wettstein, is a fungus closely allied to oïdium albicans, but differs in the appearance of the conidophores, the modes of formation of the conidia, and especially in its unseptated hyphal branches. The fungus was found in the fluids ejected by patients suffering from pyrosis. It presents itself as a dense, delicate pink growth, containing enormous numbers of conidia.

—A Polish physician, wishing a patient to be dry-cupped in eighteen places, wrote the order with the figure "18" followed by the letter "b," to stand for the Polish word for cups. This again was followed by the word meaning "dry." The dresser, mistaking the "b" for "6," actually practiced 186 dry cuppings on the unfortunate patient. The Russian journal from which we learn this incident remarks that it is well that it was dry and not wet cupping that was ordered.

—Dr. Brenner, at a meeting of the St Louis Medical Association, stated that he had seen a man with a peculiar form of melancholia. He thought that he emitted a horrible stench, that every one smelled him, etc. He had lately seen a young married man with confirmed melancholia who imagined the same thing. He went to the police station and stated that he was a corpse undergoing decomposition, and wished to be taken to the morgue. He eventually cut his throat.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1514.] PHILADELPHIA, MARCH 6, 1886. [Vol. LIV.—No. 10.

Original Department.

Lecture.

RETROVERSION OF THE UTERUS.*

BY C. D. PALMER, M. D.,

Of Cincinnati,

Professor of Gynecology in the Medical College of Ohio.

One of the commonest forms of displacement of the uterus is retroversion. It is not *the* most common, for it is very probable that prolapsus in its various degrees is of the most frequent occurrence. I wish to-day to make some remarks concerning this most important uterine dislocation, not by any means attempting to go over the whole range of the subject, but to touch on some of the more salient features of the disease, in its etiology, diagnosis, and treatment.

Retroversion, or backward displacement of the uterus, in the great majority of instances, is found in multiparous women; (not invariably, for nulliparæ are sometimes so affected,) as a result of parturition and conditions present in the lying-in state.

All displacements of the uterus are brought about by whatever increases its bulk and weight, whatever relaxes its support, whatever presses it out of position, and, finally, whatever pulls it out of position.

These are the four factors, in the main, operative in creating all kinds of displacements; the special kind, prolapsus, anteversion, retroversion, or lateroversion, being dependent upon the degree or intensity, the direction or combination, of these causative forces.

Now, there is no time during the life of any woman when these factors are so frequently and potently operative as after parturition. At no time, unless from tumor, is the uterus bulkier and heavier than after delivery—even ten days to two weeks—the time when most women get up from the lying-in bed.

It takes from one to two months for the uterus to resume its normal size. Many circumstances—as injury to the soft parts by bruising or laceration, septic absorption, septic or non-septic inflammation, bad states of the general health—may delay these healthy, necessary, transforming changes in the uterus, and it remains an enlarged, heavy, very vascular organ, easily displaced, because of an incompetency of its supporting powers under an increased pressure. But, at this very time, the supports themselves are weakened. The vagina has recently been enormously stretched; it may be, torn. The perineum and the pelvic floor, which underlie the vaginal support, if not lacerated, may have been stretched. All the surrounding ligaments are relaxed—consequently weakened.

Under these circumstances you can readily appreciate how prone she is to a displacement of this organ. With perineal lacerations quite often do we find retroversion associated, directly or not, as cause and effect. The perineum may be torn back to and through the sphincter ani, and no displacement of any kind follow. None will follow unless other structures are at fault. These are an increased bulk of the uterus, and above all, a relaxed condition—a yielding of the pelvic floor. A firm, unyielding pelvic floor has more than aught else to do in maintaining the normal position of the uterus.

So much, then, for displacements in general. I will now refer to a few special causes which,

*Abstract of a clinical lecture before the class.

in conjunction with the above, are active in developing retroversion:

1. The posterior wall of the uterus after parturition is, usually, thicker and heavier than the anterior—a condition which, during the involution processes acting in the line of gravity, aids the organ to fall backwards.

2. The posture of the lying-in-woman. Usually, it is the dorsal, with the shoulders elevated, and the pelvic inclination so altered as to increase to the utmost the intra-abdominal and intra-pelvic pressure from above. This augments the blood supply in the hinder portion of the uterus, delaying involution there, and gives full play to the forces of gravitation in the backward direction.

3. The pernicious practice of adjusting an abdominal bandage with an underlying pad, tightened from day to day by the full strength of the nurse, while the patient is in the incumbent dorsal position.

4. Constipation—distension of the rectum with faecal accumulation, together with the straining efforts at stool to effect rectal evacuation, further stretching the pelvic floor and the utero-sacral ligaments.

Many of the worst cases of retroversion and retroflexion are associated with lacerations of the cervix. This accident brings about sub-involution, and occurs very generally when labor has been tedious and painful, and other soft parts have suffered injury.

In the comparatively few cases in which retroversion is present before delivery, it is coupled with retroflexion, and is generally congenital. Such a displacement may give rise to no disturbance, excite no suspicion of its existence, until some complication arises.

When retroversion exists before any pregnancy, it usually gives rise to no great inconvenience in the first few months of utero-gestation, although the backward movement at first is increased; afterwards (4th month), it rectifies itself. But, almost invariably, the displacement repeats itself and is rather aggravated during the coming lying-in state, to which reference has just been made. At the same time, I know from personal experience, that this time is an especially auspicious one to treat any woman for retroversion, with a view to prevent, or favorably modify, the old trouble.

There is no symptom or group of symptoms which is constantly found; none upon which any dependence can be placed in determining either the existence or kind of displacement.

Symptoms may or may not be present. The worst cases sometimes, though rarely, produce no discomfort, create no symptoms; and vice versa, the greatest disturbance is at times noticeable when there is but a slight displacement. You may be surprised at this statement, but it is nevertheless true. The explanation lies in the fact that the symptoms do not arise so much from the *disorder of place*, as they do from the *disorder of circulation*, either antedating, co-existing, or following it.

There are many things with which retroversion can be confounded. Perhaps there is no more common mistake made in the diagnosis of female pelvic diseases than right here, in reference to conditions partly resembling retroversion. This displacement in its simplest form, uncomplicated, is very easy of recognition. The altered position of the cervix and the corpus uteri, the filling up of the posterior vaginal cul-de-sac with a rotund, hard body, which is usually movable, and capable of being dislodged by position and taxis: these are elements of diagnosis. But there are so many different diseases, as fibroid tumor, thickening of the posterior uterine wall from hyperplasia, chronic pelvic peritonitis, chronic pelvic cellutitis, pelvic hæmatocele in its after effects, extra-uterine pregnancy, etc., which create a like fullness and hardness to a certain degree, with or without a tenderness to touch behind the uterus, that by a little carelessness or ignorance, a mistake can easily be committed. Owing to imperfect histories and certain complications, such as the obscurities surrounding some cases, clearness in diagnosis is by no means easily reached. Some of these errors are much more frequently made than others. I know of none more so than the diagnosis of retroversion for chronic pelvic peritonitis, the uterine axis being normal, or nearly so—a very serious error so far as the welfare of the patient is concerned.

Before any treatment is instituted, the inquiry should be made: What has caused the displacement? Is the displacement the first disorder which has taken place in the case, or is the displacement but secondary to other conditions? Again, is the displacement complicated with other diseases?

The mere mechanical correction of the displacement may be a very improper treatment. Find out, if possible, what has been the primary link in the chain of the disease, and what is secondary, for almost invariably a number of conditions are linked together in a chain of morbid action, and the whole line is best broken up by taking hold of it in a certain order.

Retroversion, like the other uterine dis-

placements, is in most cases a secondary disease. It does not occur first as the result of an increased bulk and weight of this organ, coupled with some relaxation or weakening of its supports. In those exceptional instances in which the displacement is primary, it is doubtless the proper thing to do to correct it at once, by mechanical means, especially should there be resulting symptoms; but for reasons manifest in the great majority of cases, a different procedure is not only prudent but necessary, if we expect a permanent relief. For instance, if increased bulk and weight of the uterus are encountered with a displacement, correct the former first. The increased vascularity of the organ—a necessary accompaniment of increased bulk—is diminished by rest and leeching; better still, by puncturing, local applications of anhydrous glycerine, the hot douche, and occasional purgation. The long-continued effect of ergot in small doses changed in time to the administration of the mercuric bichloride in minute doses, is exceedingly beneficial. The bitter tonics, with nux vomica, are also very useful, improving the general and local circulation, and giving tone to locally relaxed parts. If the integrity of the parts—the perineum and pelvic floor—have not been too much destroyed by tearing or stretching, if the cervix uteri has not been much torn, so that a radical change in the structures of the uterus cannot be effected without a resort to operative measures, the means mentioned will often so improve the local condition of the uterus and the surroundings that the retroversion is either entirely corrected or so far improved that no special attention to it is required, and no further treatment is needed. In my own experience, this plan has so often succeeded in correcting or diminishing retroversion that I generally commence a course of treatment in this way. Should the perineum, however, have been much lacerated, the vaginal walls relaxed and displaced, the cervix torn, everted, and enlarged, an improvement can proceed only to a limited extent unless surgical steps are taken to repair damages.

The restoration of a lacerated cervix uteri to its normal shape, size, and circulation, by trachelorraphy, will have very much to do in improving the position of a malposed uterus. The repair of a torn, weakened perineum and vaginal walls, by perineorraphy and colporraphy, is generally absolutely necessary to bring about any decided and permanent change for the better in the position of the uterus.

Now, these and all other complications and antecedent conditions having received due consideration, we are ready to give the retroversion itself attention, provided it persists, and provided, also, it creates no discomfort, and does not interfere with the circulation or function of the surrounding parts and organs.

Now, as to mechanical supports. Before we think of them, we should see whether we cannot diminish pressure from above. With this object in view, the clothes should be tight and suspended from the shoulders. The bowels must be kept free from fæcal and gaseous accumulation. It is highly absurd to attempt to prop up from below a displaced uterus, when it is pushed down by avoidable pressure from above. No abdominal bandage can be of any service in pure retroversion. The uterus cannot be lifted up by abdominal appliances; the most they can do is to lift off, to a limited degree, the intra-abdominal weight. The intra-vaginal supports are pessaries and tampons. The former may be called permanent, the latter temporary supports or splints to the dislocations. The former should never be utilized until the dislocated organ has been put beforehand into the best possible condition, by healing any erosions, checking catarrhs, diminishing weight, and strengthening the surroundings. Not so with the temporary support; for its use each time before insertion does not imply a complete rectification of the mal-position. With the tampon properly constructed, medicated, and placed, we have a means not only to temporarily hold the mal-posed organ *in situ*, but to alter its circulation and structure and remove its diseases. Its effects, then, are mechanical and medicinal. Many displacements are best treated by them at first; some need no other treatment. It requires some skill, acquired only by experience, to obtain their full benefits. In the displacement under consideration, after the uterus has been replaced (if possible) by posture and taxis, a broad, flat tampon made from absorbent cotton, saturated with an emollient or astringent lotion, as the case may require, is packed in the posterior vaginal cul-de-sac, to suspend the uterine body, and draw back the cervix; while another is packed in the anterior cul-de-sac to assist in the same movement. Treatment of this kind, repeated at intervals of once in three days, continued for several weeks or longer, accomplishes a great deal of good. In conjunction with the use of a vaginal douche during the intervals, and appropriate general medication, it may be all that is required. Repeated reposition, al-

ways gently made, and well-nigh continual support with the tampons, gradually do away with the structural faults in the uterus itself, enable the natural supports to regain their former strength, and bring about a return to normal position, which may be permanent.

I think very highly of this class of treatment in cases of retroversion, with or without flexion, in which from long-continued malposition or otherwise, the uterus has become fixed by adhesions to the rectum, and immediate reposition (unless great force is employed) is impossible. The repeated use of these tampons, continued for some time, will, by degrees, soften the para-metritic adhesions, put them on stretch, break them down in a way which is perfectly safe, and gradually make the uterus mobile and reducible. Yet how often we see patients so afflicted treated by a pessary! Would it not be just as rational to apply a splint to a non-reduced fractured bone?

A word as to the use of the sound to reduce dislocations of the uterus. The sound should not be used if we can possibly succeed in replacing by posture and taxis. The sound should not be used if there is the least suspicion of pregnancy. Careful inquiry should always be made in reference to the menstrual history. It is practicable to reduce any dislocation of the uterus, even when adherent, it matters not how long standing; but it is not prudent to do so. The practice is hazardous. It is by far a better plan to gradually stretch and soften the adhesions, as before suggested, than to resort to force. But there are cases and conditions suitable for the employment of this instrument. When posture and taxis have failed, and when the uterus is impacted under the promontory of the sacrum, but is not tender to touch, and will bear the manipulation, then we may carefully use the sound. I prefer it to all those contrivances which are called uterine repositors. The following is the method: Introduce the instrument properly curved within the uterus to the fundus. Change the relation of the concavity and convexity of the shank by rotating the sound, not by suddenly twisting the uterus upon itself, but by keeping the uterine extremity as stationary as possible, and revolving the manual extremity over an arc of 180°, the sweep of which is as large as the vagina and vulva will permit. When done, depress the handle against the perineum. By this method there is little or no injury done the uterus, and hence a minimum of pain.

We cannot dispense with pessaries in the management of some displacements, principally retroversion. They are a necessary evil. Properly constructed, accurately adjusted, in well-selected cases and conditions, they are capable of giving great comfort, and doing much good. To a very great extent the bad repute in which they have been held by some, is owing to their misuse.

The class was then shown three cases of retroversion, their histories read, and treatment given.

Communications.

PYÆMIA OR BLOOD-POISONING.

BY CHAS. P. KING, M. D.,
Of Newark, O.

The subject to which I invite your attention for a short time is that of pyæmia or blood-poisoning, and in presenting this paper for your consideration, I beg leave at the outset to ask your kindest indulgence for its deficiencies, on account of the shortness of time allowed me for its preparation. The subject is one of exceeding interest, the literature of which is both rich and extensive.

It would be pleasant to present you with a full and comprehensive resume of it in numerous and valuable studies, but the character of this paper forbids.

The fact that some injuries and operations are occasionally followed by the development of abscesses in some one or more of the internal organs of the body was brought to the attention of some of our older surgeons. The subcutaneous tissue and joints are the most frequent seats of these abscesses. Sometimes they affect the lungs and other viscera. Ambrose Paré, the great French surgeon, makes mention of it, and his observations were afterwards confirmed by those of Morgaigne, Larry, Guthrie, and other military surgeons of continental Europe. Velpeau, however, was the first surgeon we have any knowledge of who investigated the lesion in a really scientific manner, and who turned the attention of the profession to a most thorough and elaborate examination into its etiology, pathology, and treatment.

These observations were given to the world in 1823, a little more than half a century ago. Previous to that time but little was known as to its real pathology.

Pyæmia literally means pus in the blood, or in other words, a condition in which there are pus-cells in the blood; but the expression is known and now considered as imply-

ing that the blood is altered throughout the whole system by the previous action of putrid animal substance in the form of gases, fluids, or solid particles, which so distort its relations with the living tissues as to induce coagulation of the fibrin of the blood, in some part during life, within the blood-vessels, associated with fever and the formation of local abscesses in one or more of the viscera and other parts, and usually accompanied with phlebitis.

How then, the question may be asked, does pus enter the blood, and what is its physiological action upon the tissues? It will be my purpose to endeavor to answer the above question in the further discussion of this subject.

Pus as pus is never taken up or absorbed into the system. Its fluid parts only may be absorbed by the veins and lymphatics, but the solid portion remains as a thick, concrete mass, and thus the absorbtion or disappearance of an abscess gives rise to such "cheesy" products as are described by the name of "*tubercle*." Again, pus may be completely absorbed, but only after the cells have been reduced to a state of milkinesss by fatty degeneration, and become converted into an emulsive mass. The composition of pus varies very much, and the conditions under which it varies have not received that attention which its importance demands. It seems to vary with the locality whence it comes and the circumstances under which it is formed. Says Prof. Aitken, "Pyæmia as a specific original entity, a result of absorption of pus as such, is not now believed in, and any evidence of such an event daily becomes less and less."

Pyæmia is now regarded as a collective name for many different diseased processes, just as the essential phenomena of Bright's disease are brought about by several different morbid conditions of the kidneys. Hence the word pyæmia literally signifies, according to one of our most modern authors, "An alteration of the blood by pus, or perhaps, more properly speaking, by admixture of the two fluids, giving rise to what has been called septicæmia or purulent infection."

"Absorption of pus as pus" through the walls of the blood-vessels having been shown to be impossible on account of its cellular nature, the pus-cells being too large to pass through the capillaries, other theories are now advanced. Under the name of pyæmia several affections are included:

1. Septicæmia, that is, blood contamination from absorption in a liquid state of putrescent or otherwise morbific material.

2. Transfer of actual pus by veins in case of phlebitis, and its deposit in new localities.

3. Thrombosis, or coagulation, in a vein during life, followed by embolism, or the conveyance of a portion or portions of coagula, to different parts of the body, causing irritation and obstruction.

The exciting causes of pyæmia or blood poisoning are numerous and varied in their character. They may be stated in general terms to be such as are productive of great shock to the system, loss of blood, and depresssion of the vital powers.

The symptoms of this disease are chills, profuse sweats, low fever, rapidity and feebleness of pulse, great prostration, debility, and swelling of the joints. Death may occur in a few days from devitalization of the blood. The symptoms may be of gradual development, but oftener they set in suddenly with a chill, to which fever of a low type soon succeeds. The prognosis of this malady is most unfavorable; few cases recover, and these, for the most part, remain in a debilitated condition, liable to attacks of disease from the slightest cause. Of over forty cases, mostly gun-shot fractures, treated at one of the leading hospitals after the battle of Gettysburg, *all* died. During a practice of some seventeen years I have seen but four genuine cases of pyæmia, or blood-poisoning, all of which proved fatal. Death in these cases usually occurs within a week or ten days after the commencement of the malady.

As to the real nature of the poison of pyæmia, we know comparatively nothing. We only know it by its effects upon the human body. The poison, whatever it may be, is most virulent in its character, and it is one of the worst foes the surgeon has to contend with in his treatment of certain kinds of wounds. That certain constitutions are predisposed to it, is unquestionable, as it follows in some injuries of a most trivial character; this fact was demonstrated during our late civil war. I would like to discuss at length the various theories advanced by pathologists as to the manner in which pus is absorbed into the blood, but the scope of this paper forbids.

The doctrine advanced by the eminent Prof. Bennett, of Edinburgh, is probably the one now accepted by the profession at large. He accounts for the formation of purulent deposits by supposing that they are caused by the development of a peculiar poison derived from certain kinds of pus, which entering the blood, contaminates the circula-

tion and solids, and thus brings about that atonic condition of the system so characteristic of pyæmia. According to this doctrine, pus corpuscles do not enter and mingle with the blood; what has been taken for these bodies by various observers being the colorless cells of the blood, the distinction between the two being often extremely difficult, if not impracticable. Says the eminent Prof. Gross in his immortal work on surgery: "Agreeing with its advocates that it is impossible for pus corpuscles as such to enter the blood, except in the case of open-mouthed veins, communicating with a suppurating surface, I think it perfectly certain that the more attenuating and watery parts of pus, or, perhaps, more commonly speaking, the more ichorous, sanious, or sanguinolent varieties of this fluid, become commingled with the blood in suppurating wounds, and in the stumps of amputated limbs, thereby speedily and thoroughly contaminating both solids and fluids, and consequently effectually undermining the constitution, thus resulting in pyæmia or blood-poisoning."

Treatment.—As to the treatment of pyæmia but little need be said. Since the introduction of antiseptics in surgery by the eminent Professor Lister, of London, the death-rate from capital operations has been very materially diminished. Blood-poisoning arising from altered secretions in the wound, which has hitherto been the ever present dread and danger, is prevented. If this is owing to putrefaction, which depends upon the admission to the wound of the minute living particles, and if by the careful application of certain precautions these changes and their consequences may be with certainty prevented, then all these various forms of septic and pyæmic processes may and should be eradicated. This broad antiseptic method gives scope to a great variety of detail, which I hope to consider at some future time. Among the best known antiseptics are carbolic acid, salicylic acid, thymol, bichloride of mercury, and Listerine.*

In our treatment of blood-poisoning support and depuration of the blood are the main indications; of medicines, many have been advocated, but the profession have been disappointed in their results. Of these, we might mention the sulphates and hyposulphites of lime and soda, magnesia, and carbolic acid as an antiseptic. Dr. Bell, of Edinburgh, reports three recoveries with hardly any remedies. He gave milk, with lime-water, eggs, and beef-tea at short intervals. A general supporting treatment is indicated in every case. Quinine in large doses is advocated by some, and no doubt will do good in some cases. Dr. John Wood advocates saturating the air around the patient with carbolic acid by hanging materials containing it near the patient. This plan was carried out in the case of the lamented President Garfield. This is an admirable remedy where the patient is confined in a close room, where the air is not fresh and pure. Good nursing and attention to the surroundings of the patient are very essential. Disinfectants should be used from the very commencement of the attack. The eminent Dr. Paget says: "The exposure of the patient to currents of fresh air is most promising of success in cases of pyæmia."

The treatment of this disease is much better understood than formerly, and as a result the death-rate has been somewhat diminished.

Notwithstanding all this, we have yet much to learn as to the true nature of this disease, and until the pathology of pyæmia is much better understood than it is at the present time, it will continue to be, in the future as in the past, one of the worst foes with which the modern surgeon has to contend. In the light of the present century, when such rapid strides are being made in almost every department of science, we have every reason to hope at least that ere another decade shall have elapsed, some more subtle power even than the microscope will have been discovered, which will give us the power of scrutinizing more closely diseased conditions, and of finding out the agents which are so stealthily at work bringing the human machine to misery and premature death.

*At a recent meeting of the Philadelphia Academy of Surgery, Dr. R. J. Levis, of that city, read a communication entitled "New Antiseptics, Hydronaphthol, and Potassio-Mercuric Iodide." The claims made for the newly-discovered antiseptic hydronaphthol are that it is at least twelve times as effective as carbolic acid, thirty times as potent as salicylic acid, sixty times as effectual as boracic acid, and has six hundred times the antiseptic power of alcohol. As an antiseptic, it ranks next in importance to the mercuric bichloride. The potassio-mercuric iodide is four or five times as powerful as a true germicide or disinfectant as the mercuric bichloride. For such use it is effective in aqueous solutions in the proportion of only one to twelve thousand. The introduction into surgical practice of these two powerful substances will do much to overcome some of the objections and inconveniences of antiseptic practice. The profession owes a lasting debt of gratitude to Dr. Levis for having brought this subject to their notice in so practical a manner. Bisulphate of carbon, Pasteur, the great French scientist, thinks will become the most efficacious of all antiseptics, as it is also the cheapest, costing but a fraction of a penny per pound in large quantities. It is besides the best insecticide known, and for this purpose it is thought may be useful in preserving wood-work in tropical countries. Some idea of the use of it may be gathered from the fact that more than eight million pounds of the substance are sent annually to check the ravages of phylloxera. Bisulphate of carbon is produced through an offensive compound in respect to odor, but is capable of purification.

THE INFLATION OF THE EUSTACHIAN TUBE IN AURAL CATARRH OF YOUNG CHILDREN.*

BY LAURENCE TURNBULL, M. D.,
Aural Surgeon Jefferson Medical College Hospital, Phila.

In reply to a letter desiring to be informed as to the mode of the use of a tube to inflate the Eustachian tube by the mother, I must first state that her physician must be sure that the cause of deafness is an exudation of pus, mucus, or serum into the middle ear. If the child has had an earache, and there has been a perforation of the membrana tympani shown by a discharge, in this case the simple act of blowing the nose will open the tube; this act should always be taught the child.

If the child is too young to perform this, the nose must be cleansed several times a day with a soft camel's-hair brush, or small syringe and warm water, with a few grains of bicarbonate of soda, that will assist in opening the tube. If, however, there has been inflammation of the middle ear of the child, the result of a cold from a naso-pharyngeal catarrh, acute exanthema, or pneumonia, attended with pain in the ear, or if the acute symptoms have been relieved by leeching, hot water applications, chloroform vapor, etc., the child recovers without perforation, but is deaf. This deafness is apt to be overlooked in the beginning, even by the parents, and the child is sent to school, where even a very moderate degree of deafness is very soon detected, and the child is stated to be absent-minded, or has the bad habit of asking twice the same thing.

This inattention is very often due to an abundant secretion behind the drum membrane and the closure of the tube. There may be no very decided pain in the ear, but only a heavy feeling in the region of the ear or in the head in general. (We cannot at this time enter into the diagnosis and treatment of acute and chronic aural catarrh, but would refer those who are interested to chapter iv. of our work, under the title of "Artificial Perforation of the Membrana Tympani, and the Removal of Organized Material from the Middle Ear.")† This secretion is usually liquid or semi-solid, and if it has remained for a long time becomes dry. We must provide an outlet for it, and one of the quickest is paracentesis of the drum-membrane; but this is only necessary in severe scarlet fever or diphtheria and in older children.

We have in Politzer's inflation a valuable means of diagnosis and treatment, by which we can determine if there is fluid in the middle ear by placing the diagnostic tube in the child's ear, while we inflate through the nose and listen for the thud or normal or abnormal moist sound: this latter will make the diagnosis certain. This operation of Politzer's consists in a condensation of the air in the naso-pharynx, by a strong inflation into the cavity, while the nostrils are closed with the fingers. In the case of adults, it is necessary that they should at the same time swallow, in order that the raised palate may close the naso-pharynx behind, and also because the act of swallowing opens the Eustachian tube, and thus furnishes a passage of air into the middle ear. In children, however, this swallowing is not absolutely necessary, because the naso-pharynx is so small that the condensation of the air is greater than in adults, and because also the tubes are in children relatively wider than in adults, and the action of the compressed air can therefore more readily reach the ear.

Children in whom this method of inflation is employed, as a rule, contract the muscles, and so unconsciously raise the palate. Instead of the rubber bag for the air, as is generally used, with hard long nozzle to be inserted back into the nose, a short rubber tube is what I use, the two ends of which are furnished with a quill, bone, or ivory termination, one for the mouth of the physician, nurse, or mother, the other for the nose of the patient. After cleansing the nose by gently blowing, washing, or wiping it out, the end is inserted and kept in place with the finger and thumb, and with the other end a blast of warm air is blown into the middle ear. At first the little patient is frightened, and grasps both at the instrument and ear; but after a time he gradually becomes accustomed to it, as it gives no real pain, and it becomes rather a source of amusement. Any intelligent mother or nurse could practice this operation when so ordered.

1502 *Walnut st., Phila., Feb.* 22, 1886.

*The above was prepared in reply to a query from one of our readers.—EDS. REP.

†Imperfect Hearing, 3d ed., J. B. Lippincott & Co., Phila.

HOSPITAL REPORTS.

PHILADELPHIA HOSPITAL.

SERVICE OF DR. L. W. STEINBACH.

Hydrocele.

Feb. 10. These apparently trivial cases are really those which you will most frequently be called upon to treat, hence it is well that you should see them. This man came into

the hospital two days ago, and you see that he has a very large scrotum; it is in fact a hydrocele, which I will evacuate and inject the sac with carbolic acid, which I prefer to the tincture of iodine. The acid quickly benumbs the part, and a moment after the injection the patient feels no pain. Before injecting the acid, you will note that I smear the whole scrotum about the site to be punctured with cosmoline; this I do because if I did not take this precaution, and any of the acid should drop on the scrotum, it would burn it quite severely. I make it a rule to let these patients go about immediately after the injection, but confining them to bed on the second or third day, when the induced inflammation sets in, for exercise, at this time, may cause an undue degree of inflammation. I use pure carbolic acid, simply the deliquesced crystals, injecting from one to two scruples. Before injecting I grasp the scrotum and render it tense by pressure; then I lay my trocar and canula along the course of my index finger, and by a rotatory motion work the trocar in. You must always look out that you do not wound the testicle. I make it a rule when the accumulation is very large to evacuate it, allow it to re-accumulate, and evacuate again before I make the injection of carbolic acid, because by this means the surface to be cauterized is considerably reduced in extent. Now, when I have withdrawn the fluid I find the testicle large and hard, and upon inquiry I find that the young man had gonorrhœa some years ago; this condition does not, however, contra-indicate the injection of carbolic acid. When I have injected, I endeavor by manipulation to bring the acid thoroughly into contact with the tunica vaginalis; the pain, as I have said, is only momentary.

Stricture of the Rectum.

This girl, Eva F., is twenty-four years old; she is married, has had two children and no miscarriages, and says she has leucorrhœa, but has never had syphilis. She has been a drinking woman, but was perfectly well until October, 1883, at which time she suffered from diarrhœa, tormina, and tenesmus; she experienced great pain with each act of defecation, and suffered from headache and backache. Upon examination we found that she had a stricture of the rectum, which was located just a short distance within the sphincter. The fæcal discharges are thin, watery and offensive. When a patient complains of diarrhœa, dysentery or constipation, which persists without a good cause, you should always examine the rectum; it is a false modesty that holds us back from making these examinations. There is an expression of countenance that is somewhat peculiar to disease of the rectum, and that should cause us to suspect its existence; I might speak of it as an expression of great distress. When we find a stricture low down in females, it may be due to the extension of an inflammation from specific sores, causing a sub-mucous deposit and contraction. Epithelioma is not an uncommon cause, especially when we find the stricture about a finger's length within the sphincter. Simple ulcers or pelvic cellulitis may also serve as a cause, but cancer is the most common cause. Well now, when we proceed to dilate these strictures, the Sims' position is the best, the knee-chest position, but we can manage very well if she lies on her side. You see, before introducing my finger into the rectum, I fill the space between the finger and the nail with soap, which is a practical little point well worthy of your attention. It prevents the risk of wounding the bowel with the nail, and at the same time saves you from the danger of infection. When we find the anus patulous, as it is here, we are likely to find the stricture some distance above the anus; now, when I introduce the finger as far as I can, I find a simple narrowing of the calibre of the gut, but I do not feel any nodules or any exudation; the stricture is not tight. In these cases, when taken hold of early, something very like a cure can be effected by gradual dilatation; if not seen until late, the condition may be palliated, but we cannot hope to do as much as when we see them early. This woman's fæces are tape-like, and we should keep them soluble. The digestive system always suffers more or less in these conditions, and this derangement must be attended to. Remember, when introducing your dilators, the direction of the rectum, and always pass them from behind forwards, being careful never to use any force. This instrument, as you see, passes up readily, so I know that there is no stricture beyond that which I can reach with my finger, therefore I feel that this is a promising case. I am here using soft flexible bougies; some prefer using candles.

February 17. I wish to show you the case of hydrocele, upon which I operated last Wednesday. Now I feel a hard, irregular, nodulated swelling, which is due to the effusion of lymph, caused by the injection of carbolic acid. In time this will disappear and we will have the scrotum of its normal size. I would say that, as a rule, it will take about two months for this effusion to disappear.

Burn.

Here we have a burn that occurred nine weeks ago, and you see this granulating tissue; there are gelatinous masses with vessels around them—this is embryonic tissue; then we have formed cicatricial tissue, which is another step in the process of granulation; the embryonic cells become connective tissue cells—and cicatrization, remember, always commences at the edge of a wounded surface. These granulations are too large and florid, and bleed very easily; so I am going to hasten the healing process here by skin-grafting. It is always a wise precaution to take the grafts from the individual, as by so doing we avoid any possibility of infection. When skin-grafting first came into vogue, large pieces of skin were used, but it was subsequently found that they did no better than small ones. After a while the epiderm macerates off from these grafts, and unless you are prepared for this you may imagine that your grafts are not going to take; but the true derm remains, and this is all you want. Now I take an ordinary cambric needle and transfix the smallest possible piece of skin on the arm with it; then I pass scissors under the needle and nip off this minute piece of skin; I am careful to get the under surface of the graft applied to the ulcer. In former times it was the custom to make incisions on the surface before applying the graft, but it was found that the blood so drawn was really an impediment to the success of the operation, and it was abandoned. After placing these grafts in position I will allow the surface to remain exposed for an hour, so that the plasma exuded may fix them in position before I apply any dressing. After several days, if the grafts take, I will note a slight blue pellicle. It is, of course, possible that none of these grafts may take, or it may be that some will take and others will fail.

Fistula in Ano.

My experience tells me that this condition is most common in those of a strumous diathesis. You may have an inflammation of the glands about the rectum, and when the discharge comes exteriorly, and also from the anus, it may be the first indication you have of a fistula. The usual seat of the internal opening of a fistula is just within the anus, near the margin of the junction of the skin and mucous membrane; this is an important point to remember, because the inner opening is not infrequently overlooked, because it is looked for too high up. When deciding upon an operation for fistula, I would say that we should never use the ligature; incision is not dangerous, and is nearly always successful. Sometimes, when we have multiple external openings, we must lay them all into one.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SERVICE OF D. HAYES AGNEW, M. D.

Sarcoma.

This patient I have only seen since he came in a short time ago. He is forty-four years old, and says that two years ago he first noticed a little swelling on his right side; that is, he first commenced to experience discomfort from it at that time, though it may have existed before. Such is the history we not infrequently get of carcinoma of the breast, the disease no doubt existing for some time prior to the date at which it first attracted attention. This swelling is oblong and seems to occupy about half of the abdominal cavity; the abdominal walls are resistant, and upon percussion I get very little resonance. He is losing flesh, suffers much pain, and has a cough. Upon examination I find a little trouble at the apex of the left lung. Grossly speaking, the urinary secretion is normal. Posteriorly there seems to be no evidence of trouble that I could refer to the kidneys, but I caution you always to look very carefully before you commit yourself to such an opinion. Renal cysts will offer a condition very much like this, only that they will not be quite so hard. Judging from the age of the patient, the rapidity of growth of the tumor, the cough, and the loss of the flesh, I would infer that this is a sarcoma. Of course, in such a case, an operation is not to be thought of; we can only look to endeavoring to improve the man's general condition. I would suppose that this sarcoma was located in the right iliac fossa.

Inverted Toe-nail.

The next case is of an apparently trivial nature, yet it is well that you should know how to intelligently manage such a case. Inverted toe-nails are of very frequent occurrence: it is not truly that the nail grows into the flesh, but owing to some irritation there is an inflammation and proliferation of the soft tissues, which then bulge up around the nail and bury it. Want of cleanliness will act as a cause, the dead epithelium remaining about the toe acting as an irritant, but it is most frequently caused by a badfitting shoe. So also the majority of persons cut the nails wrong; it is a mistake to round off the corners—the nail should be cut

squarely across. Now I desired to show you this case because I think in the very large majority of cases a mistake is made when the nail is removed; there is scarcely any case that cannot be relieved by patience and perseverance; by patiently inserting some lint or cotton beneath the nail and patiently making pressure on the elevated skin so as to reduce it. Of course, there are some cases where this cannot be done and where we must remove the nail. The case before us is one in point; here the nail disables the young man for work, and he cannot afford to take the time to lay off from work for the conservative treatment. I consider this to be the most painful operation in surgery, hence you must always etherize the patient. When the patient is thoroughly anæsthetized, I take a probe-pointed curette, and with it separate the matrix from the nail, when, with a pair of forceps, I draw it out. Sometimes, when the nail clings very tightly, it may be necessary to split it before we can remove it. After the nail has been removed, we will cover the raw surfaces with oiled lint or poultices for two days, after which we can use any kind of an ointment. Another nail, growing in place of the one removed, will be very apt to assume the same deformity as its predecessor, hence we must be very careful from the first to obviate the cause. Sometimes when the nail has been very greatly deformed, it may be well to destroy the matrix, so that another will not grow; when we wish to do this, we can pare around and cut out the matrix, and then apply caustic potash and dress with carbolized lint. In this latter event, a dense fibrous tissue will take the place of the nail, and will serve as a very fair covering for the toe. When you intend to save the nail, take a flat probe, and commencing at one edge, gradually work cotton under the nail, then make pressure on the flesh by means of a compress and adhesive plaster. I am frequently in the habit of making this compression with a piece of cork cut wedge-shape. I say, therefore, that it is only in exceptional cases that you are justified in removing the nail.

Senile Purpura.

You will occasionally encounter persons who will present a mottled appearance of the legs and feet, always in advanced life. They will be purplish, and there will be an indefinite dusky redness. There is no ulceration and nothing wrong with the kidneys in this case, which is a point to be noted, because such eruptions are not uncommon in persons suffering from Bright's disease or diabetes. But, though there may be no ulceration, there is usually some change in the arteries; they are atheromatous, and are, in consequence, disqualified from properly regulating the circulation, so that these vessels become unnaturally distended and a slight leakage occurs from them into the cellular tissue. It is really more than an œdema, it is an escape of lymph, which becomes more or less organized. This condition will sometimes cause great suffering in old persons, and will call for remedy. We must keep up the strength of the circulation in such cases, by giving carbonate of ammonia, and support the limb by an elastic stocking or roller. This will cause some absorption, but we must be careful to remove the bandage each day, because it will cause a sweating that, if confined, may irritate the part. This leg, I am quite sure, will look better in one week, under this treatment. These cases sometimes terminate in gangrene.

Adenoma.

This man has some kind of an enlargement behind his little finger on the left hand. He says that it dates back for only three or four months, but I think he must have had it for a longer time. You have seen bursæ on tendons, the contents of which is so much like calves-foot jelly. These bursæ are not common in this situation; I am not sure that it is a ganglion, but I think it is, for other kinds of tumors are rarely found on tendons. The consistency of this swelling warrants me in removing it with antiseptic precautions. Remember that the sheaths of tendons are very intolerant to interference, especially to open operations, so that, insignificant though the operation may seem, we will keep this patient in the hospital and dress his wound here. Now, when I remove it, I find that it is not a bursa, it is a solid tumor, made up largely of fibrous tissue and fat. I removed it without opening the sheath of the tendon; it was fed by one artery, which I ligate. This is an unusual location for an adenoma.

Service of Dr. John Ashhurst.

Green-Stick Fracture.

Here is a boy who fell down stairs and sustained a green-stick fracture of the forearm. The fibres of the ulnar on one side are broken, but not on the other. You know that this term is derived from the resemblance which such fractures bear to the condition of a green limb of a tree when you break it. All fractures begin in the line of extension, to use a term employed by

mechanics, the line of flexion is where the blow is struck. As I say, the fracture begins in the line of extension, and if the force has been great enough the fracture extends through the bone, but if not strong enough, it only extends through the line of extension. These partial fractures are apt to be overlooked, not so often in the forearm, but quite frequently when they affect the clavicle. A child may fall and strike on the shoulder. No symptoms are presented save pain when the neck is touched or moved, and, possibly, some slight depression. It may be supposed to be only a bruise, while in reality the clavicle may be broken. It is important that we should look carefully for such fractures, for if we do not recognize them, the chances are that they will be made out later on, and this discovery will not redound to our credit. Some authorities advise us to make gentle pressure in these cases of green-stick fracture, and leave the rest to nature; but I have seen considerable deformity result from this practice, and I think it is better surgery to convert the partial into a complete fracture by forcibly straightening the limb. I think it is best in all fractures of the radius, save in Colles' fracture, to use two straight splints. They should be long, commencing below the end of the elbow and extending to below the ends of the fingers. The posterior splint need not be so long, extending from below the olecranon to the back of the hand. If the long posterior splint is applied very tightly, it will cause pain and excoriation, but if you do not apply it rather tightly, it will be bulky and will be apt to lose its place. Be careful not to have these splints too wide; this is a very common mistake. I do not think it is necessary to use an interosseous pad. In all fractures of the radius it is of importance, in view of the future usefulness of the arm, that it should be kept in a supine position while the reparative process is going on. This point is not enough noted. If the arm is left straight, or, still worse, in a prone position, it will be found that when the fracture has united the power of supinating the arm has been lost. Such an arm as that before us should be kept in splints for at least three or four weeks. You had better err on the side of caution, for it would be very embarrassing to have the same bone refractured shortly after you had taken it out of the splints.

Fistula.

You know, of course, that you may have complete or blind fistulæ, but in either case you must lay them open. Fistulæ are most commonly caused from injury, though they may result from cold, causing an abscess. Accumulations of fæcal matter are very likely to cause internal fistulæ that have no external opening, especially if with the accumulation there be associated a stricture of the rectum. We may have a stricture of the rectum sufficiently open to admit the finger or a bougie, yet it will cause trouble by interfering with the peristaltic action of the bowel. That the bowels may be properly evacuated, just as with the emptying of the bladder, there must be a consensus of action on the part of all the muscles employed therein, and a stricture will interfere with this harmony of action. Well, then, this accumulation will irritate the mucous membrane, an abscess will form, and a fistula will result. When you find a number of fistulæ, you have a right to suspect some underlying condition, as a stricture. Again, when you find a stricture, always look above it for the internal opening of the fistula. When we have a stricture, we cannot hope for a perfect and permanent cure of the fistula unless we relieve the stricture. It is a serious and troublesome complication, but does not render the case necessarily hopeless. In some cases, when it is low down, we may divide the stricture, using the galvano-cautery, the knife, or the actual cautery, or we may cut the fistula and gradually dilate the stricture. To cut the stricture, I must caution you, it must be low down; it would not be safe to do so if it were high up.

Medical Societies.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

(*Continued from page* 273.)

Another cause of tardy first stage of labor is

Premature Rupture of the Membranes.

This accident is apt to interfere with the progress of labor in the stage of dilatation by the absence of the dilating cone formed by the membranes in normal cases, and by direct contact of the presenting part of the fœtus with the uterus. Owing to the former, the uterine force is exerted at a disadvantage; and by the latter, the os is apt to become rigid, dry, and sensitive, while the mother's suffering is much increased. The fœtus is exposed to exceptional risk when obliged to pass through the entire stage of

dilatation of the os without the protection of the liquor amnii, for not only are its parts subjected to injurious pressure, but owing to the much greater degree to which the uterus can contract, the interruption to the supply of maternal blood to the placenta is much more complete. Yet it is possible for the fœtus to retain perfect vitality for many days after the escape of the liquor amnii, as is shown in the following cases:

Mrs. M., æt. 38, sent for me in June, 1878. I found her pregnant with her eighth child. She was in a state of great anxiety on account, as she asserted, of the escape of the waters, which she told me had come away in large quantities. Examination did not convince me of the accuracy of her statement, and I concluded she had mistaken the source of the aqueous flow. One thing was certain, however, and that was that she was not then in labor, although very near her time. She was enjoined to keep quiet, though rest in bed was not insisted upon. Five days afterward I was again sent for, and found her in the first stage of labor, but no membranes could be felt. She was safely delivered of a living child. If the membranes really did rupture at the time supposed, this is the longest period between the rupture of the membranes and the coming-on of labor I have met with personally; but the following cases represent the possibility of the preservation of the vitality of the fœtus under these unfavorable circumstances for a much longer period:

Dr. Matthews Duncan reports a case in the *Lancet* for June 29, 1872, in which forty-five days elapsed from the time of the rupture of the membranes to that of the birth of the child. During the whole of this period the liquor amnii continued to escape as it was secreted, and the size of the uterus, as felt through the abdominal walls, was greatly diminished. When labor took place a seven-months' fœtus was born, and lived for several hours, although much deformed by the protracted pressure to which it had been exposed.

In the *Medical Times and Gazette* for September 18, 1852, Dr. John Gould reports a case in which twins, a boy and girl, were born living five weeks after the waters had come away.

Although the above cases are well authenticated, especially that of Dr. Duncan, in which the most careful observations were made, yet the asserted escape of the liquor amnii must be always received with great caution. The sources of the aqueous flow which may be mistaken for the liquor amnii are numerous. The spontaneous escape of urine is not infrequently mistaken by the patient for that of the liquor amnii, while the flow of profuse secretions of Cowper's glands; the rupture of a cyst of the chorion; of another developed or undeveloped ovum; of a cyst lying between the chorion and the amnion, may prove the source of the supposed liquor amnii. That the membranes may again close after having been ruptured has been proven. This is not accomplished by a process of healing, as was at one time supposed, but by the sliding of the different layers of which the membranes are composed upon each other, by which a small opening may be effectually closed. After closure of the amniotic cavity in the manner described, the liquor amnii again collects, for this fluid is continually secreted, as first shown by Winkler and demonstrated in Matthews Duncan's case.

A source of error in diagnosis as to the origin of the flow is in rupture of the membranes at a point within the borders of the os and out of reach of the examining finger. Here vaginal examination shows the presence of the membranes closing the os and which become tense during the pains, while the opening becomes patulous and admits of the escape of the liquor amnii during the periods of relaxation. Notwithstanding the occasional occurrence of cases such as I have just given, the usual result of the escape of the waters, at whatever period of gestation it may occur, is to precipitate immediate labor; and this labor, as already shown, is unusually distressing to the mother, and at the same time subjects the fœtus to increased risks. We have seen that the peril to the fœtus is due solely to the persistence or the frequency and violence of the pains interrupting too frequently, too persistently or too completely the supply of maternal blood to the placenta. The abnormal pains are not alone due to the irritation of the mouth of the uterus by the direct contact of the fœtal parts with the uterus, but also to the mental condition of the woman. Most women view the occurrence of rupture of the membranes at the beginning of labor with anxiety and alarm; and such a state of the mind is very apt to be reflected injuriously upon the action of the uterine muscles. Hence, care is necessary in the conduct of such labors; first of all, to reassure the patient, then to enjoin rest as soon as the pains come on, and if they are at all disposed to assume an abnormal character, to keep the woman constantly in bed and give opiates to control the severity of the pains, to preserve

the proper rhythm of the contractions, and to favor dilatation of the os.

Before closing this paper I wish to refer to another though kindred subject. I allude to the obscure symptoms sometimes occasioned in parturient women by the presence of intercurrent acute disease. I have several times been deceived by symptoms due to the malarial poison becoming manifest during labor or in the lying-in period, which have in the one case closely simulated approaching exhaustion, and in the other acute local inflammation. Sometimes the manifestations of the presence of this poison consist of chills followed by fever, while in other cases there is more or less severe neuralgiac pain alone. When the previous history of the patient has been obtained, and such history shows the presence of the malarial poison, the diagnosis of the true nature of the symptoms is not difficult, but it is so when no evidence of previous symptom of intermittent fever is attainable. The following case is one of this character:

Mrs. C., æt. 22 years, was taken in labor with her first child early in the morning of June 8. As she had been referred to me for attendance in confinement by her regular medical attendant, I had no opportunity of obtaining a personal knowledge of her previous health. I learned, however, that in so far as she knew she had never suffered from malarial poisoning. She had, however, suffered very much from almost continuous nausea and frequent vomiting at the beginning and toward the close of her pregnancy. The labor continued throughout the day, and in the evening became quite severe. The vertex presented in the first position. As the os dilated but slowly, and the patient's sufferings were severe, I ordered her to take a full dose of morphia. An hour or two later her symptoms were not satisfactory; her pulse was beating at the rate of more than 100 per minute, her mouth showed a tendency to dryness, constant thirst existed, and the patient frequently vomited bilious matter. Although the uterine contractions were very painful and frequent, they were short, weak, and inefficient. When the patient had been over twenty hours in labor, as the os was pretty widely dilated, I decided, in view of the symptoms, to apply the forceps and establish the second stage of labor, believing the physical strength of the patient to be sufficient to safely accomplish the subsequent stages of delivery. She was accordingly etherized to complete unconsciousness, and the head of the child brought through the os and down upon the floor of the pelvis. The forceps was then withdrawn. As the effect of the ether passed off, good expulsive pains came on, and in due time a living child was born without accident. The mother did well for the first nine days after delivery, although the frequent pulse continued, with much coating of the tongue and some headache, but without any febrile symptoms whatever. On the tenth day, however, while still kept in bed, she was seized with pain in the left iliac region, which on the following day became violent and did not yield to the small quantity of opium (a remedy which she could not take without very disagreeable symptoms) which I induced her to take. This pain was not accompanied by fever, and I had no doubt was malarial in its origin. Acting upon this belief she was placed upon full doses of quinine, when not only did the pain speedily disappear, but with it the frequent pulse, the headache and the nausea. The patient had come to live in the house in which she was confined but a few months before confinement, and the first evidences of the presence of the malarial poisoning in her system were those which appeared during her labor and subsequent lying-in. The dryness of the tongue and much of the nausea appearing during labor, were probably due to the opium I had given her.

Dr. Parvin remarked that the subject of Dr. Richardson's paper was one of great practical importance, and his presentation of it had been very interesting. Coming to its ultimate analysis, a case of labor, tedious in either the first or in the second stage, shows a want of proper relation between power and resistance; the former for an unusually long time is unable to overcome the latter. Manifestly if this be so, we have naturally suggested to us two plans of treatment: either increase the power or lessen the resistance. These principles are plain, but the selection and the application often present serious difficulties. Severe suffering in the first stage of labor certainly should be relieved, for this suffering exhausts, and it does not follow that the power of a pain is to be measured by the intensity of suffering it produces, and therefore "painful" pains are an undoubted evil. As to the means for their relief when they are associated, as they usually are, with very slow dilatation, many would prefer chloral injected into the rectum to morphia internally or anæsthetic inhalation. In regard to the process of dilatation of the os, it is possible Dr. Richardson has attached too much importance to the bag of waters as a dilating means; that is the mere passive

process, but there is an active process, that by which the circular fibres of the uterus are, by the action of the longitudinal fibres, retracted over the bag of waters, or the presenting part, if the former be ruptured; it is not so much the descent of the presenting part which occurs, as it is the ascent of the expanded cervix: for in primiparæ, at least, the head is usually at the beginning of labor in the pelvic cavity, and it can go no farther until the dilated os has passed more or less completely above it. It may be that resistance being lessened by chloral, or by opium, the power is sufficient to overcome it; but if it be not, probably the continuous current of electricity will be the most efficient means to increase the uterine force. In this connection, I may refer to the statements of Boyer, in his recent elaborate monograph entitled *Morphologie der Gebärmutter*. In many cases of labor where delay occurs in the first stage, it is not the os uteri that is at fault; the obstacle is higher up, and according to Bayer, the anatomical condition of this "*Stricturirung*" is the deficient unfolding of the cervix. In such condition there may be a spastic ring-like stricture or a spastic partial stricture. The first form is especially liable to occur in a narrow pelvis. Bayer recommends warm fomentations, warm vaginal irrigations, a whole bath, eventually narcotics, especially opium by rectal injection; but he strongly insists upon the continuous current as the true natural method of treatment, on the one hand relieving cramp and on the other exciting labor-activity, thus removing the primary failure, the deficient unfolding of the cervix. One word as to the occurrence of malarial poisoning in the puerperal woman. I think it comparatively very rare. Certainly this is the conclusion which I must draw from my own experience in private and in hospital practice. In two terms of service at the Philadelphia Hospital, I have seen probably forty cases of puerperal septicæmia, and only one case of malarial fever. When one sees a febrile attack in a woman after labor, he is disposed to take the most favorable view of the case, and may attribute, at first at least, the disease to malaria when really it is caused by septicæmia, losing precious time, and may be led to give a favorable when a doubtful prognosis should be indicated.

Professor Jaggard, of Chicago, upon invitation from the chair, remarked that morphia hypodermically had been extensively tried in the first stage of labor at Vienna and Paris, and had been discarded, in the former city about six years ago, and in the latter more recently. It had been found to affect the fœtus unfavorably. One-fourth of a grain administered every four hours for some time would be attended with grave elements of prognosis. The possibility of a live fœtus remaining in the uterus forty-five days after the escape of the amniotic fluid, he considered more than doubtful. Cysts sometimes form between the amnion and chorion, and the bursting of one of these may give rise to the idea of the escape of the amniotic fluid. Hydrorrhœa gravidarum, a condition dependent on a diseased condition of the decidua, is a more frequent phenomenon, and will explain many of the cases of supposed rupture of the amniotic sac.

Dr. W. T. Taylor remarked that the causes of delay in the first stage of labor were numerous. For the relaxation of rigid os, he would prefer hydrate of chloral twenty grains. One-eighth of a grain of sulphate of morphia, every two hours has a soothing and beneficial effect, giving rest and sleep between the pains. When the edge of the cervix is thin and wiry, the morphia is especially called for. He has experienced delay from dropsy of the amnion. After a delay of six or eight hours, he has ruptured the membranes, and after the escape of an enormous quantity of fluid, rapid and effectual contractions supervened. Another cause of delay is posterior positions of the occiput; if a change of position can be effected, labor will progress more rapidly. He has observed premature escape of the liquor amnii from ten days to two weeks before labor, and yet everything went on normally. He has met with malarial poisoning in one case. In the eighth month intense pains were experienced, but there was no effect on the os. He gave five grains of quinine and ten grains of potassium bromide, and in a few hours the pain was relieved.

Dr. Longaker stated that according to his experience morphia should be used guardedly. In some cases it has caused still-births. In a recent case the first stage of labor had lasted twenty-four hours, and the os was but one inch in diameter; four doses of sulphate of morphine, one-fourth of a grain each, were, by mistake of the nurse, given at intervals of fifteen minutes; dilatation and descent of the child quickly followed. As Dr. Parvin has stated, the early stage of labor consists mainly of retraction of the cervix, and early rupture of the membranes as a trouble is overrated. Undeveloped pelves of generally small diameters cause less delay in first labors than in later ones, because in the earlier labors the abdominal muscles are strong to

assist the uterine contractions; in later labors, besides having less contractile powers, their laxity allows the body of the child to fall forward, and the vertex presents less favorably at the superior strait.

(*To be continued.*)

Editorial Department.

Periscope.

An Unusual Cause of Dystocia, Necessitating Embryotomy.

Dr. F. A. Seymour thus writes in the *Pacific M. and S. Jour.*, February:

Mrs. A., primipara, was seized with labor at term, on the afternoon of December 30, 1884. Her attendant, Dr. F. T. Bicknell, was summoned at 8 p. m., at which time uterine contractions of average normal vigor and duration recurred at intervals of five minutes.

Digital exploration revealed a healthy and natural condition of the soft parts. Dilatation of the external os was well advanced, and through the membranes a vertex presentation was easily discernible. At 10 p. m., spontaneous rupture of the amniotic membranes occurred. Complete dilatation followed, and the vertex engaged in the superior strait. The pains proving persistent and exhausting, several five-grain doses of chloral hydrate were given by mouth at half-hour intervals, but without effect. At 2:50 a. m., morphinæ sulph. gr. ¼ was administered, and from three o'clock a. m. until six the patient slept. Soon after awaking, the pains resumed their frequency and force, but examination detected no fœtal advance.

There seemed to be absolutely no obstruction; the pelvic space was ample, and the presenting head not unusually large. At 7 a. m., Dr. B. applied the forceps, making gentle traction and rotation, purposing thereby to stimulate an apparently misdirected *vis a tergo* to an expenditure of energy in the proper pelvic axis. But the attempt proved unavailing. As the morning wore away there was no change in the character of the uterine pains, nor in the fœtal position. About 10 o'clock a. m. the patient's circulation showed signs of involvement, the pulse becoming rapid and compressible. Dr. Bicknell then requested counsel, and a messenger was sent for the writer. On examination, the condition proved as above described. The liquor amnii had evidently wholly escaped. The uterine walls were firmly contracted upon their contents, and the cervical lips retracted over the head and beyond the reach of the exploring fingers. There was no apparent reason why the case should not progress without interference; and further delay would probably have been advised, except for the persistence and increase of the circulatory disturbance. The possibility of version was excluded. Ether was administered, and I applied the forceps without any difficulty. But the fœtus could not be moved. Repeated efforts proved wholly futile. On further consultation, embryotomy was determined upon. After evacuating the contents of the cranium and crushing in its walls, extraction was effected only after tedious delay and the repeated application of great force.

Singularly enough, after the slightest advance had been secured in the direction of extrusion, but little additional force was requisite to complete the delivery. The sensation imparted to the manipulating hand was similar to that of slipping suddenly past an obstacle. The fœtus weighed but eight pounds, and the pelvic conjugates were normal; hence the source of resistance was enigmatical, until, on introducing my hand into the uterine cavity to effect the removal of the placenta, the cause was discovered.

On the right side of the uterus, at a line about midway between the external os and the fundus, the entire thickness of the powerful muscular wall projected inward with great firmness, constituting a shelf or semicircular ridge. This had evidently grasped the fœtus, the knees resting above it, and thus delivery had been impeded. In a careful study of this unique experience, light has been thrown upon very many cases in my note-book, of dystocia associated with premature rupture of the membranes, and for which, until now, I have found no satisfactory explanation.

"A dry labor is sure to be tedious," is a popular aphorism so frequently true, that it practically passes current with the profession as well. The tedium of these cases has hith-

erto been associated chiefly with (1) the removal of the protruding membranes as a distending agent, both for the uterine orifice and the vaginal passage; and (2) with the impossibility, except in rare instances, of the presenting part making pressure directly upon the os itself. But every practitioner of large experience may readily recall numerous instances in which, despite the premature escape of liquor amnii, cervical dilatation progressed with normal rapidity, while the pelvic soft parts, moist, flexible and roomy, awaited for hours the slow fœtal descent.

Darwin's Doctrine of Evolution in Explanation of the Coming into Being of Some Diseases.

Dr. Aitken thus concludes a series of articles in the *Glasgow Med. Jour.*, February, 1886:

Thus Darwin's great work comes to be in accordance with the teachings of physiology and pathology in this respect, that "disease is not inevitably the fate and birthright of every born child, but that much of it is, in fact, of our own making; that it is not outside our knowledge and our power, but that much of it is within our own control; that filthy conditions and the imperfect removal of effete material without and within the body are the most powerful concurrent factors alike of constitutional ailments and of the zymotic pestilences which aforetimes 'walked in darkness,' but which are daily being made plain by the revealing light of science."

"Slowly, but surely, evolution brings about an increasing amount of happiness; all evils being but accidental. By its essential nature the process must everywhere produce greater fitness to the conditions of existence, be they what they may. There is in all cases a progressive adaptation, and a survival of the most adapted, and the evils accompanying evolution are self-eliminated."*

Hence there is in Darwin's doctrine of evolution throughout all nature the comforting belief that "it implies the design of a perpetual progress." But his too enthusiastic followers have attempted to carry his hypothesis farther than he did himself. They have endeavored to push the doctrine of evolution so far as to make it account even for the origin of life itself—a problem which Darwin never attempted to solve; but this much is certain, that "all evidence, up to the present, negatives the opinion that 'LIFE' is a mere evolution from organic matter;" and while the origin of diseases *in the beginning*, like *the first origin of life on the earth*, as well as the continued life of each individual, is unaccounted for by science, and quite beyond its scope, the doctrine of evolution demands (as Darwin himself assumed), 'that we should look on the Almighty as creating the original elements of matter; determining their number and their properties; creating the law of gravitation, whereby, as seems probable, the worlds have been shaped; creating the various laws of chemical and physical action by which inorganic substances have been combined; creating, above all things, the *law of life*, that mysterious principle which plainly contains within itself such wonderful possibilities, and thus providing *once, and for all time*, the ultimate development of the many forms of nature by which we are surrounded."

Surely, "we can conceive nothing grander than this one original creative act from which the infinite variety of the universe has come, and more is coming yet."

And this doctrine of evolution further teaches us, "that we are looking on a work which is not yet finished; that we are looking on a world in which the occurrence of pain, of disease, of death, and such like imperfections, are but a necessary part of this large design, the general outlines of which, thus far, we have been permitted to see, but the ultimate issue of which, with all its details, is still far beyond our perception."

*Herbert Spencer, Principles of Biology, vol. i., p. 351.

Remarkable Toleration of a Foreign Body by the Eye.

Dr. Bruns thus writes in the New Orleans *Med. and Surg. Jour.* for February:

Joseph Messina applied for relief September 28th, 1885.

Born in Italy, he is twenty-nine years old, a resident of the State for three years, and at present a laborer in the rice fields of St. James Parish.

Patient states that a year ago he got a piece of rice husk in his left eye. For a day or so it caused him some annoyance. This passed away, and he has not thought of it until very lately. Very recently the eye has been troublesome; it is irritable and waters a little when he is exposed to the sun or wind.

There is a very slight circumcorneal injection, more marked around the lower portion of the cornea. Upon the latter, downwards and outwards near the inferior limbus, a small, round, yellowish brown spot about one-eighth of an inch in diameter is seen. Close inspection convinces Dr. Bruns that this is the offending bit of rice husk.

The eye being thoroughly cocanized, the husk is found to be very closely applied to the surface of the cornea, and covered with quite a thick layer of somewhat inspissated secretion (mucus), but is removed without pain or difficulty, and the patient sent on his way rejoicing.

The great degree of toleration manifested by the cornea towards the foreign body in this case, was due to the smoothness and thinness of the latter, allowing it to be closely and evenly applied to the corneal surface.

It is said that in the great grain-growing regions of the West, bits of husk often get into the laborers' eyes and set up severe conjunctival inflammations, which often resist regular treatment with approved collyria.

The quacks of the country, with that superior keenness which is unhappily so often the associate of knavery, have penetrated to the cause of these cases, and often bring relief where the regular practitioner has failed. They search the eye thoroughly, especially the upper conjunctival *cul de sac*, quietly remove the foreign body, and giving their patient a little rose-water, have him well in a day. The moral is obvious.

Poisoning by Chlorate of Potassium.

Dr. Simmons B. Jones, of Charlotte, N. C., reports the following interesting case in the *Med. Record:*

A little girl, nine years of age, had been under his care for a slight fever, with weak pulse, nausea, and continual vomiting, but, having apparently recovered, was dismissed as cured. On the day following, July 26th, the child had a sore mouth, and her mother gave her a paper containing something over an ounce of chlorate of potassium, allowing her to take it *ad libitum*. The girl liked the taste, and ate the crystals all day, consuming in this way between two and three hundred grains. At about two o'clock on the morning of the 27th the patient awoke vomiting. When seen some five hours later she was deathly pale, with blue lips, and a very rapid and feeble pulse, and presented exactly the appearance of one who had had a sudden and copious hemorrhage. "I had no idea at this time of the cause of the trouble, the parents having said nothing about the chlorate of potassium, believing it to be a harmless drug; but I suspected poisoning. The patient remained in this condition the three following days, vomiting and being unable to retain any food, and passing no urine. On the fourth day I introduced a catheter and drew off about five ounces of smoky urine, which, on examination, was found to contain albumen, casts, and altered blood. Dr. H. Formad, of the University of Pennsylvania, who examined a specimen, reported: 'I fully coincide with you about the urine; it contains a very large quantity of granular blood, epithelial casts, and free blood, showing a profound renal affection.' The urine was drawn for several days, and then began to be passed naturally in sufficient quantity, the blood disappeared, and the water resumed its normal color. An analysis, by Dr. Hannah, of eight ounces drawn the second day, showed six grains of potassium chlorate. The vomiting continued until August 14th, the matter vomited consisting of dark green mucus of an offensive odor. On August 16th there was seen an eruption of small maculæ of a purple color, upon the forearm. The temperature rose to 100° on the 20th, the submaxillary glands became swollen, the throat was red and œdematous; the patient sank gradually, and died on August 26th. She never complained of much pain, and there was no tenderness over the stomach. The bowels were at first constipated, but when action was solicited the matter passed was dark, and resembled the urine in appearance. There was complete anorexia throughout the entire period. Life was sustained by enemata of beef peptonoids, and milk, until the rectum became too irritable to retain the injections. After the vomiting had ceased, the patient was able to retain a little buttermilk. During the first few days much relief was obtained by warm baths, which were always followed by profuse perspiration and quiet sleep." No autopsy could be obtained.

Habitual Abortion and Kidney Disease.

The *Brit. Med. Jour.* says much has recently been written on albuminuria in pregnancy, and on the relation of disease of the kidney to physiological and morbid enlargement of the uterus. At the recent meeting of German scientists and medical men at Strassburg, Dr. Fehling, of Stuttgart, read a memoir on habitual death of the embryo in kidney disease. In the first case under his observation, premature expulsion of a dead fœtus occurred six times, and there was no evidence of syphilis. At every pregnancy, anasarca, albuminuria, and death of the fœtus, with severe cramp of the abdominal muscles, occurred between the fifth and sixth month; the dead fœtus was expelled from three to ten weeks later. In the second case, similar symptoms appeared in a young

mipara; the fœtus died, and thereupon the albuminuria abated. In the third case, the patient had borne two healthy children. During the third pregnancy, albuminuria and characteristic changes in the retina occurred; and during the fourth she was seized with hemiplegia; in both, a decomposed fœtus was expelled at the fifth month, with subsequent decrease of the albuminuria. In the fourth case, the patient, in her first pregnancy, aborted at the fifth month; then she gave birth at term to a recently dead child. In the third pregnancy, great œdema and albuminuria supervened, the child was still-born, and the mother died of uræmia. Dr. Fehling believed that, in all these cases, kidney disease existed before pregnancy, which aggravated the renal symptoms. Winter had described two cases of premature detachment of the placenta, normally situated, where albuminuria existed. Dr. Fehling found atrophy of the villi of the chorion, with wedge-shaped or spherical infarcts in the placenta, in his cases, similar to renal infarcts. The infiltration of the chorionic villi and vessels of the umbilical cord with small cells, as seen in syphilis, was absent, nor did any of the embryos exhibit a trace of congenital syphilis.

The Control of Hemorrhage.

Dr. A. Maguire thus writes in the *New Orleans M. and S. Jour.* for February:

In ante-bellum days, I was called to a large plantation in my neighborhood by the manager, one of the old-time overseers, who had great confidence in his powers of healing, and was convinced of his superiority over any new-fledged Æsculapius, and that what he did not know of medicine was not worth knowing.

He pointed to a collapsed, ghastly-looking African, sitting on a verandah, with his head leaning against the brick pillar, blanched as much as his color allowed, and with a small stream of blood and saliva trickling from one corner of his mouth; he had extracted, twenty-four hours before, the third molar, and the blood had never stopped—he had applied strong vinegar, Pravaz's perchloride of iron, nitrate of silver, and had caused the blacksmith of the plantation to bend and file down to a point a goodly-sized wire with which he had cauterized the socket. After doing all this he confessed he was at his wit's end, "*au bout de son latin.*" I told him I would extend his Latin to "*Felix qui potuit rerum cognoscere causas,*" and after reviving the drooping African with a square dose of whisky, I made a wad of cotton to be compressed between his jaws, leaving a piece protruding in the mouth of sufficient size to allow the involuntary play and suction of the tongue to be exerted on it, and not disturb the formation of the clot in the socket. The hemorrhage was arrested in ten minutes.

Some time afterward, a planter living some ten miles from my house sent for me for his daughter, who had been bleeding some twelve hours from same cause. I directed the father to apply same wad, and gave two doses of brandy and digitalis, which set everything right.

On the same principle, violent epistaxis can be controlled in many instances by occluding the nostrils between thumb and finger, preventing the forced entrance in and out of air, also an involuntary act, during which no clot can be formed.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——*Godey's Lady's Book* for March presents some notable attractions, not the least of which is a cleverly executed frontispiece portraying "The Frown," a companion picture to "The Smile," which proved to be such a point of merit in the January issue.

——A catalogue and price-list of artifical anatomical models can be had by addressing Dr. Lemercier, No. 7 Rue Vavin, Paris.

——At the last meeting of the Philadelphia Social Science Association Dr. Benjamin Lee read a paper on the organization of local boards of health in Pennsylvania, copies of which can be had by addressing the Social Science Association, 720 Locust street, Philadelphia.

——In a reprint before us, Dr. P. T. Armstrong, of the Marine Hospital Service, describes an interesting case of necrosis of the frontal bone following inflammation of the frontal sinus.

BOOK NOTICES.

Lecons sur l'Etiologie et la Prophylaxie de la Fiévre Jaune. Par le Dr. Manuel Cremona y Valle. 8vo., pp. 299. Illustrated. Mexico, 1885.

The scourge of tropical America is the yellow fever, and that its destructive ravages

are not limited to the tropics has been fearfully illustrated by the medical history of our own country. Any discovery which would offer a reasonably sure and easy method of prophylaxis against it would be one of the greatest boons to humanity, and would open up to the access of immigrants vast tracts of fertile land now effectually closed to them.

There seems good reason to believe that this discovery has been made by Dr. Carmona y Valle, the author of the work before us. It is by the method of inoculation of the specific virus of the disease into healthy subjects. Very strong testimony to the same effect has also been laid before the scientific world by Dr. Freire, of Brazil, who indeed claims to be the author of the method. Into the question of priority we shall not enter, and it is quite possible that like many discoveries it was originated independently by more than one observer.

Dr. Carmona's volume is published in French by the Mexican Ministry of Public Works, with an introduction and notes by Dr. E. Liceaga. It is illustrated by photographs and chromo-lithographs representing the specific microbe to which the disease is attributed. The explanation of the symptoms is ingenious, and the origin of the disease in various localities is carefully studied. The method of inoculation is described, and its protective effects demonstrated by the record of numerous instances of exposure without contracting the disease. Altogether the book is one of the first order of importance in prophylactic science.

On the Supra-pubic Operation of Opening the Bladder for the Stone and for Tumors. By Sir Henry Thompson, F. R. C. S. Pp. 57. London: J. & A. Churchill, 1886.

This interesting monograph contains a history of the operation, a record of a number of cases, and a discussion of its merits as compared with others for the same purpose. It is well illustrated, and written with the usual ability of the author.

Practical Human Anatomy. By Fanueil D. Weisse, M. D., etc. Illustrated by 222 lettered plates, containing 321 figures. 8vo., pp. 456. William Wood & Co., New York. 1886.

This treatise is intended both to be a working guide or dissector for the use of students, and also a reference book on anatomy for practitioners. The illustrations are on stone and are generally satisfactory, though here and there the lettering is less clear than one might desire. Their great merit is that they are nearly all directly from nature by the hands of a most competent artist, and not borrowed from previous treatises.

The text is concise and clear, and confines itself strictly to the anatomy of the part, not embracing its surgical aspects. To many this will doubtless be a disappointment, but we agree with the author in his opinion that anatomy is a science by itself, and should at first, at all events, be studied as such. After the description of each organ or part, the rules for its proper dissection are given in print of a smaller size. As the author has had experience in teaching anatomy in one of the largest medical colleges in New York for many years, he has acquired a thorough knowledge of how best to present his topics so as to insure their facile comprehension. The work is provided with extensive indices, and is manufactured in a highly satisfactory manner.

The Temperance Teachings of Science. By A. B. Palmer, M. D., LL. D., etc. Pp. 168. Boston: D. C. Heath & Co., 1886.

This is one of the books "adapted to the use of teachers and pupils in the public schools" which have been brought into existence by the educational tactics of the total abstinence crusaders, to which we referred in a recent issue. It comes from the pen of a member of our profession justly distinguished for his learning, and not less for the aggressiveness with which he defends his views.

In his book, as in others of the kind, the real point is dodged. Dr. Palmer labors to prove what no one denies—the evils of intemperance—and then by these pretends to have shown that temperance—the moderate use of fermented beverages—is also hurtful. A more complete ignorance or disregard of logical method could not be adduced. It is equalled by the physiological absurdity which prevails throughout the work, of maintaining that the effects of fermented are the same as those of distilled liquors. It is paralleled by the author's complete misapprehension of the evils of total abstinence, shown in his remarks on page 162. He fails to grasp this, which is one of the most important points in the whole subject. No nation and no party will ultimately succeed which departs from the doctrine of Him who came "eating flesh and drinking wine," who was Himself straightly charged with being "a wine-bibber and a glutton," but who in all matters of food and drink taught "temperance in all things, abstinence from nothing." To this all sound physiology points, and all education and government should point.

THE

Medical and Surgical Reporter.

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THE MANUFACTURE OF ACETATE OF LEAD AND ITS INJURIOUS INFLUENCES UPON THE WORKINGMEN CONNECTED WITH IT.

For years science has endeavored to prevent lead-poisoning in those whose occupation brings them into intimate and continuous contact with the metal.

Not only in the foundry-department, but still more in those, where the product is powdered, collected and packed ready for shipment, poisoning by lead is possible. Dr. F. Boehm has made many observations in this respect, and from his article in the *Deutsche Med. Zeit.*, Jan. 11, 1886, we make the following extracts:

It is of importance to know, that the first symptoms of intoxication consist in disturbances of digestion, and if the laborer does not then consult a physician, signs of lead colic develop, soon followed by vomiting, cold perspiration and intense colicky pains, with violent constipation. Under correct treatment, improvement sets in within a few days. Should the laborer return to the factory after repeated attacks of lead colic, chronic poisoning occurs; lead tremor, paralysis of the extensor muscles, epileptiform convulsions and affections of the joints belonging to its symptoms. In some cases peculiar physical disturbances occur; the patient is seized with mania, or becomes an idiot. These signs of mental aberration generally last some weeks, and then cease, only to return after intervals varying from one to several months, if the patient, notwithstanding his physician's advice to the contrary, should again resume his former occupation. Females are far more predisposed to lead-poisoning than men; this is the reason why in the great lead factory in Gademann in Germany female help is no longer engaged. It has been demonstrated that men in the habit of chewing tobacco generally escape lead-poisoning or are far less predisposed to it, but science has not yet divined whether this fact is due to any special action of the nicotin, or whether in consequence of the greatly increased salivary secretion in chewers, the small particles of lead are expectorated or made more or less innocuous by the alkalinity of the saliva. If at the very commencement, when only disturbances of digestion and an inclination to constipation exist, laxatives are promptly administered, the outbreak of the lead colic may be prevented. But should any pain exist, laxatives are not only without effect, but directly injurious. Warm cataplasms, opium internally or morphia subcutaneously and only after cessation of all pains the administra-

tion of drastic purgatives, form then the correct treatment.

As prophylactic measures, the following are in vogue in the large factory mentioned, which, by the way, is looked upon as the model institution of its kind. Laborers receive special *overalls*, which they wear while at work, and peculiar gloves, so arranged as tightly to surround the wrist without interfering in its motion, thus preventing all absorption by the skin, as the overall and gloves are of a material which is impermeable for the finest dust. Immediately before meals—which are permitted to be taken only in certain rooms and at definite hours—and also after their day's work is done, the overalls and gloves are carefully removed; face, hands, and hair are thoroughly washed; the teeth are cleansed with special brushes, and pure water is inhaled through the nostrils; in the rooms where the lead is worked as powder every laborer is forced to wear a respirator—incorrect wearing of which, if detected, at once causing the discharge of the man—and at least twice daily every laborer must take a tepid bath.

Experience, however, has proved that the men are too indifferent to prevent the occurrence of lead-poisoning. While those who strictly follow the rules, as mentioned, and who use all the year round, instead of plain water, a lemonade made with diluted sulphuric acid, may work for years and years in such factories with perfect impunity, others become poisoned by lead because they neglect the necessary precautions. Only technical chemistry, by the invention of less injurious coloring material, can cause the disappearance of the frequently dreadful disease.

LIVING IN NEWLY BUILT HOUSES.

In Prussia exists a law forbidding the renting of newly built houses for a stated period after their completion. This period somewhat varies according to the amount of humidity in the soil of the district. Recently a commission was appointed to investigate the subject, and to determine whether any change in the law would be desirable, the law having been in existence for over thirty years.

This commission has recommended the abolition of the law, and the substitution instead of more stringent building regulations. They say that the government should insist in any new building upon all measures necessary to prevent entrance of water into any part of the house. In regions where the ground water often rises high, a layer of cement should hermetically surround the cellar and ascend to a certain height above ground. Other precautions are recommended for the purpose of insuring water-proof roofs. But the main point in the commission's report is the question of ventilation. They advise the government to appoint a commission to determine the most feasible plan for insuring perfect ventilation in all dwellings and, then to pass laws enforcing such ventilation in all newly built houses.

In conclusion they express the positive conviction, if their recommendations are carried out, and if the respective building authorities see that no defect in ventilation, or in the other measures, can creep in, that newly built houses can at once be tenanted as soon as they are completed, without the least injury to the health of their occupants.

There is no doubt that a similar stringent law and its stringent enforcement by competent building commissions are just the things needed in our country. But if we remember that, in a city like New York, a tenement house before its completion can cave in, simply in consequence of a little breeze, as happened about a year ago, when only the accidental fact of a person being killed by the collapsing walls insured the punishment of the builder (but not of the commissioners!) it surely is time to enact some such laws this side of the Atlantic, and to take as commissioners men that not only understand their business, but are determined to carry out the provisions of the law.

SULPHUR IN GAS.

The question has recently been agitated, whether our illuminating gas contains any considerable amount of sulphur, the idea having gained ground that this substance, if present, would be injurious to the health of persons inhaling air saturated with it. The well-known authority on sanitary matters, Von Pettenkofer, has made this subject a special study, and after a long series of experiments he has came to the following conclusions, published in the *Deutsche Med. Zeit.*, January 11, 1886:

He is of the positive opinion that it is of no importance whatever, from a sanitary point of view, as well as from a chemical-technical one, whether an illuminating gas, *provided it be free from sulphuretted hydrogen*, contain 0.2, or 0.5, or 0.7 (about $\frac{1}{10}$ grains) sulphur per cubic meter, or none. Those using the gas have not to expect any advantage whatever from the present chase after sul-

phur in gas; it can be of interest to them only that the gas is free from sulphuretted hydrogen, and that it possesses sufficient illuminating power.

Thus one other of the recent scares has been removed from anxious brains. There is no doubt that many of our modern achievements, as for instance gas, aqueducts, sewerage, etc., are by no means conducive to health; but in the chase after injurious influences, and after factors deleterious to health, many a wrong position has been maintained, and this will probably continue until science has finally sifted the material accumulated, and determined what is hurtful and what not.

Notes and Comments.

The Surgical Treatment of Cysts of the Pancreas.

Of all abdominal organs the pancreas has been least frequently subjected to surgical treatment, for which the anatomical location of this organ, and the obscurity of its affections, furnish a sufficiently satisfactory explanation. Situated high up in the abdominal cavity, and hidden behind such important organs as the stomach, omentum, and transverse colon, it is the least accessible of all abdominal organs, and on this account its affections, wrapped in obscurity, have for the most part constituted objects for empirical medication. The relation of this gland to the surrounding organs and its great distance from the anterior wall of the abdomen, the only point of approach, necessarily offer serious obstacles to diagnosis and direct treatment. From a diagnostic point of view another great difficulty is our want of positive knowledge concerning the physiological functions performed by this gland in the process of digestion. As the symptomatology of all affections of the pancreas is always obscure, and a probable diagnosis can only be made in cases where the gland has become considerably enlarged by disease, it is apparent that our present clinical knowledge is limited to diseases which increase the size of the organ to a sufficient extent to permit its detection by palpation. Primary malignant disease of the pancreas, when it has advanced to such an extent that its presence can be diagnosticated with certainty by physical signs, will have invaded the adjacent tissues to such a degree as to preclude theadvisability of an operation; consequently the efforts by the surgeon, for the present at least, must be directed exclusively toward the recognition and treatment of benign affections of this gland. Clinical experience does not extend beyond an imperfect knowledge of cysts of the pancreas.

The pancreas, like other secretory organs, is prone to become the seat of cystic tumors, the result of obliteration or obstruction of the common duct, or one or more of its branches. Cysts originating in this manner are true retention cysts, containing the physiological secretion from the distal portion of the gland tissue, with perhaps accidental products, such as altered secretions, blood, and the products of inflammation.

In a very valuable paper on the surgical treatment of cysts of the pancreas, Dr. N. Senn, of Milwaukee, in the July number of *The American Journal of the Medical Sciences*, presents a full report of a case of retention cyst of the pancreas, which has recently come under his observation, and, at the same time, summarizes, in a compact form, the clinical history of similar recorded cases which serve as a basis for some general remarks.

In recapitulation, Dr. Senn submits the following conclusions:

1. Cysts of the pancreas are true retention cysts.

2. Cicatricial contraction or obliteration of the common duct or its branches, and impacted calculi, are the most frequent causes of cysts of the pancreas.

3. A positive diagnosis of a cyst of the pancreas is impossible; a probable diagnosis between it and some other kind of cysts amenable to the same surgical treatment is adequate for all practical purposes.

4. The formation of a pancreatic fistula under antiseptic precautions recommends itself as the safest and most expedient operation in the treatment of cysts of the pancreas.

The Influence of Cocaine, Atropine, and Caffeine on the Heart and Blood-Vessels.

There are few known drugs that have, within such a short space of time, risen from comparative obscurity to such practical as well as theoretical importance as cocaine. Its great value as a local anæsthetic, and its wide application in all the branches of medicine and surgery, together with our comparative ignorance in regard to many points of its action on the animal organism, are sufficient to attract attention to a valuable experimental paper on the influence of cocaine, atropine, and caffeine on the heart and blood-vessels, by Dr. H. G. Beyer, U. S. N., which

appears in the July number of *The American Journal of the Medical Sciences.*

Dr. Beyer finds—

1. That *cocaine* is exceedingly prompt and uniform in its effects upon the heart.

2. In small doses it is a powerful stimulant to the heart's action.

3. In medium doses it has an inhibitory influence over the ventricular contractions.

4. In large doses it produces diastolic arrest, from which, however, the heart may be recovered under suitable conditions.

5. In small or large doses it produces contraction of the blood-vessels, independent of the central nervous system.

6. A rise in the blood pressure, consequent upon the administration of cocaine, is due to a direct action of the drug on the heart and blood-vessels, stimulating the former and constricting the latter; a fall in blood-pressure coming on after the rise must be accounted for by the action of cocaine on the heart alone, since its constricting influence on the blood-vessels outlasts the stimulating influence it exerts over the ventricle of the heart.

2. That *atropine* in certain doses increases the rate of beat of the heart, and also the amount of work done.

2. That it exercises an inhibitory influence over the contractions of the ventricle.

3. That it first causes a contraction and afterwards a dilatation of the blood-vessels.

4. That cocaine acts on atropized vessels in the same way that it does on normal ones, *e. g.*, it causes their contraction.

That *caffeine* in small as well as large doses produces dilatation of the blood-vessels in the terrapin; any rise in arterial pressure due to caffeine is, consequently, to be explained only by the stimulating effect caffeine exerts on the heart itself.

A New Symptom in Megrim and Epilepsy.

Before the Clinical Society of London (January 22), Dr. Angel Money read a paper with this title. The patient in whom the new symptom was noted was a man, æt. 29. He had suffered from many of the symptoms that are usually put down under the heading of megrim, such as transient hemiopia, spots and flashes of light, headache with and without nausea, abnormal tactile sensations. When about eleven years old he used to faint with a queer sensation at his epigastrium. The new symptom consisted in an apparent momentary lengthening of a written or printed word, seemingly caused by a reduplication of one or more of the letters in the word. The patient observed that this annoying symptom was most frequent when the flashes of light were most troublesome. Another noteworthy fact in connection with his visual organs was the long persistence of negative images, a condition which was not always present, but only at the times when he felt bilious. There had never been convulsions or motor spasms of any kind; nor with the exception above mentioned has he ever lost consciousness. At times the patient was troubled with a ringing noise apparently in his right ear; he was, however, distinctly though not very deaf on the right side. Reflecting on this symptom of apparent lengthening of a word, it occurred to Dr. Angel Money to ask his patient whether he ever experienced a similar alteration in the length of spoken words. There was no weakness of any ocular muscle, and only a trifling degree of myopia. The author remarked that there were many ways of interpreting this symptom. He did not think there was any fraud or reasonable doubt that the symptom was a real one. Was it due to some transient disturbance in the muscular mechanism of the eyes? The author thought this supposition not at all improbable. But he considered that theoretically it must not be overlooked that we may have to do with a symptom belonging to what may turn out to be an altogether new field of sensory nervous symptoms, by which he meant a group of symptoms which might best be designated as "reduplicated nervous actions." If the patient be right in his opinion that one of the letters of a word is doubled in the apparent lengthening, then it would not be at all absurd to regard the phenomenon as due to the reduplication of a nervous discharge in the usual word centre.

Chronic Simple Ulcers of Stomach and Duodenum without Symptoms until the Occurrence of Perforation.

The following case, which Dr. Samuel West reports in the *Med. Press*, January 27th, is well worthy of remembrance, as it serves to help us out of "scrapes:"

Hannah A., 48, while eating, was seized with sudden severe pain in the epigastrium, which continued until her admission a month later. She had vomited, but food produced neither pain nor sickness. She had rapidly lost flesh and strength, and had recently perspired at night, and for a few days had a cough which caused her pain in the right side and back. She had been all the

time confined to bed, and a bed-sore formed upon the right buttock a fortnight before admission. Though she had been losing strength lately, there was no history of any ailment before the present illness. There had never been any pain or discomfort after food. Patient looked very ill. Respiration 46, shallow, general rhonchus. P. 120, very fresh. T. 99°. Urine a trace of albumen. Liver uniformly enlarged. Some tenderness above umbilicus and towards right hypochondrium. No ascites, but œdema of legs. Two days after admission she passed with a stool about six ounces of dark blood, and also on the two following days. She rapidly became weaker, and died on the 5th day after admission. P. M.—Some old chronic pleurisy and pericarditis. Liver enlarged, with superficial abscess between it and abdominal walls. This abscess had two openings—one leading from duodenum and due to perforation of an old ulcer, the second into the colon, probably accounting for the hæmorrhage. Another large chronic ulcer was found upon the lesser curvature of the stomach, which had also perforated, and led into a cavity with thick fibroid walls, and the base of which was formed by the liver. The two ulcers were of very old date, the symptoms being produced by the perforation of the duodenal ulcer, and the formation of the abscess. Two points are noteworthy:—1. The extent and duration of the ulcers without symptoms. 2. The lowness of the temperature in spite of active suppuration.

Weighted Shoes in Locomotor Ataxia.

Dr. Allan McLane Hamilton thus writes in the *Boston M. and S. Jour.*, January 21:

Those of us who are in the habit of seeing locomotor ataxia, especially in its second and third stages, have our sympathies taxed to their utmost by the helplessness of the tabetic patient and his difficulty of getting about. There is very little to be done at best, and for this reason the case seems sadder than ever.

For such ataxics I have been in the habit during the past four or five years, of suggesting a simple mechanical device which has done so much good that I think it worthy of publication. I allude to weighting the anterior part of the feet. Many ataxics whose locomotion was exceedingly difficult and distressing, have worn their weighted shoes constantly since I ordered them, and have led far happier and more comfortable lives.

Those at all familiar with the peculiar heel gait of the ataxic, know that there is more or less weakness of the peroneus longus, and a failure to act against its opponent, the tibialis anticus, which is strongly contracted. Buzzard and Jackson first called attention to this explanation of the disorderly walk which largely depends upon what the former calls the "over-movement of the associated muscles." The use of the properly adjusted toe-weights serves two purposes—*first*, to overcome the tendency to violent hyperflexion; *secondly*, to create an exaggeration of subjective consciousness of movement and location. The loss of plantar tactile sensibility is compensated by the perception of weight. In some cases with the adjusted weight it is possible for the patient to walk in the dark, which under other circumstances he could not do.

The weight, which should not be so great as to produce fatigue, may consist of a leaden insole, or of a plate fastened between the soles. A few experimental trials will enable the physician to determine just how much lead is needed, and where it should be placed. For those cases which last some time, the degree of comfort is sometimes very great, and the patient's gait is less apt to attract the attention it would otherwise, thus saving him much mortification and giving him greater confidence.

The Prevention of Myopia in School Children.

It is now tolerably well established that shortsightedness is developed and increased in a certain direct relation to the amount of school-work done by children. For the prevention of myopia, Fuchs, of Liège, in a prize essay quoted in the *Birmingham Medical Review*, gives the following directions. First in importance is the arrangement and lighting of the school-room.

"The principal windows in England should look to the south or south-east. The long axis of the room should run north and south. Every scholar should, from his place, be able to see some portion of the sky. Light from above is the best, and, except in hot climates, glass roofs are very advantageous. The chief light must come from the scholar's left side. The height of the top of the window from the floor should not be less than two-thirds the width of the room. The total window surface should bear to the area of the floor a proportion of at least 1 to 5. In artificial lighting by gas, every burner must have a glass chimney and a shade, the latter arranged to reflect the light down upon the desk, and to screen the scholar's eyes. There

should be about one burner to every four scholars."

Azoturia.

The *Lancet* (January 2) says that an estimation of urea discharged in a given time has been long regarded as a scientific means of diagnosis, not only in renal disease, but in other disorders which disturb the normal exchange of material. Within the last two or three years M. Rommelaere has made certain statements which, if true, would certainly afford additional help in the differential diagnosis of gastric diseases. Azoturia is a convenient term to signify the normal discharge of nitrogen in urine. It used to mean hyper-azoturia, and we now also speak of hypo-azoturia. But difficulties still exist in the way of nomenclature, for no one knows the normal discharge of nitrogen. It is asserted in text-books of physiology that 500 grains of urea are the normal amount discharged by the average healthy man in the twenty-four hours. But this seems to be an arbitrary standard. The objections that have been raised against Rommelaere's conclusions (*vide The Lancet*, p. 604, vol. ii., 1884) are four in number: 1. The estimate of thirty-two grammes for the normal azoturia is too large; in France it is given as twenty-one grammes. 2. Azoturia is proportional to the kind of diet. 3. A patient who is not fed, or who vomits his food, has hypo-azturia, no matter what his disease. 4. Cancers may be associated with hypo-azoturia. Rommelaere admits the force of the first two objections, though he thinks his own conclusions are not perceptibly altered thereby. Theoretically there are objections, but not practically. He adduces evidence to show that the degree of azoturia is not in direct relation with the quality and quantity of the food in acute diseases, nor even in chronic affections.

The Treatment of Lithæmia.

If asked how he would manage a case of lithæmia, Mr. Charles G. Stockton tells us in the *Buffalo Med. and Surg. Jour.* for February that he would answer: avoid quinine; look carefully after gastro-intestinal catarrh; keep open all the sewers of the body, including the liver; be most mindful of the primary digestion, and suit the diet to the case; using, if needed, pepsin and hydrochloric acid with albuminoids, vegetable diastase with starches, and extract of pancreas with milk and the fats, after the admirable plan of Roberts, of Manchester. And finally, the most important and most neglected agent of all, oxygen, should be gotten into the body. Do this by massage, which will improve the capillary circulation and hasten the lymph stream; by inhalation of oxygen, which promises much in this direction; by change of climate, or, if the case is not urgent, enjoin as far as practicable, an active out-of-door life, with horse-back riding; for if there is anything that is truly anti-lithæmic, exercising, exhilarating, tingling a man into the belief that he is related to the gods, that thing is equination.

Pregnancy Mistaken for Cysto-sarcoma.

From Tassy, in Roumania, the following case is reported:

A peasant woman, twenty-five years old, who had had already seven children, and who had had no sexual connection with her husband for more than four years, felt herself pregnant several months after an illegitimate coition. To hide her pregnancy from her husband, she simulated violent pains in her abdomen, the cause of which was a tumor enlarging her belly, and went to Tassy, into the Saint Spiridion Hospital (not into the lying-in hospital). Here was diagnosticated a cysto-sarcoma of the right ligamentum latum, and laparotomy with consequent incision of the presumed cyst was performed. Instead of a cysto-sarcoma, they found a child of seven months, which remained living for some hours. The mother died on the seventh day. The respective physicians have been drawn to account, and the operator removed from his office.

Feeding by the Rectum.

The following formulæ for this purpose are given in *The Practitioner*, Dec., 1885:

For peptonized gruel: wheaten flour, oatmeal, arrowroot, sago, pearl barley, pea or lentil flour, gruel well boiled, thick and strong, Oj; put in a covered jug, cool to about 140° F., add liq. pancreatici ʒss. Keep warm under a cosey for two hours, boil and strain.

For peptonized milk gruel: thick hot gruel, cold milk, equal parts. To each pint add liq. pancreatici ʒij–iij., and sodii bicarb. grs. xx. Keep warm in covered jug for two hours; boil for a few minutes and strain.

For peptonized beef tea: half pound finely minced lean beef, water a pint, sodii bicarb. grs. xx.; simmer for one hour and half; cool to 140° F.; add liq. pancreatici ʒss. Keep warm under cosey for two hours; occasionally shake. Decant liquid portion and boil for five minutes.

When Not to Operate in Empyema.

This is a question that it is not always easy to decide, but that there are some cases wherein an operation is contra-indicated we all know. Thus Dr. Rickman J. Godlee tells us in the *Lancet*, January 16th, that in chronic phthisis an empyema may be present and apparently do no harm for a considerable period, but its evacuation may be followed, apparently as a result, by increased destructive changes in the lung; it may certainly, if the greatest care be not taken, be followed by increased constitutional disturbance from inflammation of the pleural surfaces. These cases should then, he thinks, be let alone as long as the presence of the fluid is not a source of inconvenience to the patient.

The Early Treatment of Convergent Strabismus.

Dr. W. Adams Frost concludes a paper in the *Brit. Med. Jour.*, January 16, 1886, by enunciating the following propositions:

1. The cure of a squint is important, not merely for cosmetic reasons, but because it is essential for binocular vision, and because, if neglected, the sight of the squinting eye will be very seriously impaired.

2. Treatment must on no account be postponed when the squint has ceased to be alternating.

3. The majority of cases, if seen sufficiently early, can be cured by correcting the hypermetropia.

Post-mortem Hyperpyrexia.

A singular case of this kind is reported by Dr. E. Underhill in the *Lancet*, January 16, 1886. The patient was a woman aged thirty-five, who, after labor, presented some evidences of a commencing mammary abscess. There was no evidence of organic disease, but she complained of feeling very hot, though she suffered no pain. She died, although but a few hours before, a favorable prognosis had been made. A few minutes after death the thermometer in the axilla registered 110.2° F., and two hours later, after the chest had been exposed to the atmosphere, it was 108° F.

Lanolin.

This new base for ointments is described and highly lauded by Dr. Oscar Leibrich in the *Brit. Med. Jour.*, January 16. It has a great capacity for absorbing water, more than 100 per cent. of which can be kneaded with it. The absorption of lanolin-sublimate ointment is so rapid that a few minutes after the application the characteristic metallic taste is observed. It is noteworthy also that this fat combines easily with glycerine, and that, in this combination, it can with ease be mixed with every other fat. In this way a great variety of agreeable cream-like ointments can be produced.

Diagnosis of Gonorrhœa in a Female.

The *Jour. Cut. and Ven. Diseases* tells us that Dr. Martineau claims that a specific may be distinguished from a simple vaginal discharge by the simple expedient of using a piece of litmus paper. In the specific form the reaction is always acid, while in the simple form it is always alkaline. The same test is also of value in cases of rape, in deciding whether the person who committed the crime was then suffering from gonorrhœa, as the vaginal discharge proceeding from this cause would be acid.

Salicylate of Sodium in Pericarditis.

Dr. Da Costa tells us that he is losing confidence in the power of the salicylates to prevent or cure the heart complications of rheumatism, and he gives a decided preference to the alkaline treatment; yet, on the other hand, Dr. Samuel L. Abbott states in the *Boston Medical and Surgical Journal*, January 21, 1886, that while the cases he offers are too few to generalize from, yet he cannot resist the conviction that the drug exerted a decided influence on the disease.

Correspondence.

BERLIN CORRESPONDENCE.

A New Method of Treatment of Tuberculosis of the Lungs.

Eds. Med. and Surg. Reporter:

Well, then, the year would have a good beginning—with a new treatment of chronic tuberculosis of the lungs and chronic bronchitis—if only *new* and *approved* were also always identical. Max Reichert, at Rostock has, several years ago already, healed tuberculous ulcers of the larynx with injections into the throat of a two per cent. solution of chloride of zinc. These results laid the idea before him if it would not be possible to influence the tuberculosis of the lungs through a similar local treatment. With the inhalation of medicinal vapors, the intended purpose is not obtained, because the

inhaled quantities are too small; the penetration of medicaments in the shape of powders into the lungs the author does not think very possible, but, on the contrary, he believes the process which he explains more particularly in the *Archiv. für Klinische Medizin*, vol. 37, heft 5, worth further examination.

The method consists in injecting medical liquids directly through the larynx into the trachea and the bronchi of the affected side of the lungs. Already six years ago this method had been made use of in chronic bronchitis and bronchiectasis. The remedies used for injection were lime-water, a ½ to ½ per cent. solution of chloride of zinc, ol. eucalypti (5 per cent., with water or glycerin), ol. myrrhæ, ol. pini pumilionis, thymol ½ per cent., ol. menth. pip., salicylic acid (up to ½ per cent.), salicylic acid 1.0 to 2.0 mixed with ol. menth. pip. 3 to 6.0, aq. dest. qu. suff. ad 2000. The best results have most likely been given by salicylic acid; also eucalyptus oil was of good effect.

The most important, and for the value of this method of treatment above all deciding question, was that, if and how far the liquid got into the lungs. The first made trial of the author in this respect is in that way, that as Leubuscher correctly mentions in *C. f. klin. M.*, No. 2, 1886, it is not very clear how he shall contribute anything to the decision or to the enlightening of the matter in question. In the lungs of a calf or sheep closed with cork a solution of methylic blue is injected by means of a syringe for the throat. Altogether eight injections were made. Afterwards methylic blue was found in all parts of the lungs. However, the author did not content himself with this one trial, but made use of two animals, a rabbit and a sheep, for the experimental decision of the said point. As far as the rabbit was concerned, he himself asserts that it is questionable if in general anything of the injected liquid came into the trachea; with the sheep, however, the case was different; here tracheotomy was made before, and twelve injections of crocus solution were made. It is true, the animal got dyspnœa, but the crocus solution was found after death in all parts of the lungs. The author, it is true, doubts in his demonstrations in his trial on animals (and that is no more than justified — L. C.); but, nevertheless, he thinks it undoubted that in man these injections would get into the lungs. And why? The subjective sensation of the patients gives the principal proof for it. For instance, by injections of light oil of wine, the patient mentions a burning in the parts of the trachea; after a number of such injections a dyspnœa takes place, only perceptible to the patient, which objectively is cognoscible through a slight crackling. From the irritation caused by the injection, R. has never seen any harm. Especially with bleedings of the lungs, these injections of light oil of wines have a downright prophylactic, sooner styptic effect. The consequence of these injections is in the first place the regular emptying of the products of secretion, as well through the inclination to cough caused by the injections as also the solvent action of the water, and through the animation of the activity of secretion of the bronchial pituitous tunic. Then, further, the disinfecting and astringing, eventually the healing and cicatrizing, exciting action of the injected liquid, as far as this has got into the lungs. Finally, this liquid becomes also resorbed, and after having been taken up in the mass of moisture of the body will also be able to operate.

The observations of R. extend to 60 cases. Always a favorable result was to be observed. Already after a few days could be observed also in the more difficult cases a striking improvement of the general state of health. The expectoration became easier, cough more seldom, vomiting left off, breathing became freer, the appetite better, sleep more tranquil, and the fever generally less.

The examination of the tubercle bacillus the author has not been able to execute often enough to be able to fix the result of the treatment in this respect. As to the manner of the injections, it is to be remarked that they are executed best either in quiet breathing, or, best of all, about the end of the expiration. Yes, one shall even try to inject the liquid in the right or left bronchus by turning the syringe to the respective side. The sensation caused by the manipulation is insignificant, so that one can make up to six injections. Sometimes a slight difficulty in breathing takes place. The treatment of injection is especially then of advantage when coughing excretions, with or without hæmoptysis, are present, but not too extensive caverns, not too important infiltrations, but also then astonishing results are to be recorded. The duration of the treatment must last in easy cases from four to eight weeks; in more difficult, from two to four months.

If this new therapeutic procedure mentioned and made use of by R. may well be remarked as interesting enough to undergo, on the basis of a methodical examination, a further trial, yet the manner of the proceed-

ing, as preferred by R., must be thoroughly and decidedly refused. The task to be solved before the therapeutic application was, conformably to reason, that to examine if in general something of the injection liquid gets into the lungs, and if this is the case, where the liquid gets to. This proof is entirely wanting, and to denote it as found through the subjective sensation of the patient—that would be imprinting upon the whole method from the beginning the character of a hypothesis. L. C.

Another Case of Short Interval between Confinements.

Eds. Med. and Surg. Reporter:—

The case reported by Dr. L. N. Davis, or rather by Dr. I. N. Trent, in your recent issue, page 192, reminds me of one—somewhat similar—in my own experience. My case may not be the shortest on record, although as close to it as it can be, but I think it as of much more interest, from the fact also that four children have been born within three years, at full term, and single births each time.

In looking over my obstetrical record, I find the case is that of Mrs. B., aged 17, whom I delivered for the first time March 5, 1883. In January 8, 1884, I attended her once more in her second confinement. Again in December 31, of the same year, I attended her in her third confinement. Finally, I delivered her again for the fourth time, November 18, 1885, of a fine and only girl. The case is remarkable for the short interval between each confinement, also for the young age of the lady, who at the age of twenty is already the mother of four children. On the other hand, she enjoys good health, has grown stout, and in fact, as I told her, "it seems to agree with her."

J. J. Lamadrid, M. D.
412 *Greene Ave., Brooklyn, N. Y.*

Supernumerary Fingers.

Eds. Med. and Surg. Reporter:

On September 8th, 1885, Mrs. S., a colored lady, was delivered of a female child, that was well formed and in every respect natural except the hands, which had an extra finger, or rather part of a finger, on each hand. The attachment was at the union of the first and second phalanges, on the outer surface. The attachment was by a small pedicle, one-eighth of an inch, the other one-fourth of an inch wide. The extra fingers were about one-half inch long, and had a nail and one phalanx on each. I removed them by clipping the pedicle; one bled considerably, and had to be bandaged to stop it, the other bled but a drop or so.

Upon inquiry I found this to have been the first case in the family, although the mother expected it, and was not surprised at the discovery. She related that her mother, two sisters, and two first cousins, had two supernumerary fingers; one aunt on her mother's side had but one. All were attached at the same point, as near as she could recollect. J. L. Geyer, M. D.
Norwich, O.

Sour Milk in Atonic Dyspepsia.

Eds. Med. and Surg. Reporter;

As Dr. W. O'Neill reported a case of atonic dyspepsia (in the Reporter of January 9) treated with sour milk, and having used it for the past eight years, I thought I would give you my experience. The first time that I ever used it was in 1877, after all other treatment had failed. I prescribed buttermilk and sour milk, one pint at each meal, instead of tea and coffee; and after the use of it for one week, the patient, a woman, felt much better, and I continued the buttermilk for one year, and she has not had a return of the dyspepsia up to the present time. I have since treated over thirty cases with the same result.

G. C. Wallace, M. D.
Rock Rapids, Iowa.

News and Miscellany.

Early Puberty.

A curious case of early puberty was shown by Mr. Bruce Clarke at the meeting of the Pathological Society of London on January 18th. A large muscular boy, apparently ten or twelve years old, came under treatment on account of bowing of the tibiæ due to rickets, and the parents made the astonishing statement that he was born on May 17, 1882, a statement subsequently confirmed by a reference to the birth-certificate preserved at Somerset House. He was three feet eight and a half inches high, and weighed four stone six pounds. There was some down on his cheek, and, though there was no hair on the chest or in the armpits, he was as hairy as a man about the pubes and in the perineum. His penis was as large as a man's, and was noticed to be erect every morning, though the testicles were rather smaller than those of an adult. The pomum Adami was

well developed, and his voice was cracked like that of a boy losing his "childish treble." The development of his brain, however, had not kept pace with the growth of his body, and his mental state was about that of a child of his years. The girth of the head round the occipital and frontal protuberances was twenty-one inches, which is certainly not very small for his bulk. It is interesting to note that, in spite of the great development of his sexual organs, he has never given any evidence of sexual desire, and that no seminal emissions are known to have occurred. The boy was the third child in a family of five, and he was bigger than the eldest child, who was over seven years old. He was suckled for nine months. At about one year of age he began to grow rapidly and to eat voraciously, so that nothing seemed to satisfy him. Hair began to grow on the pubes, and before he was a year and a half old, he was as hairy as a man. At about this time this very rapid rate of growth ceased, and since then his mother thinks he has only grown with ordinary rapidity. Mr. Bruce Clarke performed osteotomy on the bowed tibiæ, and the boy made a good recovery. A few cases are on record where puberty developed between the ages of two and three years, but Mr. Clarke informs us that he has been unable to find any other case recorded where it developed before eighteen months of age.

A Novel Consultation.

A writer in an exchange says: We were about three miles from Natchez, when we heard a great shouting and wailing in a negro's cabin by the roadside, and it was decided to dismount and go in. It was a tumble-down structure with but a single room, and into this were crowded sixteen or eighteen colored people, mostly of the female sex. On a heap of straw on the clay floor was a sick woman. She was rolling her eyes and writhing as if suffering great pain. When asked what ailed her, an old white-haired negro, who was called "doctor" by the others, replied: "Dat's jist what we doan' agree on. Some says it's de bilyus colic, an' some says it's de gallopin' consumpshun." "Why, man, something ought to be done for her right away." "'Zactly, sah—'zactly, an' Ize de doctah dat would like take right hold ob the case." "But why don't you! "Kase Ize boxed up, sah. I nebber gin the same medicine fur gallopin' consumpshun dat I do for bilyus colic, an' until we kin decide on de ailment I doan' dare go ahead." We were on our horses and ready to move off when the old man came out with a happier look on his face and said: "Gem'len, we has sorter took a vote on it, an' we has declared it rheumatism by one majority. Ize gwine right at it, to heat de bricks an' gin her an all-night sweat."

Uneducated Druggists.

In reference to the necessity for state pharmacy laws in New York, the *Pharmaceutical Record* gives the following telephone conversation:

Central—"Hallo, Central! Give me Dr. B."

Pill-Grinder—"Halloh, Dr. B., is that you?"

Doctor—"Yes; what is it?"

Pill-Grinder—"I have a prescription of yours; have the first article, the second I can make if you are in no hurry, but the last article on it I am sure I cannot get."

Doctor—"Well, what is it? Read it."

Pill-Grinder—"The first article is sulph. morphine."

Doctor—"That's all right; what is next?"

Pill-Grinder—"It reads 'ung. pet.'"

Doctor—"Never mind, take cosmoline."

Pill-Grinder—"But, Doctor, the next article I am sure I cannot get in the city."

Doctor—"Well, go ahead and read it."

Pill-Grinder—"It reads, 'bene admisce.'"

Doctor—"Oh, never mind; just mix it well and thoroughly."

Query—Where is your State Pharmacy Law?

Echo Answers—Where?

Succession Duties Claimed on a Surgeon's Fee.

A medical man at Liege having to perform a serious operation on a lady, was asked his fee, and was offered it in advance. This, however, he declined. The result of the operation was unfavorable. After the patient's death the fee was paid by the family without any objection. Some time afterwards the surgeon received a letter from the notary of the Public Revenue Department, stating that the Administration of Finance "declined to recognize the fee, as, considering the position of the patient, it was exorbitant," and demanding succession duty on the whole. He added that if a lawsuit was to be avoided, a detailed circumstantial account must be furnished. The editor of the Belgian medical journal, to whom these particulars have been supplied, says that he never before heard of a revenue officer

claiming to interfere between a medical man and his patient about the amount of the fee.

Staufer's Instruments.

Among the numerous instruments devised for use in gynæcological cases, those manufactured of hard rubber by the Staufer process deserve to attract the attention of physicians by their cleanliness, durability, and adaptation to their purpose. From several recent letters before us we may quote the experience of those who have used them. Dr. D. A. Phillips, of Pa., writes: "The purchase of Staufer's uterine supporter effected through you has proved to be the most satisfactory one I ever made. The instrument leaves nothing to be desired." Dr. E. Cowan, of Mississippi, says: "The Staufer belts and cups give universal satisfaction."

A descriptive catalogue, illustrated, will be mailed on application to this office.

A Fever Swamp in Africa.

The *Medical Summary* says that Bathurst, on the river Gambia, seems to be a place blessed with any amount of inducements for travelers. Listen to one of them: We have shipwrecks, fevers, ants, ulcers, and malaria, which never fail us. The soil is loaded with it, the ships which visit our coast are loaded with it. Our houses are impregnated with it, and we have it in almost every form, and with every complication, all those known to medical science, besides a host which have yet to be added. Artemus Ward said he was very well satisfied to have his wife's relations go to the war and fight and die for our dearly loved gridiron or flag. We say how happy we should be if our mother-in-law would go to Bathurst. But then it might be hard on the Bathurstians, if any are left in that delightful climate.

Preventive Inoculation by a Russian Priest.

From the *Canadian Practitioner* we learn that a Siberian journal states that in 1868, when the plague was killing all the cattle in the country, Father Andrew Joakimansky, of the Troïtzky village, resorted to a desperate means in order to save his cows. He got some blood from a dying cow, saturated threads with that blood, and passed these threads through the ears of the healthy cows, numbering eleven. At the place where the ears were punctured there appeared tumors of the size of pigeon-eggs. In a short time these tumors disappeared, and the cows remained alive and healthy, though the rest of the cattle of that village perished.

New Pharmaceutical Preparations.

Hydronaphthol.

This is one of the same class of organic compounds as phenyl, and possesses similar antiseptic and detergent properties. It promises to have a wide use in surgery and sanitation. An excellent preparation of it is offered by Messrs. Seabury & Johnson, New York.

Hollow Suppositories.

The experience of every year emphasizes the advantages of rectal medication over any other method in numerous cases. Its details have been vastly facilitated by the invention of hollow suppositories, prepared of pure cacao butter and with self-sealing stoppers. This happy device is the ingenious production of the firm of Hall & Ruckel, 218 Greenwich street, N. Y., who furnish these suppositories in a great variety of forms and sizes.

A Tax on Burials.

The health authorities of Newtown, New York, where many of the large cemeteries connected with the city of New York are situated, have decided to refuse a burial permit without the payment of a dollar. The object of this is to raise money for the expenses of the town, as so much land is occupied by the cemeteries that it makes the taxes on other property very high. The undertakers are intending to fight the charge, as they say that it is really a tax upon burials, which the law does not permit. The matter is an interesting one, and not very certain of solution. A test suit will be brought to settle the question.

The Extent of Sulphur in Lighting Gas.

Pettenkofer concludes an opinion about the contents of sulphur in lighting gas with the words: "I can therefore pronounce with all precision, that it is, as well from hygienic as from a chemico-technical point of view, without any importance if lighting gas, free of hydrothionic acid, contains 0.2, or 0.5, or even 0.7 sulphur per cubic meter. The consumer of gas has never to expect a profit of this hunt after sulphuret of carbon; him it can only interest that the gas is free of hydrothianic acid, and that it possesses the stipulated power of light."

Association of Physicians and Pathologists.

The following circular explains itself:

PHILADELPHIA, February 15, 1886.

DEAR DOCTOR:—

In view of the undoubted advances which have everywhere followed in the different departments of medicine, the formation of special societies devoted to their interests, and in view of the fact that each one of the natural divisions of medicine, except those of general medicine and pathology, is represented in this country by a special society, it has occurred to some members of the profession that a similar Association of Physicians and Pathologists is desirable.

Accordingly, two preliminary meetings were held in New York City on October 10 and December 29, respectively, at which the matter was thoroughly discussed, and, after a general expression of opinion, it was finally decided:

1. To form an Association of Physicians and Pathologists, of which the number of members shall be limited to one hundred (100).

2. To hold an annual meeting in the month of June in the city of Washington.

3. To hold the first meeting on Thursday and Friday, the 16th and 17th of June, 1886, with Dr. Francis Delafield, of New York City, as President.

The undersigned were appointed a committee to notify those who were selected as original members, and we accordingly have the honor to cordially invite you to join this Association, and to take part in the proceedings of the first meeting in Washington, as above stated.

FRANCIS MINOT, Boston (Chairman of the Committee).
WILLIAM H. DRAPER, New York City.
WILLIAM PEPPER, Philadelphia.
R. PALMER HOWARD, Montreal, Canada.
ALFRED L. LOOMIS, New York City.
WILLIAM H. WELCH, Baltimore, Md.
FRANCIS DELAFIELD, New York City.
JAMES TYSON, 1506 Spruce St., Philad'a, Sec'y of the Committee, to whom it is requested that you will send your answer.

Snake-bites and Rabies.

The *Lancet*, January 16, tells us that the curious local traditions that are handed down from one generation to another are sometimes of much interest, and especially those bearing on the treatment of snake-bites and other accidental occurrences likely to prove fatal. In some of the heath countries a general notion prevails that the bite of a yellow or black adder is best combated by the rubbing in of some of the fat of an adder, and also by giving some of the grease internally. A lay correspondent, referring to an article in last week's *Lancet* by Surgeon-Major Roy, suggesting that the poison of the cobra may prove to be an antidote for rabies, says that it is a curious fact that in Wales there is a belief among the common people that a dog that has been bitten by an adder will never be subject to hydrophobia. When Sir Thomas Watson was asked his opinion on this subject, he said: "I agree with you in inability to see how this could be proved; or how, if proved, it could be practically utilized for the benefit of the human animal; such traditions are, however, always worth preserving." In the course of a case tried before the Tribunal of Correctional Police in Paris, it appeared that the carcass of a dog that had been slaughtered on account of rabies was thrown by scavengers on to a dust-heap, where it was devoured by cats and rats. A great number of the cats in the neighborhood of the places where the dust is shot from the municipal carts have been attacked with rabies.

Cider and Rheumatism.

The question has been several times discussed as to a supposed antagonism between the use of cider and rheumatism. Apropos of the question, Dr. T. Reuel Atkinson thus writes to the *Brit. Med. Jour.*:

Having lived for the last three years in this cider-drinking county *parexcellence*, will you allow me to say that, in my opinion, instead of there being any antagonism between cider and rheumatism, I am inclined to think that the one has a tendency, if anything, to cause the other. At any rate, rheumatism is, in this neighborhood, in one or other of its many varieties, a very common complaint; and the amount of cider consumed by the British workman about here is, especially in hot weather, something fabulous; many a man drinking his three or four gallons a day, and thinking nothing of it. Apropos of this matter, I have just come upon a passage taken from an old author who, writing of Herefordshire cider, says, after extolling its many virtues: "Lastly, for it excites the appetite, clears the stomach, strengthens the digestion, frees the kidneys from gravel and the bladder from stone. That which is made from pippins, duly ripened and well fermented, is an excellent remedy for consump-

tion." So it is very evident that cider is a remedy not to be despised, although not to be found in the British Pharmacopœia.

Railroad and Steamboat Fares to the American Medical Association Meeting at St. Louis.

The St. Louis Association of General Passenger and Ticket Agents, representing the railroads terminating at St. Louis, have announced that the tickets to the American Medical Association meeting, on May 4th, will be sold at the rate of one and one-third full fare for the round trip. The roads represented in the Association are Chicago, Burlington, and Quincy; Diamond Joe Line; Indianapolis and St. Louis; Louisville, Evansville, and St. Louis; Louisville and Nashville; Missouri Pacific; Ohio and Mississippi; St. Louis and Cairo Short Line; St. Louis and San Francisco; St. Louis, Keokuk, and Northwestern; St. Louis, Iron Mountain, and Southern; St. Louis and St. Paul Packet; Vandalia Line; Wabash, St. Louis, and Pacific.

The other railroads of the country have not as yet taken official action in the matter, but we are assured of the same rate being quoted by the majority.

Items.

—"Death from exposure," was the verdict recently rendered by a Helena (M. T.) jury on the body of a horse-thief who had been hanged by vigilantes.

—A letter from Berlin to the *Therapeutic Gazette* reports the case of a girl of eight with gonorrhœal rheumatism, communicated by connection with a boy of twelve.

—In our recent notice of the *St. Louis Medical Journal*, we should have added that Dr. Ohmann Dumesnil continues to be associated with its editorial supervision.

—"Ain't it time you paid me that five dollars?" "'Tain't due." "But you promised to pay me when you got back from New York." "Well, I hain't been there yet."

—Dr. Geo. H. Gilson, of Ills., writes us that on the 25th of January he delivered a colored girl, thirteen years of age, of twins, and that both mother and children survived.

—Mr. Sutro, of California, is about to build an aquarium 120 feet in diameter in the Bay of San Francisco. It will contain every sort of sea anemone, mosses, and shellfish.

—The English language consists of about 38,000 words, yet when a man is pulling on a tight boot or waiting for his wife to dress, he nearly always invents a few extra words to express his feelings.

—"What are the last teeth that come?" asked a Lynn teacher of her class in physiology.

"False teeth, mum," replied a boy who had just waked up on the back seat.

—Dr. N. Roe Bradner has established at Burlington, N. J., a private villa for the care of insane patients and others requiring quiet and medical supervision. We take pleasure in recommending Dr. Bradner's institution.

—A lunatic who escaped from the Hospital for the Insane at Buffalo two years ago, and has since been wandering over France and Great Britain, returned to his home in New York the other day perfectly cured, it is reported.

—Professor Semmola, of Naples, has received from the King of Italy the gold medal of "Public Merit," in recognition of his zeal and devotion in directing the sanitary service of the White Cross during the cholera epidemic of 1884.

—It is said that glycerine in its pure state should not be used for chapped hands, as it absorbs moisture from the skin, thus leaving it dry and liable to crack. When moderately diluted with water, however, glycerine is an excellent application.

—There is nothing new after all in the Pasteur method. It has been long known and tried in communities where it is the custom in the morning for a man to inoculate himself with a thimbleful of the dog that had bitten him the night before.

—A Montreal man lately sued a druggist for damage for having been deprived of work for several weeks in consequence of taking a poison sold him by mistake. The error was caused by the wholesaler, who had labeled the package wrongly before selling it to the druggist. The Court held, however, that the druggist should have verified the contents of the package, and gave judgment for $200 and costs.

—A Chicago firm is engaged in making bricks out of a mixture of sawdust and clay. They are subjected to a heavy pressure, burned like common brick, and in some way made waterproof. They measure 13 by 6 by 4 inches, and having two square holes running through them lengthwise, they weigh little more than common brick, although four times as large. They are laid between the outer and inner courses of a wall.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1515.] PHILADELPHIA, MARCH 13, 1886. [Vol. LIV.—No. 11.

Original Department.

Lecture.

SENILE ENDOMETRITIS.*

BY B. F. BAER, M. D.,

Professor of Obstetrics and Gynecology in the Philadelphia Polyclinic.

Reported by William H. Morrison, M. D.

Gentlemen: The first patient whom I present to you this morning is Mrs. T. It is a case which I have shown before as an example of senile endometritis, which had resulted in hydrometra or retention of the serous fluid secreted by the utricular glands within the cavity of the uterus. This retention resulted from obstruction in the cervix. The menopause occurred ten months ago. When the patient first presented herself more than two years since, she had a bilateral laceration of the cervix. The whole fundus of the vagina was covered with granular tissue, and the surface was thickly studded with enlarged Nabothian glands or follicles. At that time she had a watery discharge from the vagina and pruritus vulvæ. She had also lost some flesh, and was considerably reduced in strength, but there had been no hemorrhage. These symptoms led me to suspect the possibility of beginning carcinoma. Examination, however, did not reveal the characteristic appearance of epithelioma, but showed a granular condition, the result of inflammation from the traumatism.

After several months of preparatory treatment, I operated on the lacerated cervix eighteen months ago. The preparatory treatment in a case like this consists, first, in the repeated puncture of the Nabothian or retention cysts. The orifices of some of the Nabothian follicles had been closed by the inflammatory process, and the continuance of the secretion had resulted in their over-distention. All over the surface were shot-like projections which were the result of distention of these follicles. There was also hypertrophy of the papillæ or looped veins, as well as of the inter-vascular tissue. Repeated scarification of the surface, which includes puncture of the distended follicles, is absolutely necessary before operation should be attempted in a case of this kind. Churchill's tincture of iodine, which is a saturated tincture, was also applied to this surface at short intervals, and on a few occasions a weak solution of the nitrate of silver was applied. The application of nitrate of silver week after week is properly a plan of treatment not so frequently resorted to now as formerly. The nitrate of silver will undoubtedly cause cicatrization quicker than any other method of treatment, but cicatrization is not to be desired where it can be avoided, for this does not restore the tissues to their natural condition. One of the greatest advances which have been made in uterine therapeutics is that which secures the healing of these surfaces without causing cicatricial contraction.

In a case like the present, the application of remedies should not be limited to the cervix. The cavity of the womb was also in a granular condition and the canal patulous; under these circumstances the medication should be carried into the cavity of the uterus. This is to be done not only for its local effect upon the surface, but also for its

* A clinical lecture delivered at the Hospital of the Philadelphia Polyclinic and College for Graduates in Medicine.

stimulating effect on the uterine muscular fibre, just on the same principle that an application of vinegar or other stimulant is made to the cavity of the uterus for the purpose of checking post-partum hemorrhage by inducing uterine contraction. In subinvolution, especially of recent date, where the uterus is still soft, I am sure that the application of the remedy to the cavity of the uterus for the purpose of stimulating it to contract and force the effete matter out, and of stimulating the pelvic circulation, is founded on a correct principle.

After continuing this preparatory treatment until the surface had healed and all the inflamed and distended follicles had been cured or destroyed, I operated on the cervix. It was necessary to dissect up some of the vaginal tissue to make a flap to cover the surface of the cervix, and to place fourteen sutures to secure proper coaptation of the parts. The result, so far as the cure of the laceration was concerned, was perfect. The cervix is now in a healthy condition, and yet the patient has not been entirely relieved of the distressing pain in the hypogastrium. As I have stated, the operation was performed eighteen months ago. She has been benefited, but the endometritis which existed previous to the operation has not been cured. She is now suffering with senile catarrh. This affects the utricular glands. The patient is 44 years of age, and ten months ago the menses were suppressed, and she thought that she was probably pregnant. The abdominal cavity became distended, and she had some nausea.

The symptoms which she now presents are mainly hypogastric pain which radiates to the back, and slight watery leucorrhœa; such pain is nearly always the result of irritation of the cavity of the uterus from some cause. Here it is the result of senile endometritis.

The question of course presents itself in the consideration of this case, did I operate too soon? Should I have waited until this catarrh had been cured? She had been under treatment five or six months, and the condition of the cervix had been decidedly improved. Should I have waited until the pain in the sacrum and hypogastrium had been entirely relieved? I think not. The congestion had been reduced, there was no exudation in the cellular tissue, and the uterus was movable. On the other hand, there were several reasons which I think rendered it advisable not to delay the operation. The patient was approaching that period of life at which cancer is most likely to develop; the cervix uteri was in a condition most favorable to the development of epithelioma; and she was losing flesh. There is no question that traumatic conditions such as this case presented predispose to carcinoma. I can not say that I have prevented the development of the disease in this case, but it certainly was acting on a correct principle to restore as soon as possible this surface to a condition of health.

Introducing the speculum, you see that the mucous membrane covering the cervix is healthy. When, however, I pass the sound, I find the uterine cavity patulous, tender, and vascular, for the instrument produces slight bleeding. All the cicatricial tissue was not dissected out of the canal. If I were to again operate upon this patient, I should dissect out all this tissue, disregarding the possibility of the two surfaces uniting. I have done this on several occasions since, and have never had the canal close up.

Two months ago I introduced the sound, and on withdrawing it about an ounce of serous fluid escaped. We had therefore hydrometra. I have injected carbolic acid into the cavity of this uterus, and on one occasion I injected ten drops of fuming nitric acid. She has not yet recovered, although she is always improved after an application, At the last visit, I dilated the contracted cervical canal, because it will not do to allow the os to close until the utricular glands have been made to undergo the senile involution natural to them, or have been destroyed. To-day the canal is quite patulous.

In a condition like this there is a possibility, indeed there is a probability, of doing too much in the way of treatment. We should give our remedies time to act. The object of treatment is to bring about senile involution, modify the secretion of the utricular glands, and remove the inflammatory process. Until that is accomplished, the patient will continue to have the symptoms which she has presented, viz., pain in the hypogastrium and back, and pruritus vulvæ.

NYMPHOMANIA.

Our next patient has given us the following history: She is 32 years of age, single. Puberty began at the age of thirteen; she has always suffered with dysmenorrhœa, the pain being intermittent and bearing down in character. It continues during the whole period, and is especially severe during the first day. Four years ago she began to have pain in the right iliac region. At times she has some leucorrhœa, although this is very slight. The pain in the right ovarian region

comes on suddenly, independent of the menstrual period. It is not radiating, but dull, aching, and deep-seated. Four years ago she became pregnant, and abortion was induced at the third month. She dates this pain from that occurrence.

There is another point in this case to which I desire to call attention. When nine or ten years of age she began to practice masturbation or onanism as a result of imitation. She informed us when puberty occurred the desire and habit became much worse, and she has continued it until a few months ago. It had become a mania with her, and when she was sent to me her mental state had become much depressed. With this, as I have said, there was dysmenorrhœa and deep-seated aching pain in the region of the right ovary.

The pain which she complained of did not indicate ovarian disease, for it was not radiating. Pain, the result of ovarian disease, is, as a rule, sharp in character, following the direction of the genito-crural nerve, affecting the groin, labium majorum, and anterior portion of the limb of the affected side. The deep-seated, fixed character of this pain led me to exclude ovarian disease. Such pain should always impress you with the probability of cellulitis, for in pelvic peritonitis the pain is more likely to be sharp and partake of the character of ovarian neuralgia, more diffused than the latter, however.

A vaginal examination to-day shows that the cervix is tilted forwards, but this does not necessarily indicate a retroversion, for in a sharp anteflexion of the neck and body of the womb, the former would point forwards. A tumor is felt posteriorly, and the body of the uterus cannot be felt by bimanual examination. These are, however, not enough to positively prove that the mass felt posteriorly is the body of the uterus. Passing the finger over the posterior surface of the tumor, the neck is found to be continuous with the mass behind, and a slight angle of flexion is distinctly felt. There might be an apparent angle of flexion caused by a small fibroid tumor projecting from the posterior surface of the uterus or from a mass of lymph which was adherent to the organ, but the existence of the physical signs mentioned make it almost certain that the mass felt is the retroflexed uterus. Of course, the crucial test would be the passage of the sound, but that is unnecessary here for the purpose of forming a diagnosis. As a rule, it is not necessary to pass the sound for the diagnosis of displacement.

When this woman came under my care some nine months ago, I found the cervix tilted against the anterior wall of the vagina. It felt velvety, and its epithelium had disappeared. It was much enlarged, and several Nabothian follicles were scattered over the surface. The os was narrow, and there was apparently cicatricial tissue, as though some injury had been done. The uterus was almost immovably fixed by an exudation of lymph in the right broad ligament, and it was retroflexed. To-day we find the organ quite mobile; the cervix can be pushed far back into the fundus of the vagina, and the body is then elevated so as to look anteriorly.

This woman has practically been made well by the treatment pursued. The uterus is, however, still retroflexed. Yet the symptoms have all subsided. Shall I let the uterus alone, or adjust a pessary for the purpose of forcing it into a position of anteversion? Emphatically, no. That would, I think, be bad practice in this case. My plan would be to keep the patient under observation, and if there is a return of the symptoms, renew the treatment pursued so successfully before. Again, even if I should introduce a pessary, I could not make the uterus remain forward with an instrument which it would be proper to employ. It would produce ulceration of the posterior wall of the vagina from pressure. The use of a pessary sufficiently large to carry the cervix back, and force the body forward, would produce more injury than would follow from permitting the uterus to remain in its present position. How do we know that the uterus has not always occupied a retroverted position in this patient? We do meet with such cases. I find when I carry the body of the uterus forward, that the left broad ligament, as well as the right, is somewhat contracted, and that the utero-sacral ligaments are also contracted. These ligaments would be pressed upon by a pessary, so that harm would follow, or they would resist, so that the posterior bar would be made to press into the angle of flexion. This action of the pessary is always to be deprecated. If the attempt were made to span the angle of flexion with a large pessary, it would have to be supported against the pubic bone behind the pubic arch, and it would then make injurious pressure on the utero-sacral ligaments, as well as upon the other tissues. The leading symptom for which this woman consulted me was the nymphomania. This was exaggerated by the inflammation and congestion of the pelvic

organs, and the indications were to relieve this condition. I began the treatment by prescribing thirty grains of bromide of potassium morning and evening. At first I made no local application to the cervix, but as there was excoriation of the organ as well as pelvic pain, I ordered a suppository containing morphia, belladonna, and tannic acid. When she returned in the course of four or five days, she felt better. The manipulation of the uterus at the first visit stimulated absorption to a certain extent, and at the second visit the parts were more mobile. I then began with the local application of iodine every five days, making gentle massage of the rigid tissues previous to the painting. Soon the uterus and other tissues were so mobile that I felt justified in passing the sound and using it as a repositor, gently elevating the organ for the purpose of stretching the adhesions. As soon as all tenderness had subsided, I passed my steel dilator through the narrow and rigid cervical canal and merely separated the blades. The enlarged Nabothian follicles were punctured. This was repeated at each office visit, and was done for the purpose of stimulating the pelvic and uterine circulation and to render the canal more patulous, as well as to cause the uterus to assume a more correct position. She was also soon placed upon the following:

℞. Hydrarg. chloridi corrosivi, gr. j.
Liquor arsenici chloridi, f℥j.
Tr. ferri chloridi,
Acid. hydrochloric diluti, āā f℥iv.
Syrupi simplicis, ℥ij.
Aquæ, q. s., ad., ℥vj.
M. Sig.—A dessertspoonful, well diluted, after each meal.

This remedy is known as the mixture of the four chlorides, and was first used, I believe, by Tilt, of London, and introduced to the profession of Philadelphia by the late Dr. A. H. Smith. It has, I believe, antiplastic powers. It is at least a good alterative tonic, and I have prescribed it largely during the past four or five years.

The nymphomania has been entirely cured, for the time at least. At one time she was so well that I dismissed her with the injunction that she must return at once if the old symptoms reappeared, and she is here to-day in obedience to that advice.

I find the local condition about as it was when last examined, and I shall simply paint the cervix and ligament with iodine, and ask her to return in a week. I think she is practically well. Certainly an operation of magnitude, öophorectomy, which she once begged me to perform, would not be justifiable in this case, for the patient has recovered without it. It seems as though the treatment had the power of exploding or dispelling the force, whatever it may be, which exerts itself upon the sexual centre to produce the erethism.

FIBROID TUMOR OF THE UTERUS.

I will briefly refer to the next patient, as my allotted hour has almost expired. She is fifty years of age, colored, married. She has had two children, the first twenty-five years ago, the second two years later. She had two miscarriages about twenty years ago. Her labors were natural, but she has not been well since the birth of the first child. She had bearing-down pains in the hypogastrium and in the back, with mucous leucorrhœa. The menopause occurred two years ago, but for four or five years before that the menstrual periods were profuse, and returned every two or three weeks. During the last two years she has had on several occasions a slight bloody flow. Since the occurrence of the menopause, there has been a leucorrhœal discharge, but of a different character from that which she had before the cessation of the menses. It is now watery and produces what it did not produce before, viz., a pruritus vulvæ. This was the leading symptom which drove her to consult us. During the time when the leucorrhœa is worse, she has flushes of heat and the abdomen becomes distended with gas. She states that five years ago she discovered a lump in the hypogastrium, and it has been growing steadily since then. As I have said, the menopause occurred two years ago. If this were a fibroid tumor, we should have expected it to diminish instead of increasing in size. If it were an ovarian tumor, it is more than likely that in five years it would have reached such a size as to require operation, or to have resulted in death before this time. It is probable that this is a fibroid tumor, for she is a colored woman, and because she has not borne a child for twenty-three years. A black skin and sterility are two predisposing causes of fibroid tumors. As an offset, however, they are a protection against cancer to a very great degree. Thus are evils balanced. This tumor has grown very slowly, and now it is not much larger than when first discovered, if her statement as to its size at that time is correct. This is in favor of fibroid tumor. It is probable, however, that the growth is smaller than two years ago. The rule is that after the ovarian stimulus to the pelvic

congestion has ceased, fibroid tumors decrease in size, and if they go on enlarging the hemorrhage continues. Here the hemorrhage has ceased, and we must infer that her observation is at fault, that the tumor has not increased in size, but rather the reverse This inference is strengthened by the physical signs elicited.

Vaginal examination shows a very hard, nodular mass in Douglas's pouch. The cervix is pushed forward, and the anterior lip seems to be elongated. Placing the hand on the abdomen, a firm, nodulated tumor is felt. This seems to be connected with the uterus and with the mass in Douglas's pouch, for movement of the tumor produces movement of the uterus and of this mass. The sound enters the uterus a distance of five inches, and movement of the tumor causes the sound to move.

From these points we have come to the conclusion that the tumor is a subperitoneal fibroid rather than interstitial, but interstitial to a large extent, because the uterus is so long. In purely subperitoneal tumors, the uterus does not measure much over three inches. In interstitial tumors, the uterine cavity reaches its greatest length, six or seven inches, sometimes even eight inches. With submucous tumors, the hemorrhage is usually greatest, but the uterus, as a rule, is not so large.

What were the indications for the treatment of this patient? An operation was, of course, out of the question for the time. This fibroid could not be removed without extirpating the uterus. This is a grave operation and only justifiable when the patient's existence is rendered unendurable.

The symptoms for which she sought relief were the pruritus, the distention of the abdomen and the flushes of heat, all of which were due to the irritation of the uterine cavity, which resulted in the watery discharge from the utricular glands. The indications were to modify the secretion from these glands, in the hope of relieving the aggravating symptoms and of still further reducing the size of the tumor. Finding the uterine cavity enlarged and tender, I began by making applications to the interior of the uterus. I injected through the intra-uterine syringe a mixture containing equal parts of pure carbolic acid and a saturated tincture of iodine. This was repeated weekly for five or six weeks. For internal administration a mixture of the fluid extract of ergot and the tincture of nux vomica, equal parts, was ordered, forty drops being given after meals. I have never seen any bad effects from these large doses of nux vomica, and I believe that it enhances the effects of the ergot. I also gave chloride of ammonium in ten-grain doses. This I have found to be decidedly the best remedy for the relief of the flushes of heat, which is often a distressing symptom at this period of life.

The result has been most happy. The symptoms have been relieved, and the patient states that she is free from the pruritus vulvæ and the flushes, and that the periodical distension of the abdomen from flatus has disappeared. She has resumed her occupation. It will, of course, be necessary to keep her under observation and to renew the treatment from time to time, until the tumor ceases to be a source of irritation.

Communications.

THE DISPOSAL OF SEWAGE, AND THE PROTECTION OF STREAMS USED AS SOURCES OF WATER SUPPLY.*

BY GEORGE E. WARING, JR.,

Of Newport, R. I.

One of the most important questions now claiming attention, in connection with the sanitary condition of houses and towns, relates to the manner of getting rid of the foul constituents of the liquid effluent in such a way as to prevent annoyance from odors, danger from the development of infection, and the contamination of water-courses and harbors. The difficulties presented have always existed, and the ill-effects of ordinary methods have always been known. It is only since attention has been called to the relation of the foul effluent of house and town drainage to the spread of diseases that the difficulty has been generally recognized, and only since the modern growth of the larger towns that its dangers have been fully apprehended.

In a few fortunate cases, such as those of towns discharging their effluent into great rivers like the Mississippi, the remedy is provided by the volume of the stream to which the sewage is added. In London, the Thames has become so foul that the Royal Commission which recently investigated the matter pronounced the system of outflow there established to be "a disgrace to the metropolis and to civilization." In Paris, the discharge of the great collecting sewers into the Seine has produced a condition that is no longer

*Read before the College of Physicians of Philadelphia.

tolerable. Were the houses and streets of Philadelphia drained in accordance with modern ideas of decency and efficiency, the condition of the Delaware would perhaps become little better than that of the Schuylkill. The great addition to the tidal volume of the harbor of New York, due to the inpouring through the East river of the higher tide of Long Island Sound, mitigates, but does not remedy, the foul condition due to the discharge of the city's wastes along its whole border. In short, all considerable communities in this country and in Europe are confronted to-day by a problem which it is absolutely necessary to solve. In one way or another the waste organic matter of our domestic life and of our industries must be withheld from the waters into which our sewers discharge.

I propose to notice, only in passing, what may be called the more artificial means for accomplishing this result; that is, the chemical and mechanical methods of precipitation, decantation, and distillation. There are instances in Great Britain, and on the Continent of Europe, where the difficulty of securing a sufficient area of land for what we may regard as the more natural treatment is so great that there is no choice but to resort to these more costly and less efficient processes.

It is possible, by an addition of the salts of iron and other salts, of milk of lime, of comminuted clay, etc., to cause the deposition of nearly or quite all of the suspended impurities of sewage. The deposit or sludge thus formed is sometimes treated by filtration, drying, filter-pressing, etc., in such a manner as to become available as manure for use on lands not too far removed.

In connection with the Liernur system of pneumatic removal in Holland, an ingenious plan has been devised by which the solid parts of the slightly diluted effluent are recovered by evaporation *in vacuo*. In Germany, other more elaborate processes, including the distillation of the purified effluent, have been measurably successful in the production of the salts of ammonia for commercial use, and of a residuum of some manurial value.

It seems hardly worth while, in the short space here at my disposal, to do more than to refer to these processes, which, however important under favoring circumstances, are not suited to conditions prevailing almost universally in this country. There is probably no town in the United States where any treatment of sewage is desirable, where it will not be cheaper and more simple to overcome the difficulty by the aid of surface or sub-surface irrigation or by more concentrated filtration—filtration, in greater or less degree, being an essential element of all irrigation. This application to the soil is not only cheaper and more simple, but is also more effective. No chemical or mechanical treatment has thus far been devised which produces an effluent so entirely free from organic impurity and from the lower forms of life as that which is produced by properly regulated agricultural disposal.

We have been, until recently, quite in the dark as to the processes by which organic wastes are destroyed after application to the ground. We seem now to have some positive knowledge on the subject—knowledge due largely to the investigations of Dr. Frankland in England, and of Schloesing and Muntz in Paris—these investigations being an application of knowledge derived from the biological investigations of late years.

It may now be accepted as a demonstrated fact, that the various processes of oxidation and nitrification by which organic impurities in the soil are reduced to their mineral elements or to elementary salts, are due to, or are largely aided by, the reproduction and growth of bacterial life. This was especially well demonstrated in the Paris experiments, by the fact that, while sewage, filtered through a suitable soil confined in a cylinder two metres high, the liquid being applied with intervening periods for aëration, was deprived of its impurities and allowed to pass out at the bottom of the column as pure water, the process being accompanied by a great increase of bacterial growth; the impregnation of the soil with the fumes of chloroform was sufficient, by arresting bacterial activity, to allow the sewage to be discharged as impure as it was received. Ample confirmation of the obvious conclusion was found in the fact that after the chloroform had entirely escaped from the pores of the soil, the purifying effect was fully restored.

Roughly speaking, or rather practically speaking, the process is this: When sewage is applied to the soil its impurities are filtered out and are attached to, or involved with the particles of the soil. The water thus purified descends to the lower strata—to the under-drains or other means of outlet. As the water descends, fresh volumes of air enter and furnish oxygen which it is the office and the means of life of the *bacterium termo* to combine with the retained impurities. The resultant product is fully decom-

posed matter, available for the use of plants or for innocuous removal in solution. There is much in the way of detail concerning the processes involved yet to be discovered, and investigation is active in this direction. Enough is now known to constitute the basis of a rational theory applicable to the practical processes we are considering. These processes have long been employed with more or less completeness, and with corresponding perfect or imperfect results.

It would be a fair summing up of the whole case to say that we now know, by well-established theory and by ample practice extending over more than twenty years, that we have in the soil a universally-available agent for the safe, inoffensive, and complete destruction of everything in the way of organic waste that we may deliver to it in a proper manner.

As we look over the field of practice, beginning with the Craigentinney Meadows at Edinburgh, which have been irrigated with sewage for more than a century, and ending with the most complete modern examples, we find the greatest conceivable variety of conditions, and a great variety of results. There are more than one hundred sewage farms in England, to which are applied the effluent of as many towns, large and small. Some of them have been carefully arranged, and are fed by sewers which deliver the sewage to them in a very early stage of decomposition, and where the great bulk of the storm water is diverted to other outlets. On these the best results are obtained. In other cases the attempt is made to purify the whole outflow, storm water and all, with the natural result that floods of storm water deluge the land at those times when it is already drenched by the heavy downfall and is incapable of absorbing more water. Here the result is far from satisfactory.

In Germany, sewage irrigation farms connected with the city of Berlin, with Dantzic, and with Breslau, arranged in accordance with modern ideas on the subject, are all instances of notable success.

At Gennevilliers, where about one-fifth of the whole outflow of the sewers of Paris, about one-half of the dry-weather midsummer flow, is distributed over a very large area of thirsty and hitherto almost valueless sand and gravel, the result is excellent.

In our own country, we have as yet no instance, save the recent one of Pullman, Illinois, of a general system of sewage irrigation. The result there, according to all reports, is as good as it has been elsewhere.

I have recently had an opportunity of carrying out a rather complete system of sewage disposal in your near vicinity, in connection with the State Asylum for the Insane at Norristown. As I have endeavored there to work according to the best indications of modern experience, and as my efforts have been freely sustained by the Trustees of the Asylum, I know of no way in which I can better set forth what seems to me the best method for disposing of sewage than by describing, somewhat in detail, the work that has there been done and the result thus far achieved.

The Asylum is situated on high land in the northeastern suburbs of the city, on the water-shed of Stony Creek. The buildings include eight large pavilions, with the necessary administration buildings, kitchens, laundries, etc. The population of the institution is now not far from 1600. The consumption of water is not far from 150 gallons per head, daily, and all manner of organic waste, except the garbage which is fed to swine, must necessarily be disposed of through the system of house drains and sewers with which the institution is amply supplied.

As at first constructed, the system of drainage, delivering not only foul wastes but roof and surface water as well, discharged its contents through a large main sewer running in a southerly direction, entering a brook which delivers in a short distance and with a steep incline, into Stony Creek near the hospital station of the railroad.

Although the ample facilities for the drainage of such an institution afforded by Stony Creek had been a chief inducement offered by the city of Norristown for the location there of the Asylum, the buildings had not long been occupied before complaints were made of the gross fouling of the creek due to the hospital drainage.

Following the erroneous idea which is so prevalent, that the chief source of defilement in sewage is fecal matter, two immense settling tanks were established in the grounds for the retention of these solids only, the effluent enriched by the products of their putrefaction overflowing into the sewer and running into the creek. As urine and kitchen wastes are quite as bad in their ultimate condition as is fecal matter, and much more serious in amount, this process did not long satisfy the complainants, and an injunction was threatened to prevent the discharge of any sewage from the hospital into the stream. In consequence of this threat, the authorities engaged me to devise and carry

out some other system of relief. What has been done is as follows:

The old system of drains and sewers has been left as it was, to carry off the roof-water and surface-water from the courts, walks, etc., these finding their way into Stony creek through the old channel. A separate system of sewers, six inches in diameter, has been constructed in connection with all of the foul waste-pipes of the building, so that they carry all kitchen and laundry waste, bath and toilet waste, closet discharges, and dining-room and pantry sink waste, everything, in short, which contains foul refuse. For lack of sufficient appropriation, some changes that it was thought desirable to make in the interior plumbing of the buildings were not made. It was attempted to substitute water-closets with traps for the untrapped closets already in use. These latter have their outlets connected with ventilation pipes in which a strong current of air is maintained by the use of steam—a very expensive process. They are also flushed by automatic cisterns in such a way as to consume a very large volume of water. The trapped closets with independent flushing cisterns, to be worked by the use of the seat, would have effected considerable economy; but it was found that the odor produced during their use, especially in the morning when used in rapid succession, could not be kept out of the wards without the introduction of a new system of apartment ventilation. This experiment was therefore abandoned as too costly in construction, and the old method of forced downward ventilation continues, in spite of the cost of its maintenance.

The dining-room sinks were subject to the usual difficulty from the accumulation of grease. Such sinks as are to be retained were supplied with a flushing outlet, which is accomplishing a most satisfactory result. The same system was applied on a very large scale to the kitchen sink, which is so arranged that its outlet is ordinarily kept plugged. When discharged, from 50 to 100 gallons are delivered at a time through a 4-inch pipe; this sweeps all grease and other refuse rapidly forward, and constitutes an effective flush for the kitchen drain, which formerly gave trouble even with a large grease trap, and with the occasional introduction of a jet of steam.

The system of sewers described is brought together to a single main outlet six inches in diameter, constructed like the branch sewers of vitrified earthenware pipe. This main sewer delivers into one corner of an open tank 40 feet square and about 6 feet deep, built of brick, laid in and coated with Portland cement, and having a Portland cement concrete floor. It is probably absolutely tight. Immediately in front of the inlet (the mouth of the main sewer) there is a vertical iron screen, with one-half inch openings, for holding back paper, rags, a small part of the fecal matter, and the miscellaneous rubbish delivered from the buildings. In the corner of the tank, diagonally opposite the inlet, there is a vertical Rogers' field annular siphon, the overflow of its discharging limb, eight inches in diameter, being five feet above the floor of the tank. About a foot below the overflow level, and through the south wall of the tank, there is a 4-inch opening which is ordinarily kept plugged. At the bottom of the tank, and connected with the main discharging chamber outside, there is a pipe through the wall closed by a screw-gate.

The flush-tank, the largest I believe that has ever been constructed, has a capacity between its floor and its overflow point of 60,000 gallons. It occupies about two hours in discharging, and during this time about 15,000 gallons more flow in from the main sewer, so that the total amount discharged at each operation averages about 75,000 gallons.

The discharging siphon is so arranged that when sewage begins to overflow at the top of its discharging limb its outlet becomes sealed, its contained air is soon withdrawn, and it discharges, full bore, until the tank becomes empty, when air is taken, first at the inner end and then at the outlet end; the siphon "breaks," and nothing more can be discharged until the overflow begins again. The discharging chamber delivers into an 8-inch pipe which leads to the irrigation field.

In the course of the main drain, above the tank, there is a gate by which the flow can be diverted from the tank and sent through a by-pass directly to the 8-inch pipe. Below the tank there is another gate by which its discharge may be diverted to a truck-patch near by whenever sewage is required for irrigation there. Higher up in the truck-patch there is a sewage carrier which is connected with the 4-inch hole near the top of the tank. By a proper adjustment of these different arrangements sewage can be sent from the buildings directly to the irrigation field without going through the flush-tank, or can in like manner be diverted to the lower carrier of the truck-patch. By opening the gate at the bottom of the tank, sewage is allowed to flow out as it flows in, and can be sent in uniform moderate quantity to the irrigation

field or to the truck-patch. By removing the plug near the top of the flush-tank, the upper carrier of the truck-patch can be made to receive sewage for four or five hours, but as the entering stream is too large to be completely removed at this point, it in time reaches the overflow and starts the siphon, and the whole accumulation is discharged through this.

These truck-patch carriers, the by-pass, and the various gates, are incidents of the system and are intended only for occasional use; ordinarily, the discharge is in a strong flow through the main 8-inch pipe connecting with the irrigation field.

(*To be continued.*)

Hospital Reports.

PENNSYLVANIA HOSPITAL.

Service of Dr. John H. Packard.

New Method of Applying Extension and Counter-Extension.

I will commence my lecture to-day, gentlemen, by demonstrating to you what I look upon as a very great improvement in the method of making extension and counter-extension in the treatment of fractures. You are familiar with the fact that in treating a fracture of the thigh, the ordinary method of making extension is by the use of long strips of plaster on either side of the limb, with a piece of wood in the end, and from it a cord passing through a pulley in an upright at the foot of the bed. Well, the method I propose to show you, I consider far superior to this. In my plan, instead of applying the plaster on either side of the limb, it is applied spirally. Now, you see I split a piece of adhesive plaster into two tails, the split extending from either end up to within about four inches of each other; thus we have a solid piece of plaster about four inches long, to each end of which there are two tails. In the centre of this solid piece I place a small piece of wood, and double the plaster over it. Now then, I place one of these sets of tails around the inner and one around the outer side of the leg, and wrap them about the ankle. I place them as low down as will insure me a good hold on the foot. Two similar strips are placed above, splints are then applied and strips of muslin passed through the loops formed by the pieces of wood; thus by tying the strips of muslin from above, coming over the superior angle of the splint, to the strip from below, coming over the lower margin of the splint, we can make any required degree of extension. We should be particular to have the splint come below the level of the foot. If the extension is too great, we can slacken up the strips and lessen it. If we desire a continuous tension, rubber bands can be used in place of the strips. For extension in fracture of the thigh, I take a piece of adhesive plaster about six feet long, and split as before. Then a block is placed in the centre, and I take first one strip and wind it spirally around the leg, then I do the same with the other. In this way we avoid all dangerous pressure, there is no wrinkling of the plaster to cause soreness, yet it holds so tightly that I could pull the man out of bed by these strips.

Caries of the Tibia.

I now show you a child with necrosis of the tibia. For fourteen weeks he has had some trouble with both limbs; one knee is stiff. I will etherize him, and see how far there is genuine anchylosis and how far this stiffness may be due merely to fibrous adhesions. You will find many cases of necrosis with joint-disease, and the question will come up as to how far should you go in breaking up adhesions, and when it will be better to let the joint recover with stiffness, and take the chances of its after usefulness. As a rule, I would say that it is better not to break up adhesions when there is any disease of the bone; it will then be better to let it get well in the deformed condition, and resort to apparatus to endeavor to correct the deformity. Sometimes we will be called upon to correct the deformity by subsequent operation, as in anchylosis at a right angle; such cases are comparatively rarely encountered, and it would seem to me that a person might as well have no leg as one bent at a right angle. In this case, the boy fell off some steps fourteen weeks ago, and bruised his right knee, and I imagine that the left must have been also injured, for here I see a scar which may have been due to the injury and may have been caused by the surgeon's knife, though I do not know of any operation having been performed here. I will remove the scab to see what we have here. I surely have some lesion of the bone, for my probe comes in contact with the denuded bone. I find two sinuses, which I cut into one and pass in my finger, pushing the tissues away with the handle of the knife. Now I find a portion of the crest of the tibia exposed and rough, while my director passes into a cavity in the bone. This is a condition not of necrosis, but of caries, and

it is necessary for you to make the distinction between these two conditions. If the bone were necrosed, it would offer resistance to my gouging efforts to remove it, but when it is carious I can easily chisel it away. When I cut and remove a piece of bone, it does not bring out a long piece with it as it would were it necrosed. This carious bone is in a condition analogous to that of the soft parts when in a condition of ulceration, it is more vascular than is necrosed bone; in other words, necrosed bone is dead, while carious bone is ulcerated. Now I bend my director, and it goes into another cavity, which I lay bare and gouge away further down, so as to give the carious portion an opportunity to be restored. There is considerable hemorrhage, as you see; this I will check by stuffing the wound with rags soaked in hot water. In the other knee there is slight flexion, but it is evident that the cartilages are not involved, and we need not interfere. Now, I have cleaned this ulcerated bone down to the medullary structure; we will pack it with hot water until the hemorrhage ceases, and then pack it with lint saturated with carbolic acid, and if there be much pain, envelop the limb in lead water and laudanum. I would neglect a very important point if I did not call your attention to the constitutional treatment; you might gouge away till doomsday and use all imaginable local treatment, but you would accomplish nothing without constitutional treatment. This boy has been taking iodide of iron and quinine and elixir of bark; also cod-liver oil and iodide of potassium. The latter was given as an alterative, if that means anything. Some of these patients have a decidedly scrofulous diathesis, though I have not been able in this case to detect any history of syphilis that would warrant me in saying that he has the taint; the teeth are notched, and the upper incisors are set towards each other, but there is no further evidence; there is no trouble with the eyes and no good reason for more than a mere suspicion, yet we will give him the iodide. Now, I want to contrast with this boy another one who has an acute synovitis of the knee; he has a perfectly good constitution, and no taint at all, as has the other. His father, with a queer idea of discipline, threw a beer-glass at his boy, and hit him on the knee; the moral effect may have been good, but the physical effect has been most disastrous. There has been a great deal of heat about the joint, and you will notice the difference in the outline of the limbs. Here in the sound knee is the patella, and on either side of it there is a depression into which I can readily press my fingers; now, on the injured side the patella is found floating up from the bones and it is a matter of difficulty to get into the hollows, and when I do I have the sense of displacing a liquid which is forced down among the tendons. From this I infer that there is an effusion of liquid into the joint. So also when this boy first came in, if I grasped the femur above and the leg below I could make considerable lateral motion, while in the normal joint there is very little lateral motion; this is due to the fact that the effusion separates the joint surfaces and the lateral ligaments are more or less relaxed. In this case we have no caries, as in the other, so that the treatment consisted in immobility, painting about the joint, above and below but not directly over the patella, with iodine, and constitutional treatment merely for the fever. Had it not yielded promptly, as it did, we would have resorted to extension.

Fracture of the Skull.

The next case that I will show is one of fracture of the skull, always of interest because of its medico-legal aspect. If a patient receives an injury to the head and remains insensible it is often a difficult matter to get an accurate history of the trouble and to arrive at a conclusion as to the nature of the injury. Even though consciousness may return, the memory may be so defective or the mind so confused as to offer the same obstacle. In this case, the old woman fell down stairs and struck the back of her head on a stone floor. The injury was received at a point just below the occipital ridge. Now, besides the medico-legal aspect of these cases, to which I have referred, a very important question arises as to the necessity and justification of the surgeon's interference. Now, as to depression. This injury is in a bad locality for trephining, yet if I had been sure that there was depression I would have considered trephining a justifiable and proper operation. The pupils were equal when she was brought to the hospital, though it was said that they had been unequal. There was some blood in the ear, but I think that it was from a lacerated wound of the scalp. I was so doubtful as to whether the sensation conveyed to the fingers was due to a depression of the skull or to an effusion of blood beneath the scalp, that I enlarged the wound and inspected the skull, when I found that there was neither depression nor displacement. That portion of the head was therefore shaved, a blister was applied, and

then an ice cap, and she was given half a grain of calomel thrice daily. Under this treatment she is doing well. She has not had that progressive increase of symptoms that are noted in fracture of the base of the skull. Such fractures are not always fatal, as I recently verified in a post-mortem examination of a man who had sustained such a fracture more than thirty years ago, but they are much more grave than fractures in any other locality. This effusion of blood under the scalp will all be absorbed. The night before last a man came into the hospital suffering from heart disease. The next day he threw himself head first from the window, striking on the brick pavement. He fractured his skull at two points, but there was no depression. He was picked up unconscious, his pupils were alike, and in a few hours he died. Through a large wound of the scalp we could detect a fracture, which, probably, extended around to the base, for here there was blood in the ear which we were able to satisfy ourselves did not come from the external wound, because, when we wiped it away, it was reproduced. Do not jump at conclusions; when after an injury to the head one finds blood in the ear, he is apt to conclude that there is a fracture of the base of the skull; but before reaching such a conclusion always be sure that the blood does not come from the external scalp wound. If you neglect this caution, you may get a reputation for inaccuracy, besides being misled in your practice. In this latter case, besides the blood, there was also serum in the ear, which was proof that there had been established communication between the ear and the cranio-spinal cavity.

Injury of the Hand from Machinery.

This girl was brought into the hospital the day before yesterday with her hand crushed from its being caught in machinery in a laundry. She did not desire to remain, wishing to go home as soon as it was dressed; but when we explained to her that we would not assume any responsibility for the future unless she staid in the hospital, she consented to remain. When she came in the hand was very much swollen, as was also the arm: I could not then feel the radial pulse. The arm was placed on a splint, and the whole dressed with lead water and laudunum. The swelling and inflammation has now much subsided, and in the course of the next twenty-four or forty-eight hours we will be able to tell the extent of the injury, which it is frequently quite impossible to do at the time of the accident. The question of the propriety of amputation always arises in these cases of extensive laceration, and it is not always easy to form a judicious opinion. You must always remember that the risk of tetanus in such cases is very great. It is quite possible that in this case tetanic symptoms may develop in the course of a few days, and if they did, my advice would be to amputate the moment the first symptoms manifested themselves. This is contrary to the teaching of many, but my opinion is based upon the experience of at least one case where tetanus developed after some days, and where I am satisfied that amputation was the means of saving life. This was a case where a finger had been torn away, leaving a jagged stump that was irritating the parts; the end of the bone was amputated, and the tetanic symptoms vanished.

Here is another case, in a man whose hand was caught in a cog-wheel; at first it looked very much as though amputation would be required, but on careful examination we decided to try to save the hand. There was a large wound, hemorrhage was free, and the metacarpal bone of the forefinger projected from the wound. The arm was placed on a splint, and the hand somewhat tilted backwards, so as to throw the metacarpal bone into place; sutures were used, and the whole enveloped in lead-water and laudanum. When sutures are used it is important to watch them to see that they do not produce too much tension; if they do, they must be removed. It was not necessary to ligate any vessels, for hot water checked the hemorrhage. Iodoform was used as a dressing, over which was placed antiseptic gauze. The limb was placed at rest, and he was given eight grains of quinine daily. He has done well, has had no fever, and the chances are that we will save the limb. The question will arise when there has been severe injury to the metacarpal bones, whether it is not best to remove the finger. I think it is, for the fibrous tissue that will take the place of these bones will render the finger practically useless, and I have never seen any good results from the effort to save it.

—Prof. Bonafoux, at a recent meeting of the Academy of Medicine, at Paris, read a paper upon a powder which possesses great hemostatic powers, and is capable, it is said, of arresting the bleeding of large arteries, so that it will prove serviceable in important surgical operations. The powder is prepared by mixing equal parts of colophony, carbon, and gum arabic.

Medical Societies.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

(*Concluded from page* 303.)

Dr. Trautmann: In one case under his care recently he found a well dilated os uteri and a free escape of waters; the pains ceased; ergot was given without any effect, and as the forceps were strenuously objected to, he was obliged to do nothing; after an interval of four weeks, labor came on naturally, and a living child was delivered. The unaccountable facts in this case are the widely dilated os, the escape of the waters, and a living child four weeks later.

Dr. W. S. Stewart: Sodium bromide is useful to prevent premature labor; five drachms may be divided into ten doses and one given every three hours. He has observed in one patient an apparent rupture of the membranes at five months, the fluid coming away with a constant drip; later, the flow was greatest at night; this condition lasted for six weeks, when it terminated in premature labor; the fœtus was living; the fluid which came away was examined and seemed to be amniotic. He also has observed retardation of labor from falling forward of the fœtus in relaxed abdomen. When such a patient is placed on her back, labor goes on rapidly.

Dr. Charles M. Wilson remarked that hydrorrhœa gravidarum is more frequent than is supposed, and is mistaken for premature discharge of amniotic fluid. Rigidity of the os uteri is most quickly relieved by inhalation of chloroform. He has found its action more satisfactory than that of chloral and sodium bromide or ether, and safer than morphia. Postural treatment of early stages of labor is of the greatest importance: he would place the patient on the floor on her knees or haunches; holding by the back of a chair or a post is often useful, as it assists in fixing the respiratory muscles. He has not had good results from the local use of belladonna.

Dr. Keating spoke of some experiments he had been making. The patient was first to practice Dr. Bonwill's method of inducing partial anæsthesia by rapid long breathing for a time, and then to hold the breath as long as possible. This method was found to bring on rapid and efficient pains in multiparæ with pendulous abdomens.

Dr. Baer remarked that, take it all in all, morphia, hypodermically, is the most valuable remedy we possess for the relief of pain and rigidity of the cervix during the first stage of labor. Of course it must be used within proper limits.

Dr. Richardson, in closing the discussion, said that his paper was not intended to be comprehensive. His use of morphia extended only to doses of $\frac{1}{8}$ of a grain every four hours, by the mouth, and not hypodermically. In the patient, whose history he had given, intermittent fever was developed later on, and he has not the slightest doubt of malarial poisoning being the cause of the untoward symptoms during and after labor; there was no fever, no rise of temperature, and therefore septicæmia is excluded. There can be no question as to the retraction of the cervix when the head is already in the pelvis; but when the head fits tightly into the superior strait and the cervix is jammed by it, the pressure upon the upper sac is greater than upon the lower, cut off from it by the head. Chloroform is more efficient than any other agent he had used, but it was not always to be preferred.

Dr. Keating exhibited a pair of scissors for denuding flat mucous surfaces; they were remarkably thin. He also exhibited a bivalve fenestrated speculum.

Vesico-Vaginal Fistula.

Dr. Keating reported the following case from notes by Dr. Howard H. Pardee:

Rebecca Johnson, colored, married, was admitted to the Philadelphia Hospital in the summer of 1884, complaining of inability to retain her urine, and of a constant bearing down pain in the hypogastric region, a burning pain in the bladder, and of frequent backaches. She had noticed that the urine was sometimes blood-stained in the inter-menstrual periods. She stated that about a year previously she had fallen out of bed, and had struck upon a broken chair, one of the rounds of which had entered her vagina, hurting her severely, and that all her symptoms had dated from that accident. Soon after her admission to the house an operation for vesico-vaginal fistula was performed by Dr. M. B. Musser, which relieved her for a time, but soon all the old symptoms returned. In January, 1885, examination revealed an opening from the vagina into the bladder more than an inch and a half in length, involving the neck of the bladder and the posterior part of the urethra: a pedunculated growth was also found in the bladder; this was removed. No history of venereal disease could be obtained; there was a bad leucorrhœa. In May, examination showed

an enormous vesico-vaginal fistula, the neck of the bladder and the urethra had entirely disappeared. The edges of the fistula were very thick and callous, and anteriorly very little tissue was left beneath the pubic arch. A small recto-vaginal fistula was also found, and exhibited the same thick rigid edges. Several deep scars were found on the nymphæ and labia majora, which seemed to be the marks of healed chancroids. An operation for the closure of the vesico-vaginal fistula was performed November 15, 1885, but the patient died a week later. The specimens, showing the wound closed, were exhibited to the society.

Dr. B. F. Baer presented the specimens and read the report of a case of

Hydro- and Pyo-Salpinx, Complicated with Follicular Degeneration of the Ovaries.

Mrs. H., æt. 42 years, was sent to me some months ago. She complained of great pain in both iliac regions, more in the right, radiating into the pelvis and sacrum and down the limbs. She had menorrhagia and profuse leucorrhœa during the inter-menstrual periods. She dated the trouble from an abortion which had occurred nine years before, and which was followed by symptoms of acute parametritis, from which she never fully recovered. Examination showed the uterus to be considerably hypertrophied and fixed as in a vise by an indurated mass on either side of it, which seemed to occupy both broad ligaments, or to be closely adherent to them. The cervix uteri was also badly lacerated, and its mucous membrane presented a surface so hypertrophied, abraded and jagged, that I was at first strongly impressed with the fear that epitheliomatous degeneration had begun to develop. I pursued a plan of treatment designed to reduce the congestion and hypertrophy of the diseased neck, and at the same time to induce an absorption of the plastic and indurated lymph around the uterus, to render the organ mobile, so that an operation might be made safe. I only partially succeeded, for, while the uterus became much more mobile, there still remained a swelling or tumor on either side of it. These tumors had ill-defined borders, were not circumscribed, but were elongated and rather cylindrical in form, and fixed to the lateral pelvic walls, as well as to the uterus, though not very firmly to either. I now suspected disease of the fallopian tubes, and probably also of the ovaries. The patient entered my private hospital in February, 1885, when I operated upon the cervix, dissecting away a large quantity of tissue for the purpose of making proper adjustment of the labia and to get rid of the cicatricial tissue. It was not epitheliomatous. I had hoped by this operation not only to restore the cervix to health, but at the same time to induce by a derivative action a retrograde metamorphosis in the diseased tissues and organs appended to the uterus. I succeeded in the former, and also in modifying all of the symptoms except the pain in the ovarian regions. This seemed to be made worse, or at least to become more prominent as the other symptoms were improved. The patient was sent to her home, and advised to rest in the recumbent position for at least a part of every day. Later, as she did not improve, a local treatment consisting of an application of the tincture of iodine to the fundus of the vagina at intervals of a week, with boroglyceride tampons almost daily. At the same time, counter-irritation applied to the iliac region by means of blistering was faithfully pursued. Nothing proved of more than temporary benefit. She began to lose flesh, and fail in strength. The fullness at the sides of the uterus had increased. She again entered my private hospital, and under anæsthesia I determined that the fallopian tubes were distended to the size of a small sausage, that the ovaries were also enlarged, and that the tubes, ovaries, and ligaments were all adherent to one another by plastic lymph; I advised laparatomy for the removal of the uterine appendages; the patient readily assented. A week later I made an incision three inches in length through the abdominal wall, fully two inches in thickness, and came upon the omentum, which was also very fat. This was adherent by its lower border to the pelvic tissues and organs, so that I was compelled to dissect it off on the right side before I could reach the uterus with my finger. Everything, fallopian tubes, ovaries, broad ligaments, uterus, omentum, and intestines, were so adherent and matted together that it was difficult to differentiate between them. The tubes were greatly distended, and contained, the right pus, and the left serum. The fimbriated extremities were glued to the lateral pelvic walls. The ovaries were as large as a good-sized hen's egg, and were closely adherent to the posterior surface of the broad ligaments. I dissected with my fingers, two being introduced until the right tube and ovary were released when they were drawn to the incision, ligated, and removed. The left tube and ovary were released with still greater difficulty, but I finally succeeded in ligating and removing them. Considerable hemorrhage occurred during

the operation, and it was necessary to place a number of ligatures. The abdominal wound was closed with eight silk sutures. The operation occupied more than two hours. The patient slept four hours before she returned to consciousness, and awoke without the slightest nausea, which both she and I dreaded very much from previous experience. There is not much to say concerning the after-treatment, for she did not require much. Her temperature never rose above 100°, and she made an uninterrupted recovery. She went home at the end of five weeks, and has been free from the old pain in the iliac region since four days after the operation.

Dr. B. F. Baer also exhibited a

Small Fibroid Tumor which had Undergone Calcareous Degeneration.

Mrs. L., æt. 60 years, a patient of Dr. J. H. Musser, of Lancaster county, Pa., has had two children and two miscarriages. She had been treated for uterine hemorrhage a number of times during the last fifteen years. She continued to "menstruate" until she was fifty-seven years of age. One year afterwards she began to suffer from severe uterine tenesmus, which was soon followed by a severe attack of "flooding." After this she had frequent recurrence of the hemorrhages up to the time of the removal of the cause. The case had been looked upon as one of cancer, and had been abandoned to the fate which attends that dread disease; but she lingered on and finally came under the care of Dr. Musser, who found on examination that the cervix at least was not cancerous. Through his kindness I saw the lady at her home in September, 1885. I must confess that when I entered the room I was almost on the point of quietly saying to the doctor that I believed his patient had cancer. She had a marked cachectic appearance, and there was an odor very like that of cancer. I advised that a thorough investigation be made with the patient under ether. I found the cervix smooth and soft, the os slightly patulous, and there were several mucous polypi hanging from it. There was also a fetid muco-purulent discharge which seemed to come from the cavity of the uterus. I removed the polypi and then carefully passed the sound into the uterine cavity. It was large and filled with numerous soft bodies, vegetations, except at one point at the fundus. Here a mass was detected which was as hard as marble, and gritty. I next dilated the cervix with my steel dilator, which was easily done, because the tissues were so soft and dilatable, and passed my finger into the cavity. The finger confirmed what the sound had led me to infer. I now removed with the dull curette all of the fungous vegetations—enough to fill a large spoon in the aggregate—and then again introduced my finger and found that the hard mass was imbedded in the uterine wall and pedunculated. I endeavored to remove it with my finger, but failed. I then pried it out of its nest with one blade of a polypus forceps. It proved to be a fibroid tumor which had undergone calcareous degeneration. I cauterized the entire surface of the uterine cavity with fuming nitric acid. The patient has had no hemorrhage since. The cure is valuable, scientifically, because it shows the fallacy and danger of neglecting cases of metrorrhagia—first, on the theory that the hemorrhage is due to the change of life, and therefore physiological, and second, on the supposition that because the hemorrhage came on so late in life, it must necessarily be the result of malignant disease and be permitted to run its course unmolested, Untold suffering and loss of life has resulted from this want of action. I have so recently expressed my views on this subject in a paper on "The Significance of Metrorrhagia Recurring About and After the Menopause," *American Journal Obstetrics*, May, 1884, that I refrain from further comment here.

Dr. Parvin remarked that in any case of uterine hemorrhage a careful examination should always be made. Hippocrates was the first to record the passage of stones from the vagina. From one patient under his care he removed forty tumors of this calcareous character. To illustrate the difficulty of arriving at a correct diagnosis, he related the case of a lady who had applied to him for the relief of an ovarian pain. She was elderly, and was the mother of three or four children. A year after he had first seen her the pain had left the ovary, and was then in the uterus; finally a needle was discharged spontaneously from the vagina, and the pain disappeared.

Dr. Chas. M. Wilson could not understand how Dr. Baer could make out the diagnosis in the case first described. With two inches of fat in the abdominal wall, how could slightly enlarged ovaries and tubes glued down by lymph deposits be detected? He felt sure he could not do it himself.

Dr. Parish said the diagnosis of such cases is at all times difficult, but the history of the case, with the aid of the examination, will make the diagnosis almost certain, sufficiently so to warrant an exploratory incision. Calcareous degeneration in fibroid uterine

tumors in old women is frequently found in post-mortem examinations. The calcareous mass may be as large as a child's head.

Dr. Baer, in closing the discussion, remarked that the great difficulty of making a diagnosis was an inducement to present the case before the Society. He had been eight months in making the diagnosis, and finally operated with hesitation and many misgivings. The pains were chiefly ovarian, but at first he contented himself with repairing the cervix and endeavoring to promote absorption of lymph deposits, and although there was improvement, the ovarian pain remained. When the patient returned, the cylindrical mass on the left side was two inches in diameter, and could be outlined per vaginam; the ovary was as large as a hen's egg. "This I could determine by examination under ether; and on the right side a hard tumor could be felt. This proved to be the thick-walled tube filled with pus; it was circumscribed, and attached to the broad ligament. I felt sure about the diagnosis, but the adhesions made me hesitate long before yielding to the desire of the patient for an operation."

W. H. H. Githens, *Secretary.*
2033 *Spruce street, Philadelphia, Pa.*

NEW YORK PATHOLOGICAL SOCIETY.

Anniversary meeting, January 13, 1886. The President, John A. Wyeth, M. D., in the chair.

Periosteal Sarcoma of the Femur.

Dr. A. G. Gerster presented the lower portion of the right thigh, the seat of a periosteal sarcoma limited to the diaphysis, removed by amputation from a girl twenty-six years of age. Before the operation one surgeon who saw the patient thought the tumor a group of enlarged popliteal glands, and another thought it ecchondroma.

Myxo-sarcoma of the Testicle.

Dr. Gerster presented a myxo-sarcoma of the testicle the size of his fist, removed from a man thirty-two years of age. The causation was unknown. There was no history of injury or inflammation of the parts which would account for it.

Partially Descended Testicle, Fibroma, Hernia.

Dr. Gerster presented a specimen removed from a man thirty-three years old, who had noticed only one testicle in his scrotum, and who at the age of eighteen had a hernia, for which he was unable to wear a truss because of pain. In operating, Dr. Gerster came down upon the undescended atrophied testicle, a fibroma, and omentum adherent to the inguinal canal. The omentum was dissected up, deligated in several places, cut off, and replaced in the abdominal cavity; the sac was transfixed with a catgut suture, tied like the string of a purse, the gut cut off, and placed in the inguinal canal. Finally, the pillars of the external abdominal ring were brought in contact, leaving a slit for the exit of the spermatic cord. The atrophied testicle was extirpated.

Dr. Gerster did not believe that operations for radical cure of hernia deserved that name. They might prove of benefit in enabling a patient to wear a truss.

Retention Cyst of the Submaxillary Gland.

Dr. Gerster presented the specimen, which he removed from a man aged twenty-six years. The tumor had previously been taken for a ranula. Tapped through the mouth, and collapsed; but it refilled, and became so large as to interfere seriously with deglutition, and even with breathing. Dr. Gerster removed it, and found it to be a retention cyst of the submaxillary gland developed toward the median line, and thus giving the impression of a dermoid cyst. The facial and lingual arteries were ligated during the operation.

The President had operated twenty times for so-called radical cure of hernia, and could not say with certainty that he had cured more than one case.

Fibroma of the Right Vocal Cord Removed by Mackenzie's Forceps.

Dr. C. H. Knight presented the specimen, which had for two years been the cause of hoarseness and dry cough. The pedicle was short. Hydrate of cocaine was employed during the operation. Six days later the voice was normal.

Congenital Absence of the Left Kidney.

Dr. T. Mitchell Prudden presented the specimen, which was removed from the body of a man twenty-two years of age, who had given no symptoms of renal disease, and who died of phthisis pulmonalis and tubercular meningitis. On the left side the supra-renal gland was in about its normal position, and was somewhat broader than usual. The left kidney and ureter were absent, there being not even a rudimentary trace of those parts. There was no left renal artery. The right kidney was moderately enlarged. The right ureter was slightly wider than normal. There were no other malformations in the body. Microscopically, the right kidney

was normal in structure. The case seemed to him worthy of presentation, not only because it was an excellent example of this form of malformation, but because, owing to the greater frequency of the operation of removal of the kidney in late years, a more exact statistical knowledge of the frequency of this malformation was for obvious reasons desirable. Up to 1883, according to Gootmann, there were within twenty-five years about seventy cases recorded in which one kidney was entirely absent or represented by a mere rudiment.

Dr. W. M. Carpenter said that about three years ago he saw at the post-mortem rooms of the Bellevue Hospital at least as many as three cases of single kidney, one being, if his memory served him correctly, an operation case in which the sole kidney was removed. Dr. Welch had made an autopsy on the body of a late surgeon of this city, and found but one kidney. Dr. Carpenter had seen no case since.

The President, some years ago, had occasion to study the abdominal viscera at a great many autopsies at Bellevue Hospital, but had never seen one case of congenital absence of the kidney.

Dr. W. P. Northrup said that in a thousand autopsies on babies he had not seen one case of absence of a kidney.

Dr. Gerster said that about the first operation which he performed in this country was for imperforate anus in a baby. He came upon something which appeared to be the intestine, but urine escaped through the incision. The child died, and autopsy showed that the much enlarged occluded ureter of an only kidney had been punctured.

Supernumerary Mamma.

Dr. A. Jacobi presented in behalf of a candidate a supernumerary mamma removed by operation from the left axilla of a woman twenty-seven years of age, who first noticed the tumor about the fifth month of her third pregnancy. The tumor had no connection with the left breast, and had no nipple of its own. Some milk escaped from the axillary tissue during the removal of the supernumerary mamma. After the operation, a small tumor of the left mamma disappeared spontaneously. The patient had feared carcinoma, as a relative had died of that disease. She was thin, and had not a very large breast.

General Tuberculosis.

Dr. L. E. Holt presented specimens from a child four months old, dead of general tuberculosis and a small amount of pneumonic consolidation. The specimen was chiefly of interest in connection with the history.

Diphtheritic Croup.

Dr. W. P. Northrop presented portion of the lung of a child which showed unusual extent of the croupous membrane, reaching to within half an inch of the base of the lung. The following was a cursory summary of 61 recorded cases of children dead of laryngeal diphtheritis or membranous croup at the New York Foundling Asylum, showing the extent of the pseudo-membrane: extending from the pharynx to the finest bronchi, 22 cases; from the pharynx to the bifurcation of the trachea, 9; from the larynx to the first division of the bronchi, 21; to the second division, 5; to the fourth, 3; over the pharynx and trachea, 2. Croup was the first symptom in 49 cases; membrane in the pharynx the first symptom in 12 cases; pneumonia occurred in 44 cases.

Dr. Northrop also presented Dr. O'Dwyre's perfected tube used in the asylum for the relief of dyspnœa by insertion through the glottis.

At the executive session, Dr. Wyeth was re-elected President, and Dr. Carpenter Secretary.

Editorial Department.

Periscope.

The Treatment of Pelvic Abscesses in Women.

Dr. Paul F. Mundé thus concludes a paper in the *American Journal of Obstetrics* for February:

1. Pelvic abscess in the female is not very common, in proportion to the great frequency of pelvic exudations, and probably does not occur in more than ten per cent. of all cases, the majority of exudations terminating in spontaneous absorption.

2. Pelvic abscess may be either extra-peritoneal, the result of cellulitis (by far the most common variety), or intra-peritoneal, the consequence of pelvic peritonitis. If intra-peritoneal, the adhesive inflammation be-

tween pelvic viscera and intestines may so seal the abscess cavity as to render it *practically extra*-peritoneal.

Abscess of the ovary and pyo-salphinx do not belong in the catagory of "pelvic abscess" proper, and do not fall under the same therapeutic rules, unless when, by agglutination to the abnominal wall or to Douglas's pouch, they become virtually extra-peritoneal.

3. Small deep-seated pelvic abscess, not exceeding a capacity of two ounces, and minute multiple abscesses in the cellular tissue, can often be permanently cured by evacuating the pus thoroughly with the aspirator. The surrounding exudation is then rapidly absorbed.

4. About one-half of the abscesses open spontaneously into the vagina, rectum, bladder, or through the abdominal wall and ischiatic fossa. These cases may gradually recover without treatment, or the sinuses may persist until closed by surgical interference.

5. Abscesses containing more than two ounces of pus should be opened by free incision along an exploring needle or grooved director, cleared of débris by finger or blunt curette, and drained and irrigated, if necessary, through a drainage tube.

6. This incision should be made at the spot where the pus points most distinctly, which is usually the vaginal vault.

7. In a certain number of cases the pus points through the abdominal wall, generally in the iliac fossa, and the incision should then be ample, and free drainage should be secured.

8. When the pus has burrowed deep into the pelvic cavity, and a probe can be passed from the abdominal incision down to the vaginal roof, mere abdomino-cutaneous drainage will not suffice, and a counter-opening must be made in the vagina, and a drainage tube carried through from the abdominal wound into the vagina. This drainage tube may have to be worn for months. In making this incision, care should be taken not to wound the bladder.

9. The opening of a pelvic abscess which points through the abdominal wall does not differ from, and is no more dangerous than, the same operation elsewhere on the cutaneous surface of the body. It is not an "abdominal section" or a "laparotomy," in the sense that these terms are now used to indicate the surgical opening of the peritoneal cavity.

10. Chronic pelvic abscesses, which have burst spontaneously, and have discharged though the vagina, rectum, or elsewhere for months or years, are exceedingly difficult to cure. This is particularly the case when the opening is high up the rectum. A counter-opening in the vagina, or enlarging the opening if there situated, the curette, stimulant irrigation, etc., may occasionally succeed, but usually fail.

11. A perityphlitic abscess may point through the abdominal wall, and simulate a pelvic abscess proper. Aspiration will settle the diagnosis; the treatment is the same.

12. The majority of cases of pelvic abscess recover; at least the mortality is small.

Gonorrhœa Treated Germicidally.

Dr. R. W. Barton thus writes in the *Miss. Valley Med. Mo.* for February:

Many microscopists agree that an organism of extreme minuteness is found in the discharge from the urethra of gonorrhœal patients, although there is a difference of opinion concerning its individuality and its etiological relation to the disease under consideration.

Neisser, in 1878, described a large micrococcus which he claims as peculiar to this disease, distinguishing it from ordinary cocci by its size, by the distance between the individuals in the groups—about equal to the diameter of a coccus—and by their occurrence upon the surfaces of cells. He considered it was the means of diagnosticating gonorrhœal discharges, although he failed to produce the disease by inoculating with the micrococci.

Bockhardt injected a fluid containing micrococci of a fourth cultivation into the urethra of a general paralytic, and was successful in producing a purulent discharge.

Dr. Geo. M. Sternberg, U. S. Army (*Medical News*, October 18, 1884), referring to a series of experiments, a detailed account of which was published in the *Philadelphia Medical News*, January, 1882, says: "The writer gave an account of a series of experiments, undertaken for the purpose of determining the etiological import of the micrococcus, which his own observations, and those of numerous other observers, had demonstrated constantly present in the pus of specific urethritis." Yet in his auto-inoculations with this micrococcus, as well as in two other healthy urethras, he failed to reproduce the disease.

Some bacteriologists, prominent among whom is Dr. Sternberg, deny that this micrococcus possesses any distinctive morphological charater, as claimed by Neisser and others.

Ogsten stated that he had detected their presence in pus from an ordinary abscess; and Dr. Sternberg, in a postscript to the article above referred to, confirms this observation.

While it would be gratifying from a theoretical standpoint to have determined, by a successful inoculation with the cultivated germ, that this micrococcus is the essential element of gonorrhœal contagion; still, as practitioners, we will only have to deal with cases resulting from inoculation with the gonorrhœal discharge itself. Notwithstanding the doubtful relation, in the minds of pathologists, of this micrococcus to gonorrhœa, the clinical experience of the writer and others would seem to afford valuable evidence of the bacterial origin of the disease.

With this principle as a foundation, the writer has, during the past eighteen months, treated some forty cases of the disease with creosote, administered internally, and employed topically in suppositories. Thirty-nine of these cases were in males, and one in a female; thirty-six were acute, and four were chronic cases. The creosote was administered internally in two-drop doses three times a day, employing any suitable emulsion, as mucilage acacia, or aromatic syrups, as a vehicle. Topically, the remedy was employed in suppositories, as recommended by Dr. J. H. Leslie:

℞. Iodoformi, grs. x.
Morph. sulph., grs. v.
Creosote, ♏ x.
Butyri cocoa, grs. xxx.

M.—Fiat supposit. urethral No. x.

S.—Insert one into the urethra three times a day.

These suppositories were particularly serviceable in two of the chronic cases; less so in two others, on account of disobedience of orders given. Dr. Leslie has, in his practice, employed creosote during the past five years, and considers its germicidal virtue as the curative property.

When I first employed creasote as a remedy, in 1884, I was not aware that the drug had previously been employed in this disease. Recently I have learned that Jonathan Hutchinson was one of the first to employ it; and Dr. R. Dichs, of Glasgow, recommended its internal employment in chronic gonorrhœa and gleet.

A consideration of the therapeutical action of creosote will recall that it is a general sedative and a local anæsthetic. Internally, its local effect on the urethra is coincident with its elimination by the kidneys. As physiologically and therapeutically creosote and carbolic acid may be considered alike (Roberts Bartholow), the one may be substituted for the other successfully in the disease herein under consideration.

Stunning and Burn by an Electric Lamp.

George Buchanan thus writes in the *Lancet*, February 13:

Injuries from electric lamps are becoming not infrequent. In most of the cases related death has been instantaneous. In a case reported on January 22 as occurring at Liverpool, the man was stunned and remained unconscious for a time, and on recovering was found to be quite blind. The case here related is very curious as to its causation and its effects.

William C., aged 44, a workman in Clydebank building-yard, was engaged at a crane on November 19, 1885. At the extremity of the wooden arm of the crane was an iron pulley, over which hung an endless chain for raising weights. The man had occasion to pull at the chain, and while so doing an electric lamp, which was suspended above, by some mischance was lowered till it touched the iron pulley. The lamp was one of the arc kind, worked on the Brush system. The instant this occurred the man felt a shock pass through him, became "doubled up," and then lost consciousness; but he did not fall to the ground, being held up by the chain which his hands firmly and involuntarily grasped. Some three or four minutes elapsed before the electric current was cut off at the machine, when the man dropped down on the ground stunned. He was taken to the Western Infirmary about an hour afterwards, by which time he had recovered consciousness, and could give a distinct account of what had happened. The injuries received were not very severe. There was a vesication of the palm of his hand where it held the chain; also one on the side of his neck, which rested against the chain during his pulling it down. On the sole of his right foot in front, where the chief weight of his body rested in the act of pulling, was a spot about two inches square, where the tissues were completely charred by the heat of the current passing into the ground. There were no nails in the boots, and there was no perceptible evidence of heat on them, but the sole of the stocking was charred opposite the charred part of the foot. Sir William Thomson, who questioned the man after his recovery, explained that the moist foot of the stocking must have acted as the medium of conduction between

the man's body and the ground, and so determined the seat of the burn.

The symptoms complained of were not very severe; they consisted of a slight amount of general shock, a feeling of heat in the abdomen and chest, and dimness of vision, all of which passed off in twenty-four hours. The wounds were treated in the ordinary way. A large slough separated from the sole of the foot, followed by rapid granulation and cicatrization, and the man was dismissed cured in about six weeks.

Sir Wm. Thomson suggests that if any of the bystanders had taken the man by the clothes and drawn his feet from contact with the ground, or had thrust a bit of dry clothing of any kind under his feet, the contact would have been broken, and the hand relieved from its grasp of the chain. The wonder is that an electric current powerful enough to char the thick integument of the sole of the foot, passing through the man, did not produce any internal mischief.

Dry Dressing for Internal Cavities.

Dr. Charles F. Hutchinson, thus writes in the *Lancet:*

Dry dressings being now all the fashion, and to my mind most justly so, I wish to draw the attention of the profession to a very simple method of applying, in the dry state, dressings, styptics, etc., to such cavities as the vagina, uterus, and rectum.

The only apparatus required is a hollow cacao butter suppository, which suppositories are made in various sizes, the largest of which will just about hold one drachm of any ordinary powder. These hollow suppositories are filled with the powder that may be wished to be used as a dressing; the small lid, after being gently heated, is put on; this when cool remains fixed, and the whole apparatus is then ready to be introduced into the vagina or rectum. The heat of the body soon melts the cacao butter, and the powder is then brought, in as dry a state as possible, into direct contact with the parts. During the last six months I have used these suppositories most freely, and have been more than satisfied with the result. I have tried all sorts of powders, and as the result of my own experience strongly recommend the following, either alone or in various combinations, as required.

First, as a styptic I most strongly recommend powdered iron-alum. I generally order one drachm of powdered iron-alum and five grains of iodoform, to be well mixed together, the powder to be inserted into a hollow suppository and used as directed. In the treatment of uterine hemorrhage I am convinced there is no remedy of more universal application, and none on which I could with greater confidence rely. I have used it in severe hemorrhage from uterine fibroid, from uterine polypus, from uterine cancer, bad miscarriage, and in several cases of menorrhagia at the change of life, and it has never yet failed me. All that is required is to introduce the suppository as high as possible into the vagina, and there leave it. It is as easily applied by the nurse as by the doctor, and is in every way perfectly safe and harmless.

Secondly, as a dressing iodoform stands pre-eminent; in fact, I now seldom use anything else. This, when combined with from a quarter to half a grain of morphia, forms by far the best dressing for uterine cancer that I have yet tried.

Thirdly, morphia, either alone, or, as I generally now use it, in combination with either or both of the above, is a great aid to the physician and comfort to the patient.

After attention has once been drawn to this simple mode of applying these various applications, the numerous uses to which they might be put in the various vaginal, uterine, and rectal discharges and diseases, will occur to all. I have only very briefly ventured to suggest the use of those which in my own hands I have found deserving of confidence. I have no doubt that hundreds of the profession are at present using this mode of dressing; but, on the other hand, I know that there are hundreds who are not, and it is to persuade those who have not yet tried them that I venture to bring this subject forward.

An Unusual Cause of Burns of the Face.

Dr. George T. Beatson thus writes in the *Brit. Med. Jour.*, February 13:

I have thought it right to put on record the following case, as it seems to me to be one of some rarity, and to have some importance from a medico-legal point of view. I cannot do better than give the facts in the words of the patient himself, who communicated them to me by letter. He writes as follows:

"A rather strange thing happened to myself about a week ago. For a month or so I was troubled very much with foul eructations. I had no pain, but the smell of the gas which came from my stomach was disagreeable to myself, and to all who happened to be in the room. About a week ago, as I

said, I got up in the morning, and lighted a match to see the time, and when I put the match near my mouth to blow it out, my breath caught fire, and gave a loud crack like the report of a pistol. It burnt my lips, and they are still a little sore. I got a terrible surprise, and so did my wife, for the report awakened her."

From the above occurrence, it would appear that the condition known as "halitosis," or diseased breath, is not only a source of misery to the sufferer and those compelled to associate with him, but may, under certain circumstances, become a condition of danger to the unfortunate possessor of it. In the present instance, the gaseous results of the imperfectly digested food had their atoms of carbon and hydrogen so arranged as to give rise to the presence of carburetted hydrogen, the inflammable and explosive qualities of which came into play when mixed with a due proportion of atmospheric air in presence of the unguarded light of the burning match. I may add, that the patient to whom this accident happened is a most intelligent and observant man, and that the diet I prescribed for the indigestion from which he suffers from time to time has alcohol excluded from it, and I know that my instructions in that respect are acted upon.

Meningeal and Cerebral Manifestations in Mumps.

As a contribution to the study of nervous disorders consecutive to acute diseases, the article by MM. Lannois and Lemoine in a recent number of the *Archives de Neurologie* deserves careful attention. The authors wish to demonstrate that the occurrence of aphasia and paralysis in the course of mumps is dependent on lesions of a grave nature of the brain itself. These serious lesions are not transitory, but last a certain length of time. Dr. Monro's case, published in the *Lancet*, August, 1883, is quoted. It was that of a boy, aged fifteen, who contracted mumps, and after apparently recovering was attacked with delirium, fever, and, one day later, orchitis. The fever increased to 106° on the fifth day; the pupils were dilated and insensitive to light, and there was marked constipation. The delirium increased and necessitated restraint. On the eighth day coma set in, and the pulse became almost imperceptible. Although the temperature abated slightly, still the patient had several maniacal attacks. At last he returned to complete health. But he had much difficulty in walking for six months, and also considerable trouble in speaking and writing. The pupils remained dilated, and the patient was highly emotional. In another case aphasia and localized paralysis of the right arm lasted for more than five days. The authors detail a case in which the aphasia and right hemiplegia lasted many months. It is their province to inquire into the nature of such cerebral disorders in mumps. Whilst admitting that hyperæmia or embolism might account for some of the cases, the hypothesis of a meningo-encephalitis is suggested. Generally this inflammation leads to nothing more than a superficial irritation, that rapidly passes away after having given rise to symptoms far more formidable in appearance than in reality. At other times, though fortunately of infrequent occurrence, the congestive stage is followed by encephalitis, which accounts for the long duration of the symptoms. The local removal of blood in cases of cerebral symptoms supervening in mumps, is regarded as sound treatment.

Anæsthetics.

Dr. R. Harvey Reed thus concludes a paper in the *Fort Wayne Jour. Med. Science* for January:

From this brief review of the anæsthetics most familiar to the profession, from a practical standpoint, we have arrived at the following conclusions:

1. Of all general anæsthetics known, pure sulphuric ether stands at the head, for safety, efficiency, and every day practical use.

2. Hydrochlorate of cocaine stands at the head of all known local anæsthetics.

3. Ethidene promises to rival ether, and merits a more general and extended trial.

4. No surgeon should give any anæsthetic without being prepared to resuscitate the patient on the shortest possible notice if necessary; among which preparations nitrite of amyl stands preëminent.

5. No person should be entrusted with the administration of any anæsthetic who is not thoroughly familiar with their physiological action and practical administration.

6. The indiscriminate use of anæsthetics should be strenuously guarded against; and especially the practice of leaving such dangerous compounds in the hands of the laity, to be given at liberty, whenever they may deem it necessary.

7. The judicious use of anæsthetics under all necessary circumstances should never be omitted; for when properly used by skilled hands they are a glorious haven of peace in the midst of a stormy sea.

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Medical and Surgical Reporter.

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RESORCIN IN GONORRHŒA.

Dr. Andeer first recommended the use of resorcin in cases of gonorrhœa. Munnich, in Amsterdam, then treated 108 cases of the disease with 3 per cent. injections of resorcin, and published the very favorable results which he obtained from this treatment in the *Mon. f. prakt. Dermat.*, bd. iv., 6 June, 1885. His method is as follows:

The patients are recommended to drink much water and milk, so that the pus which has accumulated in the urethra may be thrown out with each discharge of urine, micturition always having to precede the injection. The injections are made by the patient himself, during daytime every two hours, and at least twice during the night; for experience soon showed that when the nightly injections were omitted the improvement obtained the previous day was lost again. It is further to be recommended that the patient do not retain the fluid injected into the urethra, but allow it to flow out again. Generally the fourth or fifth day the patients again presented themselves, when they were told to make the injections henceforth only three or four times daily, and but once during the night.

In 67 of the 108 cases the discharge had greatly diminished by the seventh day, and was totally cured on the fourteenth, and only in one single case the last small residue of the discharge had to be removed by a more astringent solution. In those cases which did not end so favorably, at least the acute symptoms rapidly yielded to the resorcin, and once the injections had to be omitted for a few days because an inflammation of the neck of the bladder had developed itself, in consequence of the patient's retaining the fluid too long in the urethra. All recent cases were cured within a fortnight.

Induced to do so by these favorable reports, Dr. Letzel, in his clinic for diseases of the skin and for syphilis in Munich, instituted a series of similar experiments. He tried the treatment with resorcin injections in 56 cases of gonorrhœa. Amongst these 33 were recent cases, none of which had lasted longer than a week, while the other 23 represented chronic cases, the most recent of which had a duration of two, the oldest one of five months.

In seven of 56 cases, 3 per cent. resorcin injections were not well borne, they causing severe pain; in two a painful priapismus set in, and in one the direct transfer of the urethral disease to the neck of the bladder was doubtless due to the irritating effect of the 3 per cent. solution of resorcin. The

other 49 cases evinced no trace of irritation. In consequence of this experience, L. later invariably commenced the treatment with a 2½ per cent. solution, and only gradually passed over to a 3 per cent. one. Thus all irritation was avoided, and in one very chronic case a 4 per cent. solution was finally also tolerated.

L. observes that the quality of the resorcin is of the utmost importance. The pure article is snow-white and easily soluble in pure water, while resorcin which has the slightest yellowish or brownish color only acts as an irritant to the urethral mucous membrane. The remedy further must be kept in perfectly hermetically sealed vessels; a larger quantity of the solution than four ounces ought never be prescribed, and this should be put into a dark bottle. Of the 33 acute cases L. was able to observe to their final cure 18 cases, and these gave the following results:

2	acute cases	were cured	within	7 days.
1	"	"	"	8 "
2	"	"	"	9 "
2	"	"	"	10 "
4	"	"	"	12 "
5	"	"	from 16 to 22	"

—while two of the eighteen cases, notwithstanding the early resorcin treatment, passed over into the chronic state. The average duration of sixteen cases was, therefore, twelve days. The other fifteen cases appeared only once or twice at the clinic; some of them were seen later, and reported "that the injections had done them a great deal of good, and that no trace of the disease remained."

The chronic cases of gonorrhœa did exceedingly well under a three to four per cent. solution. Ten cases, which had lasted from two and a half to five months, were all totally cured within from fourteen to thirty-two days by the resorcin injections alone, without the introduction of bougies.

All the cases reported by L. as cured were not pronounced as such until their morning urine evinced no longer gonorrhœal bacteria. L. does not doubt that with resorcin a great step has been made forwards in our treatment of this, proverbially, so often intractable complaint.

ILLEGAL PRACTITIONERS OF MEDICINE IN PHILADELPHIA.

It is probably known to the profession that we have a law in this State, as well as in very many other States, to regulate the practice of medicine; but it is in but few States that this law has been put into effect. In a few States efforts have been made at times to enforce it, but usually without much result—as a rule the sympathy of the jury being with the defendant, who was regarded as a persecuted man; this morbid sympathy usually arising from the fact that the intention of the law, and its enforcement, was construed as a selfish act on the part of the prosecutor, merely for the purpose of disposing of those who were receiving a portion of the money that the doctor wanted for himself. The true humanitarian principle involved, that of protecting the public from the harmful ministrations of incompetent and ignorant men and women, was entirely lost sight of in the erroneous impression that we have referred to.

There can be no doubt that there are to-day thousands of incompetent men in this country who are daily destroying life by ignorant treatment, and that such men should be stopped from their nefarious practices there can be no doubt.

About one year ago the Committee on Hygiene and the Relations of the Profession to the Public, of the Philadelphia County Medical Society, decided to inaugurate a warfare against these men. It was a task of no mean magnitude, owing to this very indifference and sympathy to which we have referred; but it was commenced with the assistance of able counsel in the person of Mr. Lincoln Eyre, a well known member of the Philadelphia bar.

The first case was the most difficult to contend with, but after a long delay, due to the slow-moving machinery of the law, the committee succeeded in securing the conviction of its first prisoner.

It now has two men under bail for trial, and proposes to go ahead vigorously until the host of these dangerous parasites that now infest the city are driven out, as were the rats from the plague-stricken city of Hamelin. One of the men now under bail is one of the most despicable specimens of adulterated manhood that we can well conceive of. With no qualification to practice, save that conferred by a limitless supply of pure impudence, he treated a respectable woman who had a scrofulous ulcer on her leg. Failing to secure from her all the money that his greedy demands required, he sent for her husband and told him that his wife had syphilis, and warned him that if he had anything to do with her while she was in this condition he would get the disease, and that it would eat into his stomach and eat him in two. When this poor man, who had no suspicion of his wife's fidelity, asked whether it was possible for her to have

contracted the disease in the privy or in some similar way, this wretch replied that such was impossible—that she could only have gotten it by having connection with some man who was very low, and who was rotten with syphilis. The husband left his wife and was gone from her for one week before he discovered the falsity of the tale he had been told. It is needless to say that the story was not true because even if it had been true it would be the duty of a conscientious physician to endeavor to hide such a misfortune.

In conclusion, we would ask the profession in this city to notify the assistant editor of this journal, who is the chairman of the committee, of any men who are illegally practicing medicine in their neighborhood.

Notes and Comments.

Comminuted Fracture of the Head of the Tibia.

Mr. William Thomson, of the Richmond Surgical Hospital, Dublin, has had reprinted from the *Transactions of the Academy of Medicine in Ireland* a case of that very rare form of fracture of the head of the tibia, which is produced by crushing, the force being the weight of the trunk and upper extremities, delivered through the condyles of the femur upon the articular surface of the tibia with such violence as to comminute it. This injury, which has received but very little notice in the best and most recent surgical writings, is not less destructive than that caused by some great external crushing violence applied directly, so as to break either the femur or tibia, or both bones, into fragments at their junction one with the other. To attain a fracture of the head of the tibia *par écrasement*, it is necessary, Mr. Thomson points out, that the person should fall from a sufficient height upon the feet, thus allowing the following weight of the body to come with great force upon the tibial head, when further downward progress is suddenly stopped by contact of the foot with the ground. The case reported by Mr. Thomson was one of compound fracture of the tibia, the lower fragment having pierced the skin at the junction of the upper and middle thirds of the leg. The patient, who weighed about sixteen stone, stated that he had been standing on a board supported between two ladders, when it toppled, and he fell to the ground on his feet, afterwards striking with his left leg the iron frame of a bedstead, which was close at hand. The patient died from blood-poisoning about a week after his admission, and, on post-mortem examination, two fractures through the shaft of the tibia were found, one about the junction of the lower and middle thirds, the other at the junction of the upper and middle thirds. The middle third of the bone lay as a loose fragment, and evidently its upper sharp end had acted as a wedge, and had split the head of the tibia into two principal fragments, the chief dividing line passing just to the left of the spine. On examining the upper articular surface, it was found that the left fragment comprised nearly the whole facet on that side, and was depressed about an eighth of an inch below the general surface. On the right side, the line of fracture began at the margin, about an inch from the central anterior point, passed obliquely backwards and to the left behind the spine, and terminated at the other fracture. Besides these fractures, there was considerable comminution of the head of the tibia, which was broken up into five fragments. The lines of fracture observed on the articular surface of the tibia were continued downwards into the head of the bone. This injury, Mr. Thomson states, is one of special interest, both because of the mode in which it was produced, and because of its character. Very little attention, it is thought, has hitherto been directed to injuries of the head of the tibia. This case is the tenth that has been recorded; but the injury, it is believed, occurs more frequently than is generally supposed.

A Rare Form of Dislocation of the Humerus.

The *London Medical Record* says:

A man, aged thirty-six, had his left humerus dislocated during a fray. He had been thrown to the ground, and, while he lay on his back, both arms had been pulled upwards by his opponent, a violent kick being at the same time given to the upper third of the humerus. When Dr. Lindén saw him, three days after the injury, the left arm was stretched upwards; the humerus formed an angle of about 130° with the acromion and clavicle; the forearm was pronated, and lay horizontally over the head, the left hand being supported by the right. The soft parts of the humerus were much contused. There was severe pain in the arm; the hand was numb, and was supported by the hand of the opposite side. All attempts to bring the humerus into the

horizontal position only caused severe pain. There seemed to be fracture of the humerus near the attachment of the deltoid, and on palpation the subacromial space was empty; on the other hand, the head of the humerus could be felt with unusual distinctness in the axilla. It lay below and somewhat to the inner side of the glenoid cavity, near the lower border of the pectoralis major. Under chloroform, the arm presented considerable resistance to attempts to bring it into the horizontal plane; it was, however, completely reduced by extension upwards and outwards. For six weeks the arm remained powerless; two and a half months afterwards it was still weak, but the man was able to work. Dr. Lindén has found only five cases of this rare form of dislocation recorded in medical literature. Two are described by Middeldorpf (*Schmidt's Jahrbücher*, 1880); one by Busch (*Archiv für Klinische Chirurgie*, Band iv.); one by Nikolaysen (*Norsk Magazin for Lægevidensskaben*, 1873); and one, occurring in Bardeleben's clinic, by Alberti (*Deutsche Zeitschr. für Chir.*, Band xx.). In all these cases, the dislocation was produced by the arm being forcibly struck upwards. In one of Middeldorpf's cases, the injury was the result of a fall through a floor; in Busch's case, of a fall down a ladder while the patient was carrying a heavy burden on his shoulder. In Middeldorpf's other case, the arm was violently struck upwards by a windlass during a fall. In Nikolaysen's patient, the humerus was dislocated while he was trying, with his arm extended upwards, to prevent a boat from slipping off a vessel. In Alberti's case, a man was endeavoring to pull down a rearing horse by the bridle, when the animal struck his uplifted arm with one of its forefeet. In all these cases, the symptoms were similar to those above described. Dr. Lindén believes that the difficulty in reduction in his case was caused by the greater tuberosity of the humerus resting against the edge of the joint.

Respiratory Croaking of Babies.

The *Practitioner*, December, 1885, tells us that Dr. Samuel Gee has seen about a dozen cases of what he calls respiratory croaking in babies, and thus describes the affection: Breathing is accompanied by a croaking noise, which seemed to Dr. Gee to have the characters of stertor more than of stridor; or, in other words, the sound seemed to be produced in the fauces, and not in the larynx. The croaking usually accompanies inspiration only, but in one of the cases it accompanied expiration only. The noise is constant, both when the child is awake and when she is asleep; yet it may cease for a short time now and then. The tone of the cry is natural, and this is another reason for believing the noise not to be laryngeal. No dyspnœa, no recession of chest wall during inspiration. Fauces look natural. The noise continues when the nose is pinched. The croaking has nothing whatever to do with the crowing of laryngismus stridulus; the two disorders resemble each other in no respect, except that there is a noise produced in each. The ages of Dr. Gee's patients ranged from three to nine months. It is a remarkable fact that all of them were girls. The general health of some of the children was good, but most of them were weak and sickly. Two children suffered from congenital disease of the heart, and one was an idiot. In some of the children this croaking began at or soon after birth, and in no case did it last much beyond the end of the first year. There is no special treatment; indeed, the disorder causes more annoyance to others than to the child herself. Joseph Frank, in his "Praxis Medica" (De Morbis Laryngis, cap. ii., sect. 11), refers to observations of Storch which somewhat resemble these. But most of Storch's patients were older than Dr. Gee's, and he seems to have confused all kinds of stertor and stridor together. There is a much better description of the disorder in Rilliet and Barthez' book, "Des Maladies des Enfants," under the name of "Trachéite de la Première Enfance," but Dr. Gee's description, he says in conclusion, is wholly upon facts within his own experience.

Neuropathic Œdema.

We find occasionally local œdematous conditions in cases of myelitis and of tabes. They are often pronounced indications of an existing kidney complication, and are not seldom looked upon as important factors for the prognosis. Drs. Mathieu and Veit have made a special study of the subject, and come to the conclusion that these œdemas are no evidences whatever of diffused kidney diseases, but simply trophic disturbances, due to an alteration in the nutrition of the skin and the subcutaneous tissues. They found that these swellings frequently select the places which previously were the seats of lancinating pains, joints that had been painful were later similarly affected, and the swellings extended exactly over the regions

supplied by the painful nerves. In acute articular rheumatism similar œdematous swellings occur. Here also no form of Bright's disease need be present, which was absent in all the cases of myelitis and tabes observed by M. and V. They probably depend upon vaso-motor disturbances. While repeated analyses of the urine can alone determine the question in each individual case, the peculiar seat of the œdema—in the thigh or the upper arm, or around one joint, or surrounding two joints on the same side—does generally indicate their true nature, for in Bright's disease either the ankles and the parts of the leg near them or the tissues surrounding the eyes become first affected with œdema in diffused kidney disease. Besides, these swellings in morbus Brightii are never one-sided; they are apt, when not extensive, to disappear while the patient is in the recumbent position, and get worse towards night, after the patient has been much on his feet.

Poisonous Effect of Oil of Sassafras.

The *Deutsch-Amerik. Apoth. Zeit.*, (Oct. 1, '85) reports the case of an individual that swallowed two mouthfuls of oil of sassafras. A few moments later a cold sweat broke out all over the body, the skin became cold and pale, profuse perspiration then set in, and the patient lost consciousness. The pulse was threadlike and very rapid. Stimulants applied externally to the most sensitive parts of the integument, and emetics, caused a return of consciousness; but a general debility and a peculiar lassitude, which affected mainly the lower extremities, remained for some time after.

From the description of the case we do not believe that the oil of sassafras is any more poisonous than most of those strongly-scenting oils, for all of them, when taken in large quantities, are apt to produce phenomena akin to those of a severe attack of indigestion. Immediately preceding the vomiting, a cold sweat usually breaks out, while the skin becomes cold and the pulse thin and rapid. Very sensitive individuals easily faint in such an attack, and after the seizure is over the same general weakness is always observed. There is, therefore, nothing specially poisonous in the oil of sassafras, and in smaller doses it can be administered with perfect safety. Its effect is a stimulating one, with a tendency to increase the normal functions of the skin; and in this respect it greatly resembles the action of alcohol, which, when taken in too large a dose, also gives rise to the group of symptoms above enumerated.

The Relationship of Diseases of the Eye to those of the Nasal Passages.

Dr. H. F. Hendrix thus concludes an article in the *St. Louis Medical and Surgical Journal* for January:

To my mind there is nothing more reasonable than the relationship of diseases of the eye and nose. Anatomists have demonstrated the fact that the eye resides upon the same floor with the nose. I may say, therefore, that it is not strange that any deleterious matter brought into the house should, by continuity, spread to all parts of the floor.

The eye, as we see, is not the only neighbor which suffers from pharyngo-nasal catarrh. The ear is also connected through the Eustachian tube with the mucous membrane of the nose; hence we may expect the sense of hearing to be affected also. Now, when a patient comes to us suffering from a sore eye, let us examine the nose. If he complains of any ear trouble, let us examine the nose; if of a throat disease, let us examine the nose. With treatment properly directed to the mucous membrane of the nose and pharyngo-nasal space, we often cure the eye, the ear, and the throat, simply by striking at the root of the disease.

Bichloride of Mercury and Urea for Syphilis.

The *Pharm. Zeitung.*, No. 33, says:

Amide compounds of fatty acids with mercuric oxides, such as glycocol-, asparagin-, alanin-mercury, have been heretofore already proposed as antisyphilitic remedies (by Dr. A. Wolff). Recently another has been added to these by Dr. Jos. Schütz, which is not only inexpensive, but has the further advantage of not causing any pain. This compound is bichloride of mercury and urea. Schütz at first used a solution containing 1 gm. of corrosive sublimate and 0.22 gm. of urea in 100 gm. of water, corresponding to the molecular proportions:

$$\underset{270.92}{HgCl_2} + \underset{60}{CH_4N_2O} = 1 : 0.22$$

But since urea is usually a little damp, or contains traces of impurities, and a solution containing an excess of bichloride causes pain, a slight excess of urea is of advantage, particularly as it does no harm. Hence 0.5 gm. of urea were employed instead of 0.22.

It is not necessary to prepare this solution every day fresh, as it will keep for at least a week, and perhaps longer.

Scutellaria Lateriflora in the Treatment of Enuresis.

Dr. A. H. Wimermark, of Cambridge, Ill., thus writes to the *Medical Record:*

"Having read the excellent article on enuresis, by Dr. Stein, and the remarks of Dr. Willeford upon its treatment by rhus aromatica, I wish to contribute from my store of experience in the treatment of the same difficulty. Some two years ago I was advised by an old practitioner to use fluid extract of skull-cap in a case in my own family, and the result was most gratifying. I have since employed it in several cases dependent upon nervous conditions only, and must say that results obtained have always been most satisfactory. A lad, twelve years of age, who would urinate from three to six times every night during his sleep, and had done so for several years, received ʒj. t. i. d. for two weeks, and was speedily and permanently cured. All the cases occurred in children."

Dr. Wimermark advises a trial, at least, of scutellaria when other remedies have failed. He disclaims any credit for originality in the use of the drug, as he says that it was recommended to him by another.

A New Hypnotic.

Recently the MEDICAL AND SURGICAL REPORTER published the investigations regarding the effect of hopin, an alkaloid obtained from hops. It was first discovered in our country, and is mainly contained in American hops. Hopin has proven itself a very valuable hypnotic, more energetic and prompt in its action than morphia, and more free from all deleterious side-effects. Meanwhile, we read in the *Med. Blatt. of Jaksch.*, that another hypnotic has been discovered and been added to our therapeutics, viz., urethan, an æthyl ether of carbamin acid ($NH_2C\ O_2C_2H_5$). In doses of about 8 grains, taken from one to three times at night before retiring, it has a very prompt hypnotic effect, and not the slightest injurious influence upon the general health of the individual. In the urine of persons having taken three of the doses mentioned, no morbid product that could be ascribed to the action of urethan has been met with. Urethan forms white crystals, which are easily soluble in cold water, are completely without odor, and have a slightly salty and cooling taste.

Adulteration of Olive Oil.

Olive oil is frequently employed in medicine. To discover any adulteration, Andoynaud proposes in the *Compt. Rendues* the following procedure. Into a test-tube containing a ctm. scale, 2 cm. olive oil are poured, 0.1 grm. powdered bichromate of potash is added, and both are shaken without closing the tube. A mixture of sulphuric and nitric acid is next added until the fluid measures 4 ctm., and the mixture then stirred, when it will assume a red-brown tint. After one or two minutes ether enough is added to make the whole 5 ctm.; then the mixture is again stirred, when effervescence sets in. Red vapors escape, and if the oil be pure it floats with a green color on the surface, but should it contain only 5 per cent. of any of the cheaper oils, the color varies from greenish-yellow to yellow or even red-yellow, depending upon the quantity of the adulterating oil added.

Treatment of Sick Stomach after Ether.

Dr. Hearn, in the *College and Clinical Record*, says that the sick stomach which often follows the administration of ether, is annoying. It is difficult to do much for its relief. The patient may rinse the mouth with hot water, and if he can swallow some of it and vomit, he will get rid of considerable ether. The following is sometimes of service:—

℞.	Spirit. chloroformi,	gtt. viij
	Aceti opii,	gtt. iij
	Mucilaginis acaciæ,	
	Aquæ, āā	q.s.—M.

This may be repeated every two or three hours.

A sick stomach may often be prevented by administering a hypodermic of morphia before the patient comes out of the ether. It induces sleep until the effects of the ether have entirely passed off.

Breech Presentation Complicated by a Large Scrotum.

To the Buffalo Obstetrical Society (Sept. 22) Dr. Thomas Lothrop reported a case where he found some difficulty in differentiating the presentation. The examining finger first met quite a bag, though the bag of waters had previously broken; going a little higher it met on one side a hard bone, and, passing to the other side, another one. Soon it passed into what proved to be the anus, but there was no meconium. He finally decided that the bag was the scrotum, and very soon the penis came down, confirming that opinion. He mentioned the case as an example of some of the puzzling little features of obstetric cases.

"Dover's Solution" and "Red Drops."

A preparation, known as Liquor Doveri, Dover's solution (liquor ipecacuanhæ et morphinæ), which originated with Dr. J. D. Coleman, of Juliustown, and afterwards of Trenton, N. J., and is quite popular in several localities, is prepared as follows:

℞.	Acetate of morphine,	60 grains.
	Diluted acetic acid,	1 fl. oz.
	Dilute Alcohol,	7 fl. oz.
	Wine of ipecac.,	2 fl. oz.

Dissolve the acetate of morphine in the acid, add the diluted alcohol and wine of ipecac, and mix the whole thoroughly. Set aside for 24 hours, then filter through paper.

Correspondence.

Ligating the Cord.

Eds. Med. and Surg. Reporter:

In your number of January 30, 1886, appears a communication under the caption, "Ligating the Umbilical Cord," by Charles McIlvaine, in which he endeavors to present your readers with something new, the conception of which, it appears, took place during his short sojourn among the negroes on the Atlantic sea islands in the early part of our late war.

In his labor throes he has given birth to that which is indeed remarkable and unique. He says: "In every instance, when I asked the mother the age of her baby, and I had hundreds of occasions to do so, the invariable reply was, 'Why, bress de Lord, massa, de nable string been tied dis six weeks,' or whatever the number of weeks the child had been born, in cabin or cotton row, depending much upon the accidental whereabouts of the mother at the event."

Now, I was born and raised on the Sea Islands, and there practiced ten (10) years, largely among the negroes; have had, I suppose, equally as many occasions for inquiry of mothers as to the ages of their babies as your correspondent had, and never in a single instance did I receive such a reply as he states was invariably given him, nor did I ever hear the expression before. I can safely say that such a mode of computing the ages of their children is not customary among them.

Again, the expression "in cabin or cotton row" is well calculated to leave the impression on the mind of the reader that labor among the negroes was as likely to occur in the cotton row as in the cabin, thus charging, by implication, their owners with cruelty and negligence, whereas the truth of the matter is in direct opposition to such an accusation. When nearing the time of labor, the women were not required to leave the premises, but were employed at some light work thereabouts. A midwife was kept on hand, and in difficult labors the services of a physician were procured. No such instance as a negro woman giving birth in a cotton row or field, has ever come to my knowledge. That premature labors and miscarriages may occur while in the field I would not deny, although I cannot now recall such a case.

He says further, "The reckoning of the child's age was kept in this way—from the tying a knot in the umbilical cord as close up to the body as possible. The effect of this was visible upon every naked youngster, and quite noticeable in after life; the navel, instead of being depressed, protruded."

I have been in attendance on quite a number of accouchements among that class, and have examined their infants attended by midwives, and have yet to see a cord treated in the manner above described. Umbilical hernias are more frequent among the colored than the white children, but not so universal, and not caused by the peculiar treatment of the cord, as the writer would have us believe, but by different agencies altogether, which will occur to any reflecting physician.

C. Sams, M. D.

Taylor, Texas.

A Bullet in Her Brain.

Eds. Med. and Surg. Reporter:

Noticing the case reported by Dr. Miller in your issue of 26th of December, 1885, of the child "living with a bullet in her brain," led me to report the following somewhat similar case that occurred in the practice of a neighboring physician.

In March, 1876, a twelve-year-old girl was shot with a Sharp's four-shooter fired at a distance of two or three feet from her head; the ball entered one inch above and about three-fourths of an inch to the left of a line from the outer angle of the right eye. After receiving the shot the girl was unconscious about four hours; the left side was completely paaalyzed. A probe was passed fully five inches in the track of the ball, and brain matter to a considerable amount passed from the wound. With careful watching and judicious treatment by her attendants, the wound finally healed over, and the patient seemed well, excepting the paralysis of the left side. Her condition at present may be seen in the following statement I have from her father at this writing:

"My daughter has almost recovered the use of her left side, has good use of the arm, but sometimes complains that it is not as strong as the other. She goes slightly lame, and rather slides her left foot. She can do anything in general housekeeping, and her management of household affairs shows that her mind is not impaired. During the past ten years she has passed through several attacks of fevers, some quite severe, without any more difficulty than the other children. She went to school, and learned as well as she did before she was wounded. She has had no fits of any kind, and gives no other evidences of disability than the sliding of left foot and accompanying lameness, and the weakness of the left arm. The right side never showed any signs of weakness or paralysis. The pulse-beats can be seen and felt at the place of the entrance of the ball."

There is no doubt that this young woman has carried a bullet in the right side of her head during the past ten years, and that she is now apparently healthy, excepting as above stated. All the functions of her body seem well performed, her general condition good, and mind clear.

JOHN W. SHEETS, M. D.

Northumberland, Pa., Feb. 27, 1886.

Rare Symptoms in Hemiplegia.

EDS. MED. AND SURG. REPORTER:

Recently, in two cases of hemiplegia, the one right and the other left, I have noticed two symptoms which, among a large number of cases which have come under my observation during the last forty years, are quite new to me.

In the one, with no anæsthesia, and yet a complete loss of motion of both extremities of the right side, the patient could not be prevailed upon to allow sufficient heat in his room for the comfort of his nurses with overcoats and furs on, saying, "It is too hot here. I am burning up now." At this time, mercury without stood at zero. This complaint of heat continued for more than sixty days, when it was followed by the opposite sensation—cold. So severely did he complain of cold that the nurses were now as uncomfortable from heat as they had been from cold.

About this time there was a slight ability to use the lower extremity, yet there has never been any use of the arm.

In the other and more recent case, as well as, apparently, much milder, there is no anæsthesia proper, neither is there any complaint as to temperature, yet the patient when *himself* taking hold of the slightly affected hand (he being able to grip mine with considerable force), *with his eyes closed*, frequently asks, "Fred (one of his sons), have you got hold of my hand?" being unable to know that he himself has hold of it.

In the first case we very naturally say, "Oh, that is perverted nervous sensation;" but I cannot account for the patient's conduct in the second. I know the patient's ideas are perverted, but what perverts them in the latter case? Possibly Brown-Sequard might tell us.

D. COLVIN, M. D.

Clyde, N. Y.

Emission of Semen as a Means of Diagnosis of Death by Hanging.

EDS. MED. AND SURG. REPORTER:

I see in MEDICAL AND SURGICAL REPORTER of 13th inst., among a synopsis of some of the papers read at the late meeting of New York Medical Society, one by Dr. Hamlin, of Auburn, on "Emission of Semen as a Means of Diagnosis of Death by Hanging." Having had opportunity of verifying Dr. Hamlin's observations, I report what I saw here in this city. There are hung in this city, annually, a dozen or more criminals, and in every instance there has been emission. The late Dr. J. E. Bennett called my attention to it in 1880, and my observations extend from that to the present. Dr. Bennett, who was United States jail physician at that time and many years previously, informed me that he never knew of a case of hanging in which the emission was not present, and as a means of diagnosis of death it was certain.

GEO. W. SMITH, M. D.

Fort Smith, Ark.

Quinine in Typhoid Fever.

EDS. MED. AND SURG. REPORTER:

I have read with much interest in your journal and in the *American Practitioner*, Dr. O. T. Shultz's method of treating typhoid fever, by giving large doses of quinine—ten, fifteen, up to thirty grains to control pyrexia—and from my experience with it, cannot recommend it, especially in this northern climate, where we have no malarial complications or influences. I have treated twenty-four cases of that disease within the last four months, running from the abortive form to the worst forms. I tried large doses of quinine in two cases (two brothers), and both died, and every other case got well. Whether the quinine aided the fatal issue or not is hard to say, but it looks suspicious, to say

the least. The largest dose was xx grains. Those treated with iodine and carbolic acid did well. Those treated with a sponge bath, quinine two grains every four hours, and a morphine powder at night, did as well as any. I would like to hear the experience of others in this direction.

E. B. Crone, M. D.

Kerkhoven, Minn.

News and Miscellany.

Medical Risks from Infectious Diseases.

Commenting on this subject, the *Lancet* says: One of the most interesting features in Dr. Ogle's paper on "Mortality in the Medical Profession," recently read before the Royal Medical and Chirurgical Society, is the comparison between the mortality of medical men from the principal infectious diseases, with the average mortality from the same causes among all males. That the mortality in the medical profession from these diseases should show a marked excess can cause no surprise to those who consider the constant risk of infection to which it is exposed. Dr. Ogle's figures are, however, mainly interesting from the exceptional position held by small-pox among these diseases. The death-rate of medical men aged over twenty years from scarlet fever is nearly four times the average rate of all males of the same ages; the medical rate from typhus is more than twice, from diphtheria nearly four times, and from malarial fever nearly five times the average rates for males of similar ages. Medical men are also liable to a markedly excessive rate from enteric fever and from erysipelas. The death-rate of medical men from small-pox, however, is considerably less than a fifth of the rate among all males.

Dr. Ogle suggests the only possible explanation of this remarkable contrast between the relative incidence of these infectious diseases on medical practitioners when he attributes their low death-rate from small-pox to more general and better vaccination and revaccination; and their excessive death-rate from the other diseases to the fact that no prophylactic is known wherewith to counteract, as in the case of small-pox, their exceptional risks of infection. Dr. Glover, in the discussion which followed the reading of Dr. Ogle's paper, expressed disappointment that the profession did not show complete immunity from fatal small-pox, and it is well, therefore, to point out that the rate of 13 deaths of medical men from small-pox per 1,000,000 living implies that during the ten years 1873–83 only 2 deaths from this cause, out of 3,865 deaths from all causes, occurred in the profession in England and Wales, numbering about 15,000. There were in England and Wales during those ten years 19,377 deaths from small-pox, and it is fair to assume that one or more medical practitioners were brought into personal contact with each of these deceased persons. Bearing these facts in mind, the deaths of but 2 medical men from this disease during these ten years induces overpowering evidence both of the value of vaccination as a protection from small-pox, and of its general and effectual adoption by the profession.

Prophylaxis of Cancer.

The *National Druggist* tells us that Dr. Willard Parker, in his work on cancer, which we have already mentioned in a former issue, makes some very interesting remarks on the causes and prevention of cancer, which, if rightly appreciated and followed by the public, would, no doubt, tend to reduce the frequency of this disease. He shows that cancer is a disease appertaining to civilization, and that barbarous and savage nations are comparatively free from it. Race and habitation, heredity, and other influences, are shown to have little effect in producing this disease. The use of intoxicating drink is considered, and its influence in causing cancer is shown to be slight. Syphilis and other diseases, he concludes, have no direct influence, since it is impossible that any one can have escaped some of the ultimate effects of a disease which was so prevalent in the last three centuries.

The predisposing causes of cancer, in all probability, are in the habits of the patients themselves. Just as civilization is the cause of the strain that wrecks so many intellects, so it is also the cause of depressing the animal vitality of the individual, and brings in its train this dread disease. The main cause of this disease is "established wealth and a state of luxury. The appetite for eating meat and highly-seasoned food is indulged, and can be regularly and habitually indulged, only in a state of established civilization, with communities engaged in accumulating fortunes and vying with each other in sumptuous living." These conditions, together with habits of indolence and insufficient exercise, cause an accumulation of waste products in the system which predisposes to cancer. Then, an accidental bruise, or reversal of fortune with mental depression, or any other exciting cause, may develop cancer.

The lesson is obvious. People should stop worrying themselves about the fact that a relative had cancer, because it does not affect them. They should live more frugally and take plenty of exercise in the open air, and, in short, follow hygienic modes of living, and the danger of cancer is much more remote. The cure may be difficult, but prevention seems to be in the power of each individual.

The Sanitation of Naples.

It is only two years since the editor of the *Brit. Med. Jour.* gave a graphic account of the pollutions of soil, air, and water, which were converting Naples into a pest-house, and threatened to make it a focus of zymotic disease. Soon afterwards came the epidemic of cholera, which verified the most alarming warnings. A German correspondent gives now a graphic account of the great improvements which are about to be commenced at Naples, and which will completely renovate the city from a sanitary point of view. One large main thoroughfare will traverse the whole of the poor quarters, Porto, Pendino, Mercato, and Vicaria, while regular cross-streets will run at fixed intervals. Some sites considered to be too unhealthy will not be allowed to be occupied. For the large crowd of artisans, laborers, and their families who will be dislodged by these changes, new and healthy quarters will be found in the Arenaccia district, beyond the railway station. The entire drainage and sewer system in the lower part of the city will be remodelled, and will be made to discharge beyond the harbor. The dye-works and similar manufactories, the operations of which are calculated to pollute the water, will be required to remove beyond the city boundary. The State is contributing $20,000,000 to carry out these great works. When they have been finished, the Chiaja will, indeed, be one of the most delightful, as well as most wonderful, promenades in Europe; but the habits of the people require also reformation, and a sanitary crusade needs to be preached on the basis of that which societies such as the National Health Society have carried out here. In this propaganda, the medical men of Naples might well take an initiative and active part.

Methods of Oleomargarine Manufacture.

From the *National Druggist* we learn that the present manufacture of oleomargarine and the component parts of it are substantially as follows: A mass of animal fat is heated to a temperature of 120° to 125° F. Salt is sprinkled over the top of the mass, and assists in the purification and settlement of it. The fat becomes an oil, and is allowed to settle, and the best of it, or the straight fat, comes to the top, while the poor fat goes to the bottom, and when taken out is exported to Europe for candle-making. The clear fat is taken off, and is placed in large boxes holding from 500 to 600 pounds. In these boxes the fat is allowed to stand until cool, and it meanwhile granulates. Then it is put into heavy duck bags and placed under hydraulic pressure of generally about fifty tons to the square inch, though it sometimes reaches seventy tons, and the oleo oil flows out, leaving a hard mass of stearine, which is extensively used as an ingredient of lard.

The oil is then mixed up with certain proportions of milk and genuine butter, the latter forming as high as thirty-three per cent. of the whole and as low as five per cent., as the case may be. It is then churned up precisely like genuine butter, and comes forth oleomargarine. Sometimes considerable suet is used instead of the straight animal fat. This is at present the best and cheapest way of making oleomargarine, and is said to be the one generally followed, and the long list of deleterious and injurious substances does not appear. Butterine is, practically, a compound of lard and butter.

The American Medical Association.

The organization of the next meeting of the American Medical Association, to be held in St. Louis, Mo., on May 4, 5, 6, and 7, is announced as follows:

Practice of Medicine, Materia Medica, and Physiology: Dr. J. T. Whittaker, Cincinnati, O., Chairman; Dr. B. L. Coleman, Lexington, Ky., Secretary.

Obstetrics and Diseases of Women and Children: Dr. S. C. Gordon, Portland, Me., Chairman; Dr. J. F. Y. Paine, Galveston, Texas, Secretary.

Surgery and Anatomy: Dr. Nicholas Senn, Milwaukee, Wis., Chairman; Dr. H. H. Mudd, St. Louis, Mo., Secretary.

State Medicine: Dr. John H. Rauch, Springfield, Ill., Chairman; Dr. F. E. Daniel, Austin, Texas, Secretary.

Ophthalmology, Otology, Laryngology: Dr. Eugene Smith, Detroit, Mich., Chairman; Dr. J. F. Fulton, St. Paul, Minn., Secretary.

Diseases of Children: Dr. W. D. Hag-

gard, Nashville, Tenn., Chairman; Dr. W. B. Lawrence, Batesville, Ark., Secretary.

Oral and Dental Surgery: Dr. John S. Marshall, Chicago, Ill., Chairman; Dr. A. E. Baldwin, Chicago, Ill., Secretary.

"A member desiring to read a paper before a Section should forward the paper, or its *title* and *length* (not to exceed twenty minutes in reading), to the chairman of the Committee of Arrangements, at least one month before the meeting."—*By-Laws.*

Committee of Arrangements: Dr. Legrand Atwood, St. Louis, Mo., Chairman.

The Influence of Articles of Food on Digestion.

In the *Rundschau Leitmeritz* of October 29, 1885, is contained the following on the influence of articles of food on digestion, which was originally contributed by Dr. Ogata to the Archives de Hygiene:

"Water, carbonated water, tea, and coffee, in moderate quantities, do not disturb digestion. Beer, wine, and liquors at first retard digestion very materially (until they themselves are absorbed), and, in the beer, the extractives exert this action as well as the alcohol, which is shown by the fact that beer retards digestion more than a quantity of wine containing an equal amount of alcohol. Sugar (cane and grape) retards digestion considerably. Kitchen salt promotes it. Whether it is of benefit for the organism that digestion should take place slowly, or whether this retardation of the digestion is harmful, can not yet be determined from the experiments made. The author appreciates the fact that it is not totally unobjectionable to argue from the effects of certain articles of food on dogs, as to the effect on human beings who have been accustomed, from early youth, to the use of these same articles.

Lip-Reading.

A paper on lip-reading, by Mr. William Van Praagh, appears in the first number of the *Quarterly Review of Deaf-Mute Education.* The great importance of lip-reading to our deaf children is felt by all workers for the deaf; yet, until now, lip-reading has not received so much attention as it ought to have had. Indeed, considering the subject of deaf-mute education historically, it is noteworthy how new in this country the subject is. It is not yet a hundred years since the first public institution for its promotion was established. At the beginning of this century that institution was the only one. Now, however, a very different condition of affairs has been arrived at; and we wish Mr. Van Praagh all success in the efforts he is making to ameliorate the condition of our deaf-mutes.

The Sewerage of New Orleans.

A Memphis exchange says that Dr. Joseph Holt, President of the State Board of Health of Louisiana, is circulating in pamphlet form a timely and very able paper entitled "The Sanitary Relief of New Orleans," read before the New Orleans Medical and Surgical Association at its October meeting, in which he urges the immediate construction of a sewer system, boldly asserting that "New Orleans, to be saved, must be drained and cleaned." Incidentally the doctor tells his readers that within the last thirty-four years, from 1852 to 1885 inclusive, there has been expended by the municipal authorities, under the account of "streets" and "drainage," the enormous sum of $13,565,984. What is there to show for it? Nothing. A nice commentary, truly, upon the intelligence and capacity of New Orleans' municipal government.

The Profession in Russia.

In Russia there are 74 members of the Medical Council and 48 members of the Veterinary Commission. The total number of members of the provincial and county medical councils is 281. The roll of the profession contains 33,400 names, and there are about 380 female practitioners. About 2100 persons have the right to practice veterinary surgery. There are some 500 dentists and "oculists." The number of pharmacists of various descriptions is about 2600.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE TWO WEEKS ENDED FEBRUARY 20, 1886.

Austin, H. W., surgeon. To proceed to Richford, Vermont, on special duty, February 8, 1886.

Urquhart, F. M., passed assistant surgeon. To proceed to Richmond, Virginia, for temporary duty, February 16, 1886.

Professional Etiquette.

A patient came to a surgical clinic at the Rush Medical College to obtain Dr. Gunn's opinion of an operation which had been performed by another surgeon—simply to get

his *opinion* about what had been done. Dr. Gunn put him out of the room at once, stating that it was not his place to criticise other surgeons.

Items.

—The municipal tax formerly imposed upon traveling salesmen in Savannah, Ga., has been abolished.

—The news is cabled from Paris that M. Pasteur believes that he can prevent or cure diphtheria by a process of inoculation.

—A case of death from cocaine applied to relieve the pain of a decayed tooth is reported by Prof. R. Ogden Doremus to the New York Medico-Legal Society.

—An exchange says that in the lottery of life the dentist is always drawing something. Yes; and as in all other lotteries, there is always something rotten in connection with his drawing.

—An English physician says he has met with no case of offensive urine (intestinal-vesical fistula excepted) that ten or twenty grains of boracic acid given every three hours would not cure.

—*Puck* says that a wise St. Louis physician cured a case of alcoholism by prescribing opium. He then cured the opium habit by giving cocaine. Now he is searching for a cure for the cocaine habit.

—Ethyl hypochlorite has lately been prepared by Sandmeyer. It is a yellow, mobile, and very volatile liquid. When exposed to direct sunlight it explodes violently, even if kept, by means of ice, at a temperature of 32° F.

—A Sunday-school teacher asked a little girl of her class if she had been baptized.

"Yes," said the little girl; "two times."

"Two times! Why, how could that be?"

"It didn't take the first time," said the little girl.

—Oliver Wendell Holmes, in his fanciful "Arrowhead Village," makes the resident doctor declare that theological students develop a third eyelid—the membrane common in birds—which serves to shut out all the light they do not want.

—Board of Health Officer.—"Mrs. McGinnis, I told you last month that the keeping of that pig up here was a nuisance, and that it would have to be abated."

Mrs. McG.—An' shure Oi've obeyed yer insthructions intirely. Oi've been a-batin' the poor baste with a club ever since th' occasion of your last visit.

—Dr. Richardson finds a scientific basis for saying that a cat has nine lives. If a cat and a dog are shut up together in a lethal chamber, the cat survives on an average three times as long, and sometimes nine times as long, as the dog.

—The largest pharmacy in Europe, says the Vienna *Med. Zeitung*, is at Moscow, and is that of Woldemar Ferrein, where about seventy or eighty assistants are employed, and seven hundred to eight hundred prescriptions are prepared daily.

—A crystalline body has been obtained in minute quantities from the rind of pomegranates, which, when placed upon the tongue, or other portions of the mucous membrane, appears to paralyze the local sensation, somewhat after the manner of cocaine.

—Mrs. Wm. D. Sloane, a daughter of the late Mr. Vanderbilt, is, in connection with her husband, to erect and permanently endow a large and fully equipped free maternity hospital in connection with the College of Physicians and Surgeons of New York city.

—Intra-venous injections of quinine at the onset of the algid period of pernicious malarial fever, are, according to the report of Dr. Rouvier, surgeon-in-chief of the French Navy, an almost certain abortive, not merely stopping the chill but absolutely curative of the disease.

—On Monday, February 1, at the London Hospital, Mr. Frederick Treves removed from a woman, aged thirty-five, the left kidney, together with both ovaries—the kidney for hydronephrosis, the ovaries for multilocular cystomata. The patient, we understand, is doing remarkably well.

—The annual report of Dr. Cyrus Edson, Chief of the Second Sanitary Division of New York City, shows that there were condemned and destroyed in the last calendar year 799,410 pounds of meat and fish, 212,000 pounds of fruit, 37,905 pounds of canned goods, 72,700 pounds of candy, and large quantities of other kinds of unwholesome food.

—"What is the matter?" asked an Austin doctor of a thin young man named Anderson Pye. "I think the climate of Austin does not agree with me — have great trouble breathing with my lungs." "You would have a great deal more trouble breathing without your lungs," responded the doctor, whereupon Anderson Pye got up and adjourned; and now he tells every one that the doctor does not understand his business.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1516.] PHILADELPHIA, MARCH 20, 1886. [Vol. LIV.—No. 12.

Original Department.

Communications.

THE DISPOSAL OF SEWAGE AND THE PROTECTION OF STREAMS USED AS SOURCES OF WATER SUPPLY.

BY GEORGE E. WARING, JR.,

Of Newport, R. I.

(*Concluded from page* 329.)

Around the whole interior of the tank, near its top, there is a perforated brass pipe connected with the main water supply by a float-cock at the bottom of the tank. This sends a spray over the walls of the tank during about an hour, partly before the discharge is complete, and partly during the earlier filling of the tank. Its purpose is to wash down accumulations of slime which might in hot weather become offensive. This part of the apparatus is to be removed during the winter season.

The irrigation field proper is about 1,000 feet distant, and its upper side is twenty-seven and one-half feet lower than the outlet of the flush-tank. This field is separated from the hospital grounds by a public road and by Stony Creek. Its lowest side is nearest to the grounds, and its higher or further side is bounded by a mill-race a little above its highest level. The area of the field available for irrigation is about twelve acres. Lying to the north of it is a piece of waste land two or three acres in extent, which has been arranged for use as a relief area in emergencies. Along the upper side of the irrigation field bordering the mill-race, is a deep trench with sloping grassed sides, and with a planked water-way at the bottom, for catching and carrying away the infiltration or overflow of the mill-race. Immediately inside of this ditch is the main sewage carrier, which extends from one end of the field to the other, and has a fall of 1 to 600 from its highest point, which is in midway of the field. At this highest point there is a circular well, six feet in diameter and seven feet deep, measuring from the top of its wall, which is a little higher than the surface of the ground. The eight-inch discharge pipe delivers into the bottom of this well, which thus serves to check the velocity due to the rapid fall of the connecting sewer. At its top there are three semi-circular openings two feet wide and one foot deep. One opens into the north carrier and one into the south. The third opens into another carrier, which leads directly toward the middle of the field. Ordinarily, only one of these openings is used at a time, and one is sufficient to deliver the whole flow. The north and south carriers, the banks of which are lower toward the field than toward the mill-race, overflow with much uniformity, and deliver the sewage at the top of a well-graded inclined surface over which it runs until absorbed. In no case does the sewage run quite the whole distance across the field. Movable gates being set at one point or another, the whole tankful of sewage may be delivered at pleasure over any area of from two to four acres, according to the inclination of the surface, and its condition of saturation by rain, or its dryness.

The carrier which runs toward the centre of the field delivers into a level ditch which surrounds a level tract about 2 acres in area. This is crossed by a series of parallel ditches 3 feet wide and 2 feet deep, separated by

beds or banks 8 feet wide. These beds are to be used for the cultivation of vegetables, forage, osiers, or whatever may be thought most advantageous. They receive their sewage solely by lateral absorption.

This level tract constitutes a relief bed capable of receiving several tankfuls of sewage in succession, and resembling somewhat the "intermittent filtration" beds used in England.

The whole of the field outside of the level tract is now sowed with rye and grass, and is already well covered. It is intended to use it as grass land only, and with the relief that can at all times be afforded by the level tract, by the emergency field to the north, and by the truck-patch, it need never be overflooded, and the sewage may at any time be kept off from any part of it long enough for harvesting. Judging from the experience of similar fields in England, it will be necessary to crop it three or four times during the season.

A considerable element of the cost of the work was due to the very unfavorable character of the ground, which, like that of the whole neighborhood, is a very heavy, stony, argillaceous deposit, underlaid by a stratified limestone, sometimes at a depth of 2 feet or more, sometimes lower than it was necessary to excavate. A sort of swale ran through the field from end to end, the land being higher at the bank of the creek than here. It was crossed with ditches, largely occupied by a tussock swamp due to a heavy underlying stratum of clay, and its old fence rows and ditch rows were overgrown with willows and other trees.

The cost of the preparation of the land was not less than $8,000, including underdraining, grading, uprooting trees, etc.; that is to say, it cost this amount to put it into the condition of a reasonably well graded, cleared, and naturally well-drained field. That part of the cost would be avoided where land of proper character is available.

One item of the preparation consisted in the laying of over 20,000 feet of draining tile at a depth of from 5 to 8 feet, more than half of which required rock cutting from a few inches to 2 feet in depth. It should be said that the rock is so fractured that water easily finds its way down to the level of the tiles. The underdrains are generally 25 feet apart.

The surplus water of the soil was substantially all removed by the digging of the ditches, so that when the tiles had been laid and covered, during dry weather, they discharged a very small stream. It took a long time to get the stony filling of the underdraining ditches so compacted and solidified as to prevent the direct flow of water from the surface to the tiles. Even now, there are some voids which have not been detected and filled, and some water flows directly from the surface to the tiles during the application of sewage. It soon ceases, and the effluent is clear within half an hour after the tank ceases discharging. In a short time this difficulty will be corrected, and it will always be clear.

The above is a brief and rough description of the general arrangement of the work. Its operation, so far as observed, may be thus explained:

All of the water-closets in the wards are flushed out at intervals of four or five minutes with a copious discharge from automatic tanks. This flow runs directly to the new sewers, and is sufficient in amount to maintain, day and night, a constant cleansing flow. The water-closets in the administration buildings and officers' quarters are operated by hand. They are all in direct communication with the same sewers. So, also, are the urinals (automatically flushed) and the wash-sinks and baths of the whole establishment; also, the sinks in the various dining halls. Such of these as are not to be abandoned on the completion of the new refectory buildings have been provided with flush-pots, by which their wastes are held back until accumulated to the amount of six or seven gallons, and then they go forward, with a rush and in mass, to the sewers.

The whole series of kitchen sinks are connected with a similar apparatus, by which, as above stated, from fifty to one hundred gallons at a time are discharged into the sewers through a four-inch outlet. The laundry apparatus from time to time contributes its very copious flood to the volume of the sewage.

Probably, in no case does more than fifteen minutes elapse between the emptying of any vessel in the establishment and the arrival of its discharge at the flush-tank. Within certainly less than twelve hours, and often less than eight hours, the tank, becoming full, discharges the whole accumulation into the main outlet-sewer leading to the irrigation field. The stream, running out through one or other of the carriers leading from the well, overflows its banks and spreads over the land. This complete process may take two and a half hours, so that if we add together the extreme limits of time, we have less than fifteen hours between the discarding of waste matter and its application to the surface of the irrigation field.

It is safe to say that putrefaction exists nowhere, at any time, throughout the whole system, and there is never at any point the least suggestion of the putrid odor inseparable from common sewers and cesspools. The only element of the mass which, in its fresh condition, is malodorous, is the fecal matter; as this is distributed through and drowned by not less than 2,000 times its volume of water, it counts for nothing as a source of exhalation. The whole flow might be discharged on the lawn in front of the administration building without offence save to the eye.

A few small coprolites withstand the rough usage of the current and are carried on to the ground, but they are so few and so very far between as not to be noticeable. Whatever solid matter passing through the screen is lodged on the surface of the field is destroyed by natural processes everywhere active. In no case is the amount of such matter or the effect from it worth noticing.

The real filth of the sewage—its dissolved and finely divided suspended matters—is carried into the ground, is retained there, and is destroyed by oxidation, and, through the activity of bacteria, by nitrification. As filth, it cannot pass through the soil nor very far into it. If the products of its resolution are not consumed by plants, they pass off with the under-drainage, as soluble salts devoid of all organic character and unaccompanied by the lower forms of organic life.

After a few days' use of a single tract, the sewage is turned to another tract, and again to another and another, being allowed nowhere to run long enough for the closing of the ground against infiltration by clogging, or for the gorging of its interior spaces with impurities. In short, the process of purification is complete and continuous. Experience elsewhere indicates that the soil will in time improve in its purifying power from year to year for a long time.

There are larger examples of the purification of sewage by irrigation elsewhere in the world, and examples of which the lesson is enforced by long experience; there is, so far as I know, no example in existence more carefully arranged as to its details, involving the overcoming of greater natural difficulties, or better illustrating the more modern technical methods of the art.

I may be excused for suggesting that this example, so near to your own doors, points out the way in which the sewage of the towns now draining into your own water supply may practically, and without too great cost, withhold their filth from their drainage, making the Schuylkill once again a fit source from which to draw household water.

Another method of disposal by application to the land which is especially applicable to isolated houses, and to establishments when the discharge cannot be removed and must be concealed, is what is known as "sub-surface irrigation," a process invented by the Rev. Henry Moule, for use in connection with the earth-closet, and first applied systematically by Rogers Field, Esq., an English engineer, in connection with the drainage of some cottages at Shenfield, in Essex. Its use in England has never extended very much.

In this country its first application was in connection with my own house at Newport, in 1869. After ample experience and observation of its efficiency, I began to use it in my private practice as an engineer, in disposing of the sewage of isolated houses. In 1876 I had become so confident of its success that I applied it to the sewage of the whole village of Lenox, Mass. In 1879 it was applied on a still larger scale at the Woman's Prison, at Sherburne, Mass., and in 1881 to the hotel at Bryn Mawr. The details of this system have been very materially perfected, and its use is now common in many parts of the country, there being hundreds of examples in New England, and probably as many within a radius of ten miles about Orange, N. J. The Lenox work being the oldest of the larger ones and the one longest in use, may be taken as an illustration of the system generally.

Lenox was a scattering village with less than 1,000 persons living in reach of the sewers. The fund available for sewage was small, not enough to lay an outlet-sewer to the river, over two miles distant, to say nothing about work in the town. Indeed, a discharge into the river would not long have been tolerated. At that time (1876) much less was known than now as to the efficiency of sewage irrigation. As the most promising means for overcoming the difficulty, I decided on the adoption of sub-surface irrigation, using 10,000 feet of distribution pipes, underlying a well-graded area of about one and a half acres. The pipes were laid a little more than one foot below the surface. They were common 2-inch agricultural sole tiles, laid directly on the earth. They were divided into 20 lines, with as many connections with the main pipe leading from the flush-tank. The manner of connection was never very satisfactory, and the general arrangement was never entirely suc-

cessful from the point of view of an expert. However, although the field was but a few hundred feet distant from the village, there was never any serious complaint from it, and there was generally great satisfaction with it, although, as the flushtank had no settling basin for holding back solids—only a strainer—there was always more or less trouble from obstructions, and, as the population increased, these obstructions increased, until now the whole affair is in such condition that it seems necessary to reconstruct parts of the work in accordance with methods since universally adopted. At the same time, with all its drawbacks, it has been essentially successful and satisfactory, no nuisance having arisen from it that was perceptible at any distance from the field, and no attention having been called to it by reason of its condition. It has been quoted and visited, as an instance of a great advance in the disposal of the sewage of a village, and it only needs slight improvements to make it available for perfect work for years to come, provision being made for distribution over the surface of the field, at times, during the short period when the village is full of vistors.

At the Woman's Prison the system was much more correctly constructed and has been correspondingly more successful, though it is seriously overtaxed with an effluent of about 30,000 gallons per day; the more especially as the contributing pipes lie in a bed of muck and heavy silt, one of the least successful materials for this use.

At the Bryn Mawr Hotel the same system has always worked satisfactorily since it has been sufficiently extended to deal with the large volume of sewage; but, mechanically considered, this is not a test case, for all of the sewage is received and retained in large cesspools, the absorption drains taking care only of the putrid liquid discharged from them.

After large experience with this method of distribution, I should not hesitate to use it for a community of any size, if it were a mere question of mechanical arrangement and of purification. I should hesitate to use it except where the distribution ground is in the immediate vicinity of houses, simply because it is much more costly and much less simple than a discharge over the surface, which, as has been amply proven before and is amply proven now at Norristown, answers every requirement of simplicity, safety, and decency.

I cannot better close this paper than with extracts from a report made on the 25th day of July, 1885, to the Chamber of Deputies of France by M. Bourneville, a deputy, submitted in the name of the committee appointed to examine the proposed law having for its object the agricultural utilization of the sewage of Paris and the purification of the Seine.

I adhere as closely as possible to the original text, thinking that, as former statements about this work have been disputed, a close translation is more important than a freer rendering in English. M. Bourneville says:

"The vast experiment at Gennevilliers comes in its turn to confirm the great laws of natural purification and agricultural restitution, attested by the numerous examples that we have collated.

"It was in May, 1869, that is sixteen years ago, that the sewage first reached the land of the plain of Gennevilliers. There had already been for two years (1867 to 1869) several thousand cubic metres distributed by irrigation or treated by chemical reagents at Clichy on an experimental field, where the pumps now stand; a certain number of vegetable products had been obtained on about two-thirds of an acre. The experiment transported to the other side of the Seine, at the beginning of the plain of Gennevilliers, began in 1869 on six hectares (fifteen acres) bought by the city of Paris and retroceded by it to several well-disposed cultivators. The disasters of the war came and destroyed the first installations; they were put into condition again at the commencement of 1872, and since then the service has been regularly performed. On the 3d of June your commission visited in detail the pumping station of the city of Paris and the plain of Gennevilliers. We have gathered together, on the ground and in the documents placed at our disposal, the most circumstantial information on the results obtained."

The report then describes the character and arrangement of the pumps, connecting pipes, distribution pipes, etc., and continues:

"The volume of sewage sent into the plain of Gennevilliers, which was only 1,765,621 cubic meters in 1876, was 15,000,000 in 1880, and finally 22,493,992 cubic metres in 1884. From 1872 to 1885 there have been spread on the plain of Gennevilliers 157,000,000 cubic metres.

"The irrigated surface has undergone a corresponding development. Beginning with 57 hectares in 1872, it reached 121 hectares in 1874, 200 hectares in 1875, 450 hectares in 1880, and finally 616 hectares on the 1st of January, 1885. The sewage is

distributed over the tracts by about twenty laborers, each of whom is charged with the supply of from 25 to 30 hectares, and with the management of about 30 outlets. In view of the extreme division of property and the diversity of culture, the volume of sewage delivered into the plain is distributed so uniformly as to require no reservoir and no 'regulator;' simple standpipes placed near the steam pumps and at different points along the pipes regulate the pressure.

"During the season of active vegetation, the cultivators are present on the fields during nearly the whole day to the number of about 1500 men, women, and children; they lead the water into the ditches from the distribution outlets with a care and a skill which would leave nothing to be desired in the best irrigations of the south of France. During the three or four months of winter, vegetation is only partial; the laborers then interfere more directly; they cause the sewage to flow in the gutters and trenches in such a way as to insure purification by oxidizing action; the solid portions remain in the gutters and form a paste which the peasants afterward incorporate with the earth in the first plowing of spring. This is the case especially for cereals; the vegetable products utilize the winter deposits in the form of a top-dressing of the beds.

"At Paris, as at Berlin, this formation of the deposits and the irrigation continue during the greatest cold, sewage water having always a temperature of at least 5° or 6° (40° to 44° Fahr.). This was realized in the severe winter of 1879, and during the three weeks of continuous frost of last winter. During great floods of the Seine the pumps are generally stopped, leaving to its flow the removal of the entire discharge of the main sewers."

Then follows a table, showing that in 1884 the volume of sewage used in irrigating, per month, varied from 1,205,358 cubic metres in February, to 2,766,782 metres in July. The monthly average for the year was 1,874,491 cubic metres.

"At the time of the visit of your Committee, the volume delivered to the cultivators each day reached from 130,000 to 140,000 cubic metres for every twenty-four hours. More than one-half of the sewage of Paris was purified and utilized by the plain of Gennevilliers during the heated term and during low water of the Seine—that is to say, at the time when the discharge of sewage into the Seine is specially objectionable.

"The results obtained in the plain, from the point of view of cultivation, are most remarkable. Your commission traversed, during more than two hours, fields covered with products of the greatest variety and abundance; vegetables of all sorts, cereals, grass, and nurseries.

"They obtain generally 20,000 to 40,000 heads of cabbage per hectare, 60,000 heads of artichokes, 10,000 kilogrammes (over 100 tons) of feeding beets, and five or six cuts, yielding from 80 to 100 tons of green forage. The gross product obtained per hectare varies from 3,000 to 10,000 francs ($600 to $2,000) and even more for crops.

"It has been said, in the presence of the Commission, that the horticultural products of Gennevilliers were of bad quality. It has been written that *the vegetables produced by this soil, surcharged with infected water, are bad to the taste, and the forage offered to live stock is not nutritive, and is, besides, rejected by them.* On this point here is the opinion formulated in a special report to the Agricultural Society of France by Mr. Michelin."

Then follows a table showing that the 616 hectares were occupied for the growth of cabbage, artichokes, potatoes, asparagus, salads of various sorts, peas, carrots, beans, parsley, onions, beets, luzerne, grass, sundry vegetables, nursery stock, trees, and serials. Mr. Michelin says:

The Society has, through its committees, always observed the results obtained in the horticultural experiments which have shed light on this question, which we in the horticultural world of Paris regard as solved from the practical point of view, with reference to the beauty of the products, their quality as to taste, the success of the production, and the certainty of sale. In affirming the quality of the vegetables to be proper for the nutrition of men as well as of animals, it should be explained that the liquid ought not to be put in contact with those parts of the plant which are above ground, but only with their roots."

The Committee asserts that "all the vegetables of Gennevilliers are advantageously sold in the *Halles*, as well as in the markets of the environs. They carry off the first prizes at the horticultural exhibitions of Paris, and even of Seine-et-Oise. About 800 cows are fed with the aid of the irrigated grass and plants. The average dose of sewage used by a hectare, divided over the whole surface dedicated to irrigation, is about 40,000 cubic metres a year. It is really, if we include what is not used directly, about 50,000 cubic metres. Certain parcels, specially treated, under an arrangement with the cultivators and by way of experiment,

with high doses, have been receiving for three years 80,000 cubic metres by regular irrigation summer and winter. They are covered with a luxuriant vegetation.*

"The rental value of land, which was formerly from 90 to 150 francs a hectare, ($7.20 to $12 per acre)—we speak, of course, of the cultivated land—is now from 450 to 500 francs ($36 to $40 per acre) in all the irrigated area. As to the selling value, it is from 10,000 to 12,000 francs ($800 to $960 per acre). All leases now accepted by the cultivators carry the provision that the high rent is not consented to, except on the condition of sewage being disposable for the leased land.

"The commune of Gennevilliers asked and obtained, by the treaty of 1881, that for a period of twelve years the sewage should remain at the disposition of its inhabitants as freely as they should desire, whatever might be the projects and works of the city of Paris for the extension of irrigation (elsewhere).

"Irrigation with sewage has, therefore, brought wealth to Gennevilliers. Notwithstanding the evidence of these results, there is among the adversaries of the present project one who maintains that this wealth is an illusion, and that in reality the irrigation has caused to Gennevilliers an irreparable wrong, because no one seeks this locality for the construction of villas. The answer is simple; we take it from Mr. Francisque Sarcey: 'The population, which was not dense,' says he, 'cultivated more or less well a rebellious soil. They had only to scratch the ground to meet the sterile sand and the arid gravel. A few country houses had pushed in here and there around Gennevilliers itself; but it was by exception, *for the emigration of the Parisian Bourgeoisie in search of villas passed to one side and pushed generally further on.* Those who had stopped there could have been seduced only by the cheapness of the land. It seemed that this country, struck with a sort of malediction, was never to lift itself from this condition, when, in 1869, the sewer commission of Paris selected it as the theatre of an experiment which was to produce a happy change in its appearance.'

"The purity of the subsoil water, which receives all of the water filtering from the irrigated land, is perfect. M. Pasteur has testified to this with his high authority before the committee.

"All may judge of this, as your committee has done, by the examination and the tasting of the water that flows out of the five lines of drains 18 inches in diameter which surround the village of Gennevilliers, and discharge into the Seine about one kilometre from each other. These drains, having a total length of about eight kilometres (five miles) have been established at a depth of four metres (12 feet) at the normal level to which it was desired to reduce the subsoil water; in the case of floods, or of very heavy irrigation, these drains facilitate the outflow of the water and prevent the invasion of quarries and cellars.

"As M. Marie-Davy, Director of the Observatory of Montsouris, testified before the committee, the water of the drains is chemically pure. It contains barely 0.001 of a gramme of organic nitrogen to the cubic metre even at those points, as in the experimental basins of the gardens belonging to the city of Paris, where the annual or continuous dose reaches and passes 80,000 cubic metres per annum. With Liebig's boullion which shows 62 micro-germs in a cubic centimetre of water of the Vanne, 1410 for the Seine at Bercy, and 20,000 for the sewage, there are found only a dozen inoffensive micro-germs in the water of the drains, which thus sustains the opinion of M. Pasteur. At the same time, the large contents of chlorine, 0.07 of a gramme per litre, indicates the presence in the subsoil water of a large proportion of purified sewage which has passed through the ground.

"The sanitary condition of the commune of Gennevilliers leaves nothing to be desired; the Mayor and his Adjuncts, Doctors Thobois and Cornilleau, testified before the committee at its visit to Gennevilliers, and it is enough to walk about in the plain and see the vigor and good health of the hundreds of men, women, and children who are working eagerly (avec ardeur) in the midst of the irrigated fields, to understand the true state of the case. The *general mortality* in 1865 was 32 per 1,000. In 1876 and 1881 it was only 25 and 22. No epidemic of typhoid fever has existed for long years, although the irrigations were continued on a large scale during the cruel epidemic which attacked Paris in 1882. Not a single case of cholera occurred in 1884. Never from 1869 to this day, although the inhabitants eat their own vegetables, even uncooked, has there been observed a single case of *anthrax* or *septicæmia.* In fact, all of the information that we have gathered from most of the physicians who have had occasion to be called to Gennevilliers proves that intermit-

* At this rate, one acre would purify the sewage of over 500 persons, at 40 gallons per day.

tent fever shows itself very rarely, and that the number of cases does not exceed that of localities more or less remote, and of which the fields are not subjected to irrigation.

Still another argument pleads in favor of the excellent sanitary condition of Gennevilliers, that is, the increasing growth of population, as shown by the following table:

1st of January,	1869 . . .	2186	inhabitants.
" "	1872 . . .	2218	"
" "	1880 . . .	2389	"
" "	1885 . . .	3245	"

"Such are the facts that your committee has established in the plain of Gennevilliers; it has been constantly accompanied by the authorized representatives of the population of the plain and its suburbs: MM. Pommier, Mayor, and Retrou, Adjunct, of Gennevilliers, Berthou, Mayor of Saint Ouen, Hennape, Mayor of Puteaux, our friend M. Bailly, Mayor of Courbevoie, Honorary Inspector-General of Public Assistance. A deputation of the culivators of the plain gave the committee all the information as to details that it needed. No discordance was developed; the unanimity was complete concerning the excellence of the results obtained and the absolute innocuity of the system. The majority of your commission cannot refrain from expressing to you the confidence that these demonstrations give it in proposing to you the continuation and extension of sewage irrigation."

The publication of this report must have been most gratifying to M. Durand-Claye, the champion and the wise and eager director of the work at Gennevilliers, who has fought its battles against prejudice, ignorance, and malice, from the days of its struggling infancy to this hour of its complete triumph, and his own.

At Gennevilliers, as at Croyden, Berlin, Dantzic, Breslau, and the Norristown Asylum, complete evidence is set before us of the absolute efficiency of the system of purification by application to the soil, which, it seems to me, on the score of economy and of completeness, as well as by reason of the conditions generally prevailing in this country, has such advantages over the best of the chemical systems that it is, in at least a very large majority of cases, better suited to our needs.

Nor can it be doubted that this system will enable us to restore and to maintain the purity of our water-courses, especially when these are used as the source of water for domestic use.

A CASE OF INTUSSUSCEPTION—RECOVERY.

BY H. G. CLIPPINGER, M. D.,

Of Pipestone, Michigan.

January 14, 1886, I was summoned to see Miss B., aged 10 years, living four miles out in the country; the messenger stating she had a bad diarrhœa, and was vomiting nearly all the time. Being busy, I sent some powders of sulph. morph., bis. subnit., and cretæ prep. arom., with directions and orders to report if it failed to control the trouble.

January 21. I was summoned again, the messenger stating the powders cured her before, but this time her sickness was different. I found the child with an expression of great suffering, saying her "belly ached so bad." Her temperature was 100°, tongue dry and red, pulse 99, abdomen distended and tender, and vomiting whenever she swallowed anything, and sometimes when quiet; bowels constipated. I could not detect a hernia. They gave her castor oil and some pills the evening before and during the night. I gave calomel, grs. vii., sodæ bicarb., grs. vii., dose to be repeated every three hours, and injections of soap-suds until bowels moved, and left opiates to quiet pain afterwards. Ten hours later symptoms worse. The nurse thought her bowels moved sufficiently. I was satisfied they only moved below the obstruction. Temperature 101°, pulse 110, abdomen tense and painful, irritability of stomach no better. I tried other purgatives per mouth and rectum with no success.

January 22. Symptoms growing worse, and vomiting a little stercoraceous matter. Used opiates hypodermically to quiet pain.

January 23. Growing weaker. I now renewed the calomel and soda, as it was about the only thing the stomach could not dislodge. I could not see her until the morning of January 24, when her expression and tongue looked a little better. Temperature 101°; pulse 120. Abdomen very much distended, with paroxysmal pain of a severe griping nature and constant tenderness. I continued treatment of previous day. In the evening countenance and tongue improved in appearance. Temperature 100°. Had three small passages of mucus from bowels during the afternoon, and a little gas escaped just before I entered the room. At 10 p. m. she had a small rectal passage in a fluid condition. These kept up from every half to one hour for three days. I stopped all purgative agents, and placed the patient upon powders of morph. sulph., bis. subnit. et cretæ prep. arom., with stimulants. During

the treatment I used emollient and sedative applications to the abdomen. The distention left with the movement of the bowels, but the paroxysmal pain and irritability of stomach remained; the stomach now began to retain a little nourishment for a little while.

January 27. In the morning her stools began to have a putrescent odor, which kept growing more offensive during the day. In the evening, four inches of the intestine passed away. No change in other symptoms.

January 28, at 4 a. m., 3½ inches more of the bowel passed in a partially decomposed state. Stools very offensive. At 10 p. m., a little over seven inches of bowel passed. This section of intestine was in a better state of preservation. After this the offensive odor ceased.

January 29. Found patient better. Stomach less irritable. Alvine evacuations less frequent. A little appetite. Temperature 98°. Pulse very feeble. From this time on the abdominal pain and tenderness gradually subsided, and three weeks later I dismissed the patient in a fair state of health.

There are a few questions I will ask the profession concerning this peculiar case. Did the calomel relieve the congestion of the stricture so as to permit a small amount of fluid to pass before the death of the bowel? And why should the bowel die three days afterward? Why did the intestine pass at different times, in different states of preservation? Would it be the physician's duty to perform laparotomy under the circumstances? Information through your valuable journal will be gladly received.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

Service of Dr. Roberts Bartholow.

Phthisis Pulmonalis.

The first case that I have to show you today, gentlemen, is interesting from the fact that it illustrates the form of phthisis pulmonalis that comes on after and is dependent upon pleuritis. A distinguished New York teacher has called our attention to the fact that there is a form of phthisis that follows pleuritis, that is due to an extension of the inflammation by continuity of tissue from the pleurisy to the tissue of the lung proper, resulting in a chronic inflammation and ultimate degeneration of the lung itself. Sir Andrew Clark, in England, who is Gladstone's physician, and is therefore the medical lion of the day in that country, has lately delivered some lectures on this subject, and illustrated his remarks with a large number of cases. There is a condition, so to speak, of chronic pleurisy, with a chronic fibroid condition of the lung, which persists until the bacilli are deposited, when it caseates, breaks up, and cavities are formed. Now this young man offers to us a typical case for observation. Eighteen months ago he was perfectly well. There is no tubercular history on either side. He was at this time seized with pleurisy, after which he had an abscess on the face, the scar from which you see. Now though there is no history of struma or tuberculosis in his family, you will observe that he himself offers the strumous diathesis very well marked. He had, he tells you, two attacks of pleuritis, after which he had cough and expectoration. The pleurisy was bilateral, and now both lungs are affected; please note this fact. I can distinctly elicit the cracked-pot sound, from which fact I know that there is a cavity near the middle of the right lung. There are general moist large and small rales over the whole aspect of both lungs; so that we have all the ordinary rational and physical signs of phthisis, for he is emaciated to the last degree. His temperature is now 101°, but I have no doubt that in the evening it goes up to 102° or 103°. Our experience here for some time past tends to confirm this idea that phthisis does originate from pleuritis, for within the past few weeks we have had several cases just like this one. The treatment, which must be supportive, I will not now dilate upon; you are familiar with it.

Probable Floating Spleen.

We have here a very interesting case for diagnosis. The man presents himself to us to find out what is the matter with him. When we look at him we see that he has a very much enlarged abdomen, but what is the cause? His countenance is good, he is a little pale, but on the whole he seems to be in fairly good condition. For about eighteen months past, he tells us, his abdomen has been progressively enlarging. He has not had much suffering, that is to say, that while he has experienced some uneasiness and discomfort from this swelling, it has never been sufficiently great to force him to resort to anodynes for its relief. Upon percussion, I find the abdomen flat nearly all

over its surface, save in the most prominent part in front, where, no doubt, the resonance I elicit is due to the floating upwards toward the surface of the intestines. Now, I am quite sure that there is fluid in the abdominal cavity, for I can plainly detect fluctuation. When I press my fingers deeply into the abdominal walls, I can feel a hard body, a tumor, between my thumb and finger, low down in the median line, between the symphisis pubis and the umbilicus. It is firm, somewhat sharp in its margins, and when I manipulate it carefully, I find that I can float it upwards, more especially in the direction of the left hypogastrium; therefore I know that this tumor, whatever it may be, is movable. Well, now, we sometimes find that the liver is movable. In all persons it is possessed of some slight mobility. When erect it slightly descends, and when recumbent it ascends again, but there are some few exceptional cases where it has very considerable latitude of motion, the ligaments, common duct and blood-vessels forming a pedicle that is sometimes quite long. So also may we have the kidney movable; indeed, such a condition is comparatively frequent, especially in women who have borne many children. So, too, the spleen is occasionally found free to move. I have examined a case where there was great ascites and a movable spleen, with a pedicle one foot long. Therefore we have three organs that may shift about and give us such a tumor as we have here. We have in the first place to consider that we have, as I have said, a hard body, which may be regarded as a tumor. Well, now, we might have an aneurism in this location, an aneurism of the mesenteric artery, but this tumor is not pulsating, and it is not in close contact with the aorta, else we would have the aortic impulse transmitted. So, then, I think we must narrow down the possibilities to the question of floating liver, spleen, or kidney. If we were to jump at a conclusion from the fact that we can most readily move the tumor up into the left hypogastrium, we would say that it was the spleen. But let us first look for the spleen in its normal position, and ascertain whether it is there wanting. This would seem easy to do, but it is altogether a different question to examine for this body when the abdomen is in its normal condition and when it is enormously distended, as in this case. There is so much fluid here that it would be impossible to accurately determine anything about so small a body as the spleen. Well, let us then look at the liver. Here we encounter the same difficulty as in the case of the spleen, but if the liver has been pushed up by the accumulation of fluid, we will find an increased area of dullness in the thorax. Now, on percussion I find dullness up near to the apex; so then I am inclined to think that the liver is in its normal position, save that it has been pushed up by the fluid. So now I have to come back to the spleen. Let us look into the shape of the tumor; it rather corresponds in outline to the shape of the liver; it is somewhat sharp in outline, and here I feel a notch, but remember that the spleen varies very much in shape, and we may have notches in that organ. Well, then, with all this doubt surrounding us, what can we do? There is only one thing to do, and that is to remove the fluid. We will tap this man, and when the abdomen has been thus reduced, we will be able to tell all about these organs.

Passage of Gall-Stones.

While we are waiting for the next patient I want to show you some interesting specimens, and say a few words about the passage of gall-stones. You will read in your books of certain symptoms set down as diagnostic of the passage of biliary calculi, and if you always wait for the appearance of such symptoms, you will be, not infrequently, most woefully disappointed. Now this stone which I show you is quite large; you see there is a nucleus of inspissated bile that is coated with crystals of cholesterine, outside of which again you observe a brown coat, which is the phosphate of lime and biliary coloring matter which has become added to it after it passed into the intestine. Well now, in this case, this large calculus was passed without the occurrence of any symptoms. This is a curious fact, that very often no symptoms will attend their passage. There is no colic and none of the usually described derangements. Their manner of discharge, too, is interesting, for it occurs that they ulcerate through into the intestines. But after they get into the intestines they often cause trouble, as happened here. For some time this woman complained of great uneasiness in the region of the cæcum; she had movable pain, shooting from the cæcum to the angle of the colon. The question of treatment became a matter of great doubt. The case occurred in Illinois, and many doctors were called in consultation, none of whom were able to arrive at a definite opinion as to the trouble, nor to formulate appropriate treatment. The only symptom to guide them was the presence of pain,

which might, of course, be due to many causes. Some considered it to be caused by flatulency, and many and diverse were the opinions formulated. Finally, one day, after taking a purgative, she passed this stone with a loud noise as it struck the chamber, which called attention to it, and it was recovered. Immediately thereafter, all symptoms disappeared. She was very fortunate to so get rid of it, for it will happen that such an obstruction will act as a nidus for the accumulation of fæces, and we will have intestinal obstruction from this cause. From this case I wish to draw, for your guidance, a very practical point. Remember how obscure may be the passage of biliary calculi, and in all cases where a patient passes small, hard, round fæces, save them and break them up or dissolve them, that you may see what they contain.

Mercurialismus.

This young man offers for our study a condition that you will not very frequently encounter. In order to get rid of some parasite, he bought some mercurial ointment and used it five times, and now he comes to us with all the symptoms of mercurial poisoning. Shortly after the last application he had fever, headache, nausea, and diarrhœa, followed by profuse salivation. Since then, his vital functions have been very much depressed, and his gums spongy. There has been no paralysis, but you see this eruption on his limbs which I would call a mercurial eczema. Here, then, we have the symptoms of acute mercurialismus. It is interesting to note how quickly the toxic condition followed a local use of the poison. He bought fifteen cents' worth of the ointment and used it all in five applications, in the course of two or three days. In such cases, changes may be produced in the spinal cord that will result in paralysis; he has had as yet no paralysis, but it may come on later. There is, you must know, a form of myelitis, due to mercury; therefore we must not consider that all danger has passed because the more acute symptoms have subsided, for he may yet have a series of paralytic troubles. As for treatment, the first and principal indication is to secure the elimination of the mercury, for it is wonderful to note how this poison will permeate the system. Some distance away from its point of introduction we may find the globules, for the metallic mercury will pass through the interstices of the tissue, while there will be also a process of oxidation, and it will be found as an albuminate. To eliminate the mercury we will use iodide of potassium, which is the best agent, as it forms, with mercury, a soluble salt that will be excreted by the kidneys. If the case is an obstinate one we should resort to sulphur baths, which are highly prized in this connection by the French. The skin and all the emunctories should also be kept active, but the most important indication is the administration of iodide of potassium.

Medical Societies.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, Thursday, January 7, 1886. The President, B. F. Baer, M. D., in the chair.

Dr. Howard A. Kelly exhibited recent specimens of

Pyo-salpinx, Hydro-salpinx, and Papilloma of the Hilum, with Gelatinoid Thickening of the Fallopian Tube.

The histories of the cases will be given at some future time.

Dr. Goodell stated that while he recognizes the necessity for operation in pyo-salpinx, he does not think it necessary in hydro-salpinx. He now refuses to operate in some cases of cystic disease in which one ovary may contain a cyst as large as an orange, or in which the tube may be distended to the size of a sausage, because the sufferings of the patient and her general symptoms are not severe enough to warrant the operation. In many of these cases the symptoms may all be removed by the rest treatment, and it should first be tried. Small cysts are frequently found in ovaries, especially when uterine fibroids are present, but they do not necessarily develop into large ones. In many cases the cause of pelvic symptoms can be diagnosticated by exclusion only, and even when small cysts or dilated tubes can be felt, treatment should be first tried, and will be sometimes successful without operation. He thinks the error of the present time is in the direction of too much surgical interference.

Dr. Montgomery remarked that there was a class of cases suffering from small ovarian cysts or distended tubes, in which the rest treatment or any other loss of time could not be thought of, and in which operation seemed imperative. This was on account of the pecuniary condition of the patient, who may be self-supporting, or who may be the only support of others; the suffering and ex-

haustion of the disease incapacitate them for work; relief is imperatively demanded, and he considered operation justified.

Dr. Goodell recognized this element of poverty, and has operated for this reason in some instances. He was led to make his remarks by a case now under his care. A lady was sent to him for operation after an opinion had been given by an experienced gynecologist of another city that relief could be obtained by operation only. On one side the ovary was enlarged and the other ovary was prolapsed and tender. Rest treatment had wholly cured her. In these remarks he casts no reflection on any of Dr. Kelly's cases. Pus was present in all of them, and operation seemed to be demanded in all.

Dr. Baer has been strongly impressed lately with the views expressed this evening by Dr. Goodell. Dr. Baer thought all conservative means should be tried before operating.

Dr. Kelly replied that he had presented the specimens purely from an anatomical and pathological standpoint, and that he will give the histories at some future time when the results of operation are well demonstrated. In each of them operation was imperatively demanded to save life. It is in such cases as those presented this evening that the great work in the future must largely lie. If the details of ovariotomy have been perfected, in such cases as these the chapter is only being opened. They are not examples of Battey's operation, or Tait's operation, but stand as representatives of classes of disease well defined, with equally well defined indications for treatment. The extraordinary difficulty of digging such masses as these out of the pelvis makes the operative interference very fatal, although it is the only resort.

Dr. Willliam Goodell read a paper on "A Year's Work in Laparotomy," which will be published in full in the *Medical News*. During the past year he had had forty-four cases of laparotomy, with four deaths, as follows:

	Cases.	*Deaths.*	*Recovery.*
Ovariotomy	28	2	26
Oöphorectomy	9	1	8
Hysterectomy	2	1	1
Exploratory incision	4		4
Pelvic abscess	1		1
Totals	44	4	40

Of these forty-four cases, twenty-five had been operated on at his private hospital, with two deaths; twelve were operated on at the Hospital of the University of Pennsylvania, with one death; and seven were operated on at the homes of the patients, with one death. Of these four deaths, one only was due to septicæmia, and that, a case of oöphorectomy, occurred in a private room of the Hospital of the University. It was not, however, due to hospitalism, but to the adverse complications of the case. The ovary and oviduct were filled with pus, and so matted by inflammation to adjacent structures that only a portion of them could be removed, and that in fragments. The pus unavoidably escaped into the peritoneal cavity, which was carefully cleansed and a drainage-tube put in; yet a fatal inflammation set in. Another death was due to shock after the removal of the womb containing a fibroid tumor with extensive adhesions, and weighing seventeen pounds. The two deaths after ovariotomy were not due to septicæmia, and are somewhat mysterious. One case was operated on at the patient's home in Bedford, Pa., and Dr. Goodell did not see her again. The cyst was par-ovarian, weighing forty-three pounds, was without an adhesion, and easily removed. The stitches in due time were removed, the bowels were opened, and everything did well for twelve days. Then obstinate vomiting set in, and the lady died on the seventeenth day. Six months previously she had had an analogous attack of obstinate vomiting, in which her life was despaired of. The fourth death took place from a supposed attack of malaria, to which the patient was liable. Both ovaries had been removed, the larger one weighing about thirty pounds. There were omental adhesions and very firm parietal ones, needing a number of ligatures. She recovered promptly from the operation, the wound united, the stitches were removed, and she was allowed to sit up out of bed. On the seventeenth day malarial fever, with bilious vomiting, set in, and she died rather suddenly on the twenty-first day, with symptoms of heart-clot.

Of the nine oöphorectomies, four were performed for ovaralgias, three for bleeding fibroids, one for epilepsy, and one for a menorrhagia, which had resisted every known therapeutic measure. In three cases of ovariotomy, all of them with papillary cysts, rupture had taken place a few hours before the operation; but although the peritoneum seemed thickened and injected, no bad result followed. He considered papillary cysts to be benign in the very great majority of cases, and that the danger from the escape of ovarian fluid into the abdominal cavity was very much overrated. He had not refused to operate in a single instance of ovarian tumor, no matter how low the patient

was or how firm were the adhesions. He had consequently had several exceedingly difficult operations. Out of his twenty-eight ovariotomies, there were twenty-one with adhesions. In four the adhesions were universal; in eight more they were intestinal; and in three they were uterine. This very large proportion of adhesions when compared with those of European operators, he could explain only on the theory that physicians in this country have not yet been educated up to the idea of an early operation, and to a recognition of the evils of tapping. In the successful operation of hysterectomy, a tumor weighing eight pounds was removed, together with a portion of the enlarged womb. As the uterine cavity was not invaded, the large pedicle was transfixed, tied, and dropped. The four exploratory incisions were made with the view of removing the ovaries, on account of the fibroid tumors of the womb. But in each the tumor was so fixed by adhesions that the ovaries could not be reached, and the patients had previously stipulated that in that case the uterine growth was not to be removed. All did well. So also did a case of pelvic abscess communicating with the bladder and rectum. It was opened per vaginam by means of the abdominal incision, by which its exact position and size were determined.

With regard to the technique of the operation for laparotomy, Dr. Goodell stated that he used the ordinary knot and the Staffordshire knot indifferently; that he now in the long incision cuts directly through the umbilicus, instead of going around it on the left side; that he includes the recti muscles and all the tissues in the abdominal sutures; and that while not a very firm believer in the spray part of antiseptic surgery, he had resorted to the atomizer in every case but one, and that one did as well without it as most do with it.

Dr. Montgomery thinks Dr. Goodell should be congratulated upon his success, which is remarkable for operations in unselected cases in the United States. He thinks the knowledge of the safety attending the application of Monsel's solution to oozing abdominal surfaces very gratifying. He would have used it recently but for the fear of bad after-effects. He must, however, again enter his plea for the second ovary. In young women small ovarian cysts are common; they are frequently found in post-mortem examinations when there had not been the slightest evidence during life of their presence; and evidently these small cysts do not necessarily develop into large ones. The two cases of secondary ovariotomy reported by Dr. Goodell are not sufficient to warrant the rule of removing the second ovary when it is but slightly diseased. As a counter-weight to Dr. Goodell's cases he would mention that in the instance of a young married woman from whom he removed an ovarian tumor, and in which he left the other ovary, which was slightly affected, pregnancy has since occurred, followed by the delivery of a living child.

Dr. Kelly remarked that Dr. Keith had had remarkably good results from the application to oozing surfaces of a solution of persubnitrate of iron. He has observed the gradual disuse of carbolic acid in washing waters in operations. Dr. Kelly prefers boiled or distilled water as used abroad, as he is sure that carbolic acid and other germicides are frequent causes of poisoning and bad results after operation. He asked Dr. Goodell what were his rules respecting the use of the drainage-tube.

Dr. Baer had experimented with Monsel's solution. In one case in which he used it he attributed the fatal result to it. The coagulation by the iron is unsightly, and he should now consider it a last resort. He had had very good results from pressure by packing sponges against the bleeding points, combined with external pressure. He withdraws the sponges at the last moment before tightening sutures, and then bandages the abdomen tightly.

Dr. Goodell remarked that Dr. Montgomery was perfectly right in his defense of the second ovary, and he himself had performed double ovariotomy in only seventeen cases of the twenty-eight. He did not believe that every ovary studded with cysts would inevitably degenerate into an ovarian tumor. So in the case of slightly diseased ovaries in young married women he would be disposed either to let them alone or to remove the diseased portion only. But in women approaching the climacteric, or where other conditions would make it advisable, he would remove the second ovary as useless in itself, and as a possible source of future trouble. He has used the drainage-tube but three times during the past year; once in the unfinished case of oöphorectomy, again in the case of torn bladder, and in the case requiring over thirty ligatures and with universal adhesions. In general, he uses it when a free oozing of blood is to be expected, but he regards it as a source of trouble, and removes it as soon as possible.

W. H. H. Githens,
Secretary.

CHICAGO MEDICAL SOCIETY.

OFFICIAL REPORT.

Stated meeting, February 1, 1886. The President, C. T. Parkes, M. D., in the chair.

Dr. J. Suydam Knox read a paper entitled

Quinsy as a Rheumatism.

The author reported the treatment of fifty cases of the disease. In forty-five cases (95 per cent.) there was a positive rheumatic diathesis. Forty of these cases were cured in thirty-six to seventy-two hours, without suppuration. The treatment was salicylate of sodium, and hot alkaline gargles, or the repeated insufflation on the tonsils of bicarbonate of soda. Five cases, decidedly rheumatic, were not benefited by similar treatment. Five cases, not rheumatic, were not benefited, and at the end of forty-eight hours the ordinary treatment of quinsy was followed. Only one of these cases did not suppurate. The doctor concludes that a large majority of quinsies are rheumatic inflammations:

1. From the percentage observed.
2. From the success of anti-rheumatic treatment.
3. From the similarity between the symptoms of quinsy and rheumatism.

Dr. Knox said that wherever possible he used an insufflator and blew bicarbonate of soda directly on the tonsils, using as much as thirty grains, and allowing it to remain on the tonsils as long as possible, to be followed by a gargle of water as hot as could be borne, and to be continued until the throat was cleared, which would take from half an hour to two hours. He sometimes used carbolized lime-water, with morphia.

Dr. J. S. Knox said that he could not say as to every case, but that where suppuration takes place it is usually in the gland, an abscess is formed from glandular inflammation, and suppuration takes place through the gland.

Dr. A. B. Strong reported

A Case of Intubation of the Larynx for Acute Catarrhal Laryngitis, with Recovery.

He said the patient was a child, æt. 2½ years, delicate and small for her age. She had been sick thirty-six hours when it was decided that intubation was imperatively demanded, and it was done. Instant relief was obtained. The act of introducing a No. 3 tube had caused such an abundant ejection of the mucus, and the breathing was so easy, that the tube was withdrawn, and the child passed the night comfortably. However, at 4 p. m. of the succeeding day the tube was re-introduced with the same success, but about twelve hours after the child caught hold of the thread and withdrew the tube. The No. 2 tube was then placed in position and remained there sixty-eight hours, when recovery was complete. Dr. Strong said intubing the larynx has advantages over tracheotomy in being quickly performed, furnishing instant relief without cutting or bloodshed, being free from danger, and readily assented to by the parents. The care of the patient after operation is slight, as compared with tracheotomy, as the tube does not have to be interfered with, nor does it often clog up. The tubes as now made, those of Dr. O'Dwyer, are not easily coughed up. It is easier to introduce than remove the tube, owing to the fact that if the thread is left in the mouth it causes coughing and difficulty in swallowing. It was observed that during the thirteen hours the child wore the tube with the thread she had more difficulty in swallowing than subsequently when the thread was withdrawn, the thread being drawn across the epiglottis probably interferes with it closing the glottis during deglutition. Besides, the thread requires constant watching lest the child grasp it and withdraw the tube. Still, in case a mass of mucus should lodge against the lower end of the tube and stop respiration, the thread might be the means of saving the child's life by allowing the tube to be speedily withdrawn.

The President said it was a matter of surprise to him that so small an opening would allow the exit of secretions, as in the case just reported. It had been his experience that recovery always follows cases of catarrhal laryngitis. However, in these cases, he thought the introduction of the tube might be of great benefit in relieving difficult breathing or dyspnœa, and in allaying the fears of friends. He was aware that a very small opening gave air sufficient for inspiration for some hours. He once operated on a boy about five years old, in whom the trachea by improper manipulation was turned in some way, and the incision made in the side of the trachea. When the external tracheotomy tube was introduced into the wound, the child breathed quite well, the suffusion of the face passed away and the lips became red, but still the sound of the breathing was not satisfactory to the ear. He then tried to introduce the internal tube, and found the child had a return of all the symptoms of suffocation. On removing the external tube at the bottom of the wound the trachea was seen

unopened. The child recovered. The President said that while the tube was in this bad position he looked into it through the fenestra, and the bottom of the fenestra was an opening through which the smallest probe could be introduced into the trachea, which enabled the child to inspire air enough to relieve the urgent symptoms. He thought that in a case of true diphtheritic laryngitis an opening of the size of the tube under discussion could, in his opinion, not give exit to any such amount of secretion as is frequently seen during an operation. He did not think that intubation of the larynx would take the place of tracheotomy; it no doubt is of great benefit in those cases where the patient is likely to die unless some measure be quickly adopted which will give time enough to allow the operation of tracheotomy. In the case under discussion, the tube was worn sixty-eight hours continuously. He had not seen a case of tracheotomy where the closure of the fenestra gave evidence that the trouble with the larynx or glottis was overcome in less than six days. This was the shortest time in which he had been able to remove the tracheotomy tube.

Dr. F. E. Waxham said that from his experience with intubation of the larynx, he was thoroughly convinced of its utility, and its superiority over tracheotomy. He had eight recoveries out of his first seventeen cases, a result which he claimed could not be approached by tracheotomy, especially in Chicago. The ages of the patients varied from 11 months to 5 years; he considered these eight cases as being saved from certain death, as in only one case would tracheotomy have been permitted by the friends, and he had the corroborative evidence of other physicians as to the impending danger, and the urgent necessity of surgical interference. Since his last report he had had a number of cases, and had performed the operation four times during the last week, one patient being only 11 months old, suffering from both laryngeal and pharyngeal diphtheria; the urgent symptoms were at once relieved. In another case, aged 18 months, where death was impending, the tube was introduced without difficulty and the child relieved, and recovery would without doubt have been the result had not the child died of pneumonia on the second day. In another case, one of malignant diphtheria in a child of 2 years, the patient succumbed on the second day after the operation. In another case, he found the patient cold and livid, pulseless, and unconscious. After the tube was introduced, cold water was dashed on the child's face, and in about five minutes he looked around and asked for his father, took some milk, and passed into a quiet sleep. This child died from pneumonia three hours later. Dr. Waxham said that in the eight cases that recovered, in every instance false membrane was observed; when the tube was introduced, the membrane was ejected, either in large flakes or broken-down masses. He recommended that in treatment after intubation nothing at all irritating should be given, as when a child takes fluid of any kind a few drops will trickle into the trachea and cause violent coughing, and this irritation will often lead to pneumonia. In a child rugged and strong, bichromide of mercury may be given to hasten disintegration of false membrane. The most remarkable case coming under his observation was a child of 4 years upon the verge of suffocation, when, upon the tube being introduced, a considerable portion of false membrane was thrown out through the tube, and the violent symptoms subsided at once. The thread was removed, and the second day after the operation the child was playing about the room, and continued about the house during the four days that the tube was worn, and finally made an entire and perfect recovery. Dr. Waxham thought that in regard to the comparative value of tracheotomy and intubation very much might be said. The textbooks give as the percentage of recoveries from tracheotomy about one in three, but these statistics are made up from the most favorable reports. If a physician has one recovery out of three or four cases he is justly proud of it, and reports the case; on the other hand, if there is one recovery out of fifteen or twenty cases no report is made. He had known one physician to have operated fifty times with but two recoveries. Dr. Waxham thought that the thread should always be removed, as it is a considerable cause of irritation, and that no difficulty need be experienced in removing the tube with extractors. He thought intubation had a grand future.

Dr. E. Fletcher Ingals did not take an enthusiastic view of intubation excepting for young children, when he thought it would be found more satisfactory than tracheotomy. In very young children tracheotomy does not result well, and he thought intubation would be unsatisfactory in older ones until we have larger tubes. He stated the accepted opinion of surgeons to be that a tube of less than one-fourth of an inch in diameter can not furnish sufficient air for a child to live on. Dr. Ingals thought that Dr.

Waxham had been remarkably successful with intubation, and had demonstrated its utility, for which he deserved credit. Dr. Ingals thought that intubation of the larynx is preferable to tracheotomy in children less than three and a half years of age; children much older than this cannot get a sufficient amount of air through the tube now in use. He said, also, that in performing one operation he had had trouble with the gag, which was not large enough for the child, a boy of five years, who lifted his teeth from the gag and closed them on the doctor's finger. He thought there was no need of the thread remaining, as there could be little difficulty in removing the tube. Dr. Ingals thought in cases where it is difficult to get the consent of friends, or where the conditions are such that tracheotomy cannot be performed right away, intubation would be of value; there are cases not membranous in which intubation may be of value. The statistics looked pretty bad for tracheotomy, but he had seen statistics of fifteen or sixteen cases where half of them were recoveries. His success had not been quite so good, but he attributed this mainly to the fact that he had operated on five children who were almost dead, or at least had stopped breathing before the operation began. He had the good fortune once to save a child who had not breathed for what seemed to him twenty minutes. One of the strong points in favor of intubation is that it may be done early, and it does no harm even if unnecessary.

Dr. H. T. Byford said there was another way of drawing the line which would more accurately describe the usefulness of the two operations. Intubation seemed to him the operation for private practice, and statistics so far are comparatively favorable to it as such. But the coöperation of the patient's friends, the preparation of the inspired air by passage through natural channels, the freedom of intubation from grave responsibility, its bloodlessness, the simplicity of treatment afterwards, as well as the greater rapidity with which the mucous membrane around the vocal chords will get well, are conditions which have less bearing in hospital practice, where we have trained nurses and all modern appliances, and there is more hope of success in tracheotomy. While he did not think this latter operation favorable for private practice, such advantages as having the tube under the eye, and within reach of the fingers, of an attendant, the ease of local medication, the possibility of removing shreds of membrane and plugs of mucus, and of inspecting the parts, by removing the tube, and the longer time the tube can be retained—these are things that do not pertain to intubation, and which, in hospital practice, must secure for it some consideration. He said that there was one clinical fact that had not been mentioned in this connection, yet which, more than all other things put together, accounts for the success of intubation and the failure of tracheotomy as life-saving measures: in the one the patient can cough, in the other he can not. After intubation the patient can normally close the glottis, compress the inclosed air in the lungs, and with sudden explosive force expel everything that is sufficiently loosened. This accounts for the fact that with such a small tube the patient experiences no difficulty. After tracheotomy the patient has no means of compressing the air and expelling it with sudden explosive force; he can simply inspire and expire forcibly, and after exhausting efforts get rid of a little of the mucus. This desperate condition of affairs has led some surgeons to employ the dangerous and barbarous custom of introducing feathers or other irritants into the tube to stimulate the mucous membrane, which excites the patient and scatters the mucus both upwards and downwards. When somebody invents an appliance which will enable the patient to really cough through the tube, then tracheotomy will be placed upon a rational basis, and will stand some chance of becoming a useful operation. The doctor thought tracheotomy had made a poor showing for its years of trial.

Dr. G. C. Paoli said that malignant diphtheria is a morbid poison, and that in epidemic cases there are very few recoveries. He stated that in such cases exudation takes place in the larynx or pharynx, and that an operation would only result in sending the patient more quickly to another world.

Dr. W. E. Quine said that he had operated twelve times for tracheotomy, and had not had one recovery in diphtheritic cases. He knew he was not alone in an experience of unvarying failure in cases of this kind; and he knew some surgeons now regard tracheotomy with very little enthusiasm. It seemed to Dr. Quine unfair to place intubation of the larynx in contrast with tracheotomy upon the basis of the assumption that tracheotomy is always a *dernier resort*, that it is done when the patient is absolutely moribund, and that intubation is done under the most favorable circumstances. This is not the fact. Dr. Quine said he was personally cognizant of two of Dr. Waxham's cases, in which the patients

were *in extremis*, and in which death would undoubtedly have occurred in two or three hours had not relief been afforded. Surgeons rarely had occasion to perform tracheotomy under more discouraging circumstances.

Dr. J. J. M. Angear said he wished to call attention to a physiological and anatomical fact that had not been alluded to, viz.; that the arytenoid cartilages are not mature, and that the chink of the glottis is held open by positive muscular action in small children, whereas in adults and older persons the arytenoid cartilages are mature and the chink is never closed. Dr. Angear said that a large number of children who suffocate will suffocate when there is no membrane present to cause suffocation, but simply some diseased condition that has interfered with the action of the delicate little muscles that draw back the arytenoid cartilages. When inflammatory action has interfered with these muscles drawing back the arytenoid cartilages, some mechanical interference like this tube will assist these muscles to keep the chink of the glottis open and let air in. He thought a large number of children who died of diphtheria did not choke to death, but died of poison in the system, and he did not think either the tube or tracheotomy, or any other process, could save them. If there was interference with the opening of the chink of the glottis he had no doubt the introduction of the tube would save the life of the child.

Dr. J. S. Knox said that the curse of tracheotomy are the subsequent thoracic complications, either heart clogs or congestion and inflammation of the lungs, producing fatal results, and the reason probably is that tracheotomy is the final resort in cases of laryngeal obstruction. He thought that if tracheotomy were performed as early as intubation, there would be fifty per cent. of recoveries. The great advantage of intubation is that it can be performed early, and the early operation of intubation would no doubt save many a life that tracheotomy would not save performed late. He thought that tracheotomy performed as early as intubation would show as good results.

The President said that he did not intend to say anything against the practice of intubation, but he did not believe that it would take the place of tracheotomy. Intubation has had but a very short trial, and it is not yet time to pronounce it better than tracheotomy. The early experience of the President in tracheotomy had been almost the same as that of Dr. Waxham in intubation. In the first fifteen cases operated on but half of them recovered, and his later experience was better than that reported by Dr. Waxham, as within the last month he had had three cases of tracheotomy, all recoveries, while Dr. Waxham reports four cases of intubation, all fatal. So far as his own personal experience went, he thought tracheotomy had the advantage. The President thought that if he should put a tube in a child's throat for the relief of laryngitis, and the child died without his having performed tracheotomy, he should consider himself very much to blame. He had no doubt that cases of extreme diphtheritic laryngitis got well after tracheotomy; he had seen diphtheria of the pharynx and of the larynx recover after tracheotomy. Although he did not feel enthusiastic about intubation, he thought it had a very good place, and in many cases might be very useful, but could never supply tracheotomy.

Dr. Waxham said he had never found the tube occluded when it was removed. In one case when he introduced the tube a portion of the membrane was crowded down ahead of it, obstructing it entirely, and the tube was ejected and was then completely filled with membrane; the child recovered subsequently. On removing the tube on the fourth or fifth day, he did not find it occluded.

Dr. A. B. Strong said, in conclusion, that he had had some experience with tracheotomy, having had twelve cases with but one recovery. He had no doubt that in cases of diphtheria the membrane could come up through the opening. The case read was reported as spasmodic croup, and was not supposed to be one of false membrane; but he believed the child would have died without interference, and that belief was shared by Dr. Danforth, the attending physician. Dr. Strong said that he would hardly feel safe in leaving the tube in the trachea of a child without the thread. He agreed with the president that large pieces of membrane could not readily pass through such a long tube. In the case reported the tube was entirely free from membrane or pus when taken out.

—Every ancient Egyptian considered it his duty to purify himself once a month by taking an emetic, then a purgative, afterwards a bath, as they very sensibly considered that most diseases arise from intemperance, and that bad diet and not God was responsible for their sickness.

Editorial Department.

Periscope.

Laparotomy in the Treatment of Penetrating Wounds and Visceral Injuries of the Abdomen.

Dr. Frederick S. Dennis thus concludes an article on this subject in the *Med. News*, March 6:

The conclusions at which I have arrived from a study of those cases which have occurred to me recently, together with many others during the past few years, and also from those cases reported by other surgeons, are these:

1. That penetrating stab wounds of the abdomen are less fatal than penetrating gunshot wounds, but that the former are fatal in too great numbers to content us with the older methods of treatment.

2. That if the stab wound has injured the intestine or any abdominal organ, laparotomy is indicated. That it may be indicated also in cases where the gut is not penetrated, but where the gut may become twisted as a result of the stab wound.

3. That in a penetrating stab wound regarding which doubt exists, the diagnosis should be made certain at once, in order to pursue a proper line of treatment. The indications for laparotomy should be extended also to injuries of any organs within the abdomen.

4. That laparotomy offers no great additional danger to the patient, if properly performed under the strictest antiseptic precautions.

5. That while the number of exploratory laparotomies in stab wounds of the abdomen afford insufficient data upon which to establish any fixed rule of practice, the same principle which is recognized in the performance of laparotomy for gunshot wounds of the abdomen is also applicable to penetrating stab wounds.

6. That the enlargement of the original wound for an examination of the peritoneal cavity will not enable the surgeon to exclude in all cases fecal extravasation, perforation, volvulus, or hemorrhage. These may all exist, and no evidences of their presence be manifest upon inspection through a small opening. My own experience accords with that of Prof. Weir, that enlarging the wound may or may not offer the essential knowledge.

7. The size, shape, character, and velocity of the bullet, the attitude of the patient, the kind of weapon used to produce a stab wound, seem to me to influence the question of laparotomy. Any and all of these injuries are likely to produce perforation; and if there is any value in abdominal section, it should be promptly performed, irrespective of the facts connected with the penetrating abdominal wound.

8. It is possible to have a fatal hemorrhage from the large venous trunks in the abdomen, and this hemorrhage not be discovered until the cavity is about to be closed, when an attempt is made to sponge out the bottom of the peritoneal cavity. This has occurred to me in two cases, in one of which I had closed seven openings, and in the other I had examined the viscera in the cavity. The hemorrhage was checked at the time of the opening, and was not apparent until the close of the operation.

9. That the sutures, if properly applied, will close the perforation in every case, no matter how lacerated these wounds are. The sutures will close the wound in case of resection of the gut, so that no leakage will occur if water is forced through the sutured intestine.

10. The success of laparotomy is to be attained where every arrangement is complete and perfect. Everything depends upon the preparation which is made for this operation, and the antiseptic conditions under which it is performed. The shock, the perforations, the resections of injured parts of the canal, and the after-treatment, are all important steps in this operation; but the one obstacle yet to be overcome in the management of these cases is the control of the hemorrhage from large venous trunks; and until this object is accomplished, the science of surgery in this operation cannot be said to have arrived at a state of perfection.

In the present unsettled state of opinion, it would seem best not to perform this operation in medico-legal cases without the full sanction and support of a consultation. The courts of law have recently agitated the question of the propriety and the justifiability of this measure in penetrating wounds, and the legal profession have already upon several occasions, to my personal knowledge, found refuge in this operation to defend a criminal on trial for murder.

When laparotomy is placed among the well-recognized operations in surgery, and

when all opposition to it has ceased, the credit of this great achievement will be due to the influence of the writings and teaching of the late Prof. Gross. As far back as 1843, he said in his monograph on the "Nature and Treatment of Wounds of the Intestines:"

"Here the most prompt and decisive measures must be resorted to, or the person will perish from peritoneal inflammation . . . It will not do for the surgeon to fold his arms and look upon the scene as an idle and uninterested spectator. Far otherwise. He has a duty to perform, and that duty consists in dilating the external wound if it be not already sufficiently large, in hooking up the injured bowel, and in closing the solution with the requisite number of stitches, at the same time that the effused matter is carefully removed with tepid water and a soft sponge."

The remarks of the late Dr. J. Marion Sims gave new impulse to these views enunciated by Dr. Gross nearly half a century ago, and these theoretical opinions were again supplemented by the distinguished work of Dr. Parkes, of Chicago, who made a practical application of the theory in his researches and experiments upon lower animals. It remained for Dr. Bull to make the practical application of this knowledge available to higher uses, and thus step by step, through nearly half a century, we have arrived at the accomplishment of our object. It is a source of national pride, that laparotomy in penetrating wounds and visceral injuries of the abdomen was conceived, developed, and perfected in America.

A Case of Reflex Vaso-Motor Neurosis Dependent on Ovarian Displacement.

Dr. H. J. Boldt thus writes in the *Amer. Jour. Obstet.* for February:

F. L., æt. 16 years, began to menstruate at 13. At the time of her first menstrual period she noticed a purple discoloration of the entire right upper extremity, interwoven with white spots; at the same time a swelling manifested itself on the lower part of the right leg and foot, the latter, however, without change in color.

The entire upper extremity always felt cold during menstruation. These changes began one day prior to menstruation, and would reach their height on the fifth day, gradually disappearing in from two and a half to three weeks, to begin again at the next epoch.

One year ago the condition below described took place for the first time. One day prior to the beginning of menstruation, the right upper extremity began to swell and became discolored, of a purplish-blue color, interwoven with white spots, the swelling reaching its maximum on the fourth day, six weeks elapsing before its entire disappearance. The arm felt cold, and numbness and formication was complained of throughout the entire extremity; at the elbows the formication and "tingling" were felt quite severely. In the shoulder a tearing pain was felt, lasting about half an hour, and recurring twice daily. The entire right lower extremity had a very tired feeling one day previous to and during menstruation, which occurs at regular intervals of four weeks, lasting usually three days. Patient came to my clinic on account of an excruciating pain in the right inguinal region, from which she has suffered since the time of her first menstrual flow. The pain begins one and a half to two days prior to menstruation, and continues during the same. For the past year, however, the pain has been increasing in severity. Incidentally my attention was called to the swollen and discolored right hand, when the above history was obtained, and I had the opportunity to show the interesting case to several of my colleagues.

Status præsens.—The swelling is of stony hardness, not tender at any point, pitting but slightly, of deep purple color, intermixed with pearly white patches about the size of a lentil.

	Measurements. Right.	Left.
Wrist	6¼ inches,	5½ inches.
Middle of forearm	10½ "	7¾ "
Elbow	10 "	8½ "
Middle of arm (upper)	11¼ "	9 "
Near shoulder joint	12½ "	10¼ "

The superficial veins and capillaries of the entire right upper extremity, and the superficial veins of the anterior upper surface of the thorax, are intensely engorged, the posterior ulnar veins feeling like a hard cord.

Vaginal examination shows the uterus anteverted, freely movable, not painful.

The right ovary is prolapsed in the cul-de-sac of Douglas, and its corresponding tube is readily traced; the ovary is enlarged to about twice its normal size, very painful to touch; moderate pressure on it produces nausea, with desire to vomit. The present is the third attack (of swelling) within one year.

The result obtained from the treatment employed goes toward proving that the condition described is a reflex vaso-motor neurosis, dependent on ovarian lesion or displacement.

The patient, as noted above, had three attacks of swelling within one year, and al-

ways, from the time of her first menstruation, severe pains in the right inguinal region, with slight pain in the lumbar region also always the very marked discoloration of the upper extremity, with swelling of the lower part of the corresponding leg and foot.

For three weeks she received regular treatment, consisting of galvanism as strong as could be borne without causing severe pain, and applications of iodine and glycerin tampons to the affected ovary. At her last menstrual period she had no pain whatever, for the first time since this physiological process began; the swelling (which had not fully subsided since her last menstrual flow) did not increase, neither did the discoloration become as marked as previously, and the swelling of the lower extremity remained absent.

Quinine Idiosyncrasy.

Before the New York Clinical Society, Dr. W. H. Katzenbach related the case of a nursemaid for whom he had prescribed quinine in the form of two-grain pills early in the day, who went to his office at 5:45 p. m. highly excited and in great distress. Her face was flushed, and her hands and arms were red. She complained of giddiness, mental confusion, and an inability to remain still. She had taken one pill at five o'clock, and in thirty minutes experienced—in her own words—"burning pain in the stomach and prickly heat all over." Her mouth and the parts behind the ears were very sore. There was great pain in the top of the head, and in the lower part of the body and the thighs. The breasts were swollen and painful. Her pulse were rapid and not strong. No examination was made. She was advised to go home and to bed at once. Sodium salicylate and sodium bromide were ordered in doses of five grains each, to be taken every hour, and the patient was requested to send word in the evening if she was not relieved. The speaker did not see her until the next day. She further said in her description that, on her way from his office to her home, she could scarcely walk straight, and feared she might be seen by a policeman and arrested for intoxication. She took one dose of the salicylate and bromide, but shortly vomited it. The burning pain left the stomach. The tongue and throat felt swollen, the pain increased in the head, and she had "a feeling of being smothered." At 7 p. m. she fell on the floor unconscious. When consciousness was regained she took another dose of the salicylate and bromide. Her legs were painful and heavy, refusing to support her. A cold perspiration came on, which continued some time, during which her bowels were moved. A third dose was afterward taken. At 10 p. m. the pains had left her head and extremities, but fullness of the head remained. She slept, off and on, from this time till morning, and awoke feeling well. Her urine was retained from the time of taking the quinine until the next morning.

"These symptoms," said Dr. Katzenbach, "were undoubtedly caused by the quinine. She had a similar experience in England a few years ago from a dose of five grains. She was reluctant to take what I had ordered, and did so after considerable persuasion by a friend."

Dr. Griswold has seen cases of eruption following the administration of quinine. He did not believe the amount of the drug taken was of any importance, small amounts, in his experience, producing the same effects in cases of quinine idiosyncrasy.

Dr. L. E. Holt had had a case in which, after cinchonidine had been taken, an eruption appeared very similar to that produced by belladonna.

Dr. T. H. Burchard believed that all skin lesions were apt to be aggravated by quinine. He had had a patient, the subject of chronic eczema, for whom, on account of some malarial manifestations, he had ordered twenty grains of quinine a day. In forty-eight hours the patient had an acute exacerbation, and was laid up with an attack of acute general eczema. Six months later the same result followed the use of Warburg's tincture. In a second case, that of a young lady who suffered from chronic erythema nodosum, an exacerbation with gastric disturbance followed the use of butter, and a single large dose of quinine induced an acute attack of the ulcerative form.

Antipyrin and Calomel Compared in Pneumonia.

The *St. Petersburg Weekly Clinical Gazette* publishes some observations which have been made by Dr. Posadski, under the direction of Prof. S. P. Botkin, on the comparative results of the antipyrin and calomel treatments in croupous pneumonia. He thus treated a group of twenty-five cases with antipyrin alone, giving from half a gramme to two grammes (seven and a half to thirty grains) for a dose, and one to eight grammes (fifteen grains to two drachms) per diem. A second group of twenty-three cases, as similar as possible to those of the first group, was treated with calomel in doses of one-eighth

of a grain four times a day. The average age of the patients in the first group was twenty-seven years and a half, and that of those in the second twenty-five years and a half. Those treated with antipyrin retained their full consciousness, but in the course of two or three days failed greatly in strength, the heart's action becoming exceedingly weak. They suffered from cough, and with difficulty expectorated a small quantity of slightly-tinged sputum. After the first few doses there was a fall in the temperature, but not of a permanent character; sometimes, indeed, there was no fall at all, and when there was, notwithstanding the continuance of the drug, a rise followed. The crisis took place with a fall of temperature on the average on the seventh day of the disease, the mean number of days of fever being 8.1, but the local physical signs lasted 13.5 days. Complications occurred in nearly all the cases, sometimes being of a serious nature, collapse even being noted. In the urine there was nearly always albumen in considerable quantity, also antipyrin. The fall in weight averaged 20.34 zolotniks (about twenty-seven ounces), which was less than the mean fall of the patients treated with calomel, but the latter recovered their weight more rapidly during convalescence. When the doses of antipyrin were frequent, vomiting was often induced, and in two cases an antipyrin rash made its appearance. Those treated with calomel frequently presented a typhoid condition, and in some cases there was delirium. They were not much distressed by cough, the sputum was expectorated easily and in considerable quantity, and they did not suffer from sweats. The temperature rose high. The mean duration of the fever before the critical fall was 7.1 days, which was generally accompanied by drenching perspiration. The local physical signs lasted on the average nine days (against 13.5 in the other group). There was rarely albumen in the urine, and when it existed there were only traces. Complications were infrequent. The general conclusion arrived at was that antipyrin, in spite of its power of reducing fever, has no beneficial effect on the course or result of the disease.

Lead-Poisoning by Household Utensils.

The German Parliament has now under consideration a bill which is intended to regulate the employment of lead in the manufacture of cooking and other domestic utensils, and so to diminish the risk of poisoning by that metal. The provisions of this measure certainly do not err on the side of leniency. They forbid the use of vessels containing more than ten per cent. of lead in their composition for the above purposes. No alloy with over one per cent. may be used in coating iron articles used in cookery. Solder may consist of lead to one-tenth of its amount, but no more. Enamels into which lead enters are treated with equal stringency. The effect of this bill, if it be passed, will be to obliterate the legal existence of pewter and of soft solder as at present made, since these alloys contain from one-half to one-fourth of their weight of lead. One fact which it brings into prominence is that lead-poisoning in Germany appears to arise from other causes besides those to which it is commonly attributed in this country. Cases of this kind among ourselves are usually found in the persons of those who are actually engaged in handling lead or its compounds in their daily occupation. Plumbers, painters, glass-blowers, glaziers, potters, and enamel-card makers furnish the majority of those who suffer from plumbism. When this disorder appears in the household, new paint in the walls or the lead work of the water service affords a clue to its detection. It is comparatively rare to find in these days that pewter pots or cooking utensils are at fault. This may be because glass is used on the whole far more frequently than pewter in the liquor trade; while in the kitchen those vessels, the contents of which are most likely to become contaminated with lead in the solder—such, for example, as preserving pans—are usually made of brass or copper (which is kept well burnished), and present a relatively trifling soldered surface, or are lined with porcelain. The water used in cooking also acts as a protective, since the lime-salts contained in it tend to prevent the solution of lead. The proposed German legislation on this subject is very perfect in theory so far as it goes. Possibly it may be called for by the teaching of experience. In this country it would probably be found to be needlessly severe, and would not cover the chief causes of the evil which it is intended to meet. We do not see how it can do this even in Germany, unless measures of equal rigor be adopted to control the use of lead in manufactures and in its other domestic applications. The introduction of these further restrictions might fitly exercise the judgment of our own as well as foreign legislators.

—Dr. Don Salustiano Fernandez de la Vega, Professor of Anatomy, has been appointed Dean of the Medical Faculty of the University of Zaragoza.

THE

Medical and Surgical Reporter.

A WEEKLY JOURNAL,

ISSUED EVERY SATURDAY.

D. G. BRINTON, M. D.,
JOSEPH F. EDWARDS, M. D., } EDITORS.

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THE

QUARTERLY COMPENDIUM

OF

MEDICAL SCIENCE.

The attention of our readers is especially called at this season to the *QUARTERLY COMPENDIUM*, which we publish.

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ATTEMPT AT BACTERIO-THERAPEUTICS.

It has of late often been said that the discovery of pathogenic bacteria, even admitting the theory to be true, would probably lead to no important therapeutical results, for drugs, which really possess bacillicide properties, have to be administered either in doses so large as to threaten life, or locally directly to the diseased spot, which is but seldom possible without endangering the very existence of the individual.

But recently a new method has been discovered, which promises to give us better results. An Italian professor, Dr. Arn. Cantani, of Naples, who has acquired during the last few years a well-merited reputation for his original researches, the care with which he executed them, and the reliability of the results he obtained, as appears from a preliminary communication of his to the *Centrlbl. f. d. Med. Wissensch.* (29, 1885), has investigated the therapeutical value of the new theory, and taken a step in a direction differing greatly from that of all his predecessors in the same field.

It had long been looked upon as a well-established and indisputable fact that some species of bacteria have a destructive influence upon the culture of others, especially pathogenic microbes, provided they are brought in contact with them in a certain manner, and at the right time of maturity. This fact caused C. to conceive the idea to try in an experimental way its application to the therapeutics of some infectious diseases. He first endeavored to combat Koch's tubercle-bacillus with the exceedingly common bacterium termo, after he had convinced himself of the perfect innocuousness of the bacterium termo by various injections and inhalations practiced on animals. A woman, act. 42, had in the left apex a large cavern. The patient was very weak and greatly emaciated, suffered from a febrile temperature every night, and expectorated large quantities of a purulent sputum containing elastic fibres and numerous tubercle-bacilli. A pure culture was made of bacterium termo and largely diluted with beef tea, a constituent portion of which was nutritious gelatine. This diluted pure-culture the patient was made to inhale by aid of an atomizer provided with two rubber balls, so as to insure uninterrupted atomization. The quantity of the expectorated purulent masses rapidly diminished, and finally the latter ceased completely; at the same time the tubercle-bacilli, which were formerly contained in the sputa in such great numbers, became less and less, and had totally disap-

peared by the end of the first month, while bacterium termo increased in number in the same ratio as the tubercle-bacillus diminished. The temperature also declined, and ultimately never reached higher at night than half a degree above normal; the patient increased during this period twenty-two pounds in weight, and her general health, as well as her physical strength, had greatly improved.

Certainly it is still too early to draw definite conclusions from this single case, and Dr. Cantani published this preliminary report only to draw the attention of other observers to this new field. If we take into consideration that the septic bacteria, for instance, whenever they penetrate into the tissues inhabited by any other species of pathogenic micro-organisms, soon multiply to such a high degree as to cause a destruction and total disappearance of the other bacteria, the method of C. appears plausible enough, and ought to receive a more extensive trial. At the time of Koch's discovery of the comma-bacillus of cholera, some of his opponents, though also experts, published the fact that they had not succeeded in finding a single comma-bacillus, notwithstanding their careful investigations of the fluid contents of the bowels of patients who had died of cholera. Koch explained the apparent paradox as follows: As long as the intestinal mucous membrane is only inflamed, innumerable comma-bacilli in their pure culture are invariably present in cases of Asiatic cholera, but later necrosis of the tissue sets in, induced by septic bacteria, that immigrated and found a suitable soil for their development. From the moment of their appearance, generally the fifth or sixth day of the malady, the comma-bacilli diminished in number in the same ratio as the septic bacteria increased, until by the ninth, tenth, or eleventh day in fatal cases, when the septic process had led to a complete destruction of the tissues, not a single comma-bacillus remained, while the bowels were crowded with septic bacteria. This explained the absence of the comma-bacillus in other cases of cholera, and also showed why such patients, after the specific cholera symptoms had ceased, presented the picture of individuals suffering from a low typhoid condition.

The most important result of Cantani's researches is the fact that so innocuous a microbe as the bacterium termo has the same fatal effect on tubercle-bacilli as the septic bacterium has been proven to possess on the comma-bacillus. The discovery would be of immense value, and be paramount to a cure of tuberculosis; it is too good almost to believe it, but Cantani's reports thus far were so truthful that we recommend at least a further trial.

NEW METHOD OF DISINFECTION.

Prof. A. Dobroslawin, in Petersburg, has invented a stove peculiarly constructed, where by adding common salt to water (which evaporates only at 108° C.) he obtains a higher temperature, and thus by employing the heat, rooms and materials of all kinds may be disinfected.

In 100 parts water

41.2 parts common salt gave the boiling point at 108.4° C.
61.5 parts nitrate of ammonia gave the boiling point at 121° C.
205 parts carbonate of potash gave the boiling point at 135° C.
325 parts chlorcalcium gave the boiling point at 175.5° C.
88.9 parts colorcalcium gave the boiling point at 114.2° C.

With a solution of common salt the boiling point is reached in from two to three hours.

The following results were obtained:

	I.	II.	III.	IV.	V.
			Hours.		
The thermometer showed after	3½	2½	3½	2	4
If kept free in the disinfection			Degrees.		
space	106	105	105	107	106
20 times surrounded by a bandage	101	—	—	104.2	—
Between two pillows	101	—	40	100.2	—
In a carpet	—	103.5	—	—	102
In a bag full of wash	104	—	90	—	—
In a bag full of clothing	—	105	—	—	—
Wrapped in cloth pantaloons	—	—	100.5	100.5	—

To test the effect on micro-organisms, silk threads saturated with spores of bacillus subtilis were killed within three hours. In Experiment III, the door of the disinfection-space had been left open by accident. The stove costs about $120, and is made of metal in St. Petersburg, Russia.

ADONIDINE.

We have been asked by a correspondent in reference to the dose and uses of this drug. In reply, we would say that there appears nothing in the literature on the dosage of adonidine up to recently, although its physiological effect had been closely studied for some time. Upon inquiry of Professor Bartholow, he kindly referred me to an article by Dr. Armand Durand on the clinical use of adonidine, which appeared in the *Bulletin General de Therapeutique* of January 30, 1885.

From the article of Dr. Durand it would appear that the average dose of adonidine is 2 centigrammes (1/30 grain) in 24 hours, administered in pill form. This dose was in some of the cases he quotes increased to 4 centigrammes (1/15 grain) in 24 hours. And in the case of a fourteen-year-old child 20 centigrammes were administered in 24 hours

by a mistake, with the effect of producing a very acrid taste, vomiting, diarrhœa, and protracted nausea.

The dose of the leaves of adonis vernalis, as given by Bubnow, in infusion, was 4 to 8 grammes in 180 grammes of water in six hours.

We will be able to furnish further information on the subject of adonidine in a short time.

THE INTERNATIONAL CONGRESS.

Once more we are compelled to take the *Medical Record* to task for the inaccuracy of its statements. In its issue of March 6, we read:

"The prevailing feeling here regarding the Congress now is one of profound apathy and indifference. The news from abroad is equally discouraging. Almost the only smiling face is published at Chicago weekly. We hope for better news after the St. Louis meeting."

If the editor of the *Record* was a thick-headed Gothamite, we might believe that this wilful attempt, weak though it is, to injure the Congress, was the result of stupidity; but as we believe him to be a progressive American, we can only characterize it as a lame effort to say something in the direction which his journal has pursued. Now for the truth: there is a certain amount of "profound apathy and indifference" among those few who *would* but *could not rule*, while among the very great mass of the profession there is a lively interest in the coming Congress, and a determination to make it a success. The committee is at work, and all preliminary preparations are being satisfactorily made.

NATIONAL SANITARY CONVENTION.

We would call the attention of our readers in an especial manner to the announcement from the State Board of Health of a sanitary convention to be held in this city in May next. One of the most pregnant evidences of the march of civilization is the interest that is being taken of late years in preventive medicine. The researches of scientists by which the intimate cause of disease has been in many cases fathomed, has not been as yet productive of much result from a therapeutic standpoint; but they have furnished to the sanitarian the most powerful weapons with which to prevent the inroads of disease.

This convention, we understand, is but the beginning of a crusade on the part of the State Board of Health, having for its purpose the fostering of this awakening interest in sanitation among the people, and we sincerely trust that our readers will use their great influence to make the convention a pronounced success.

We would ask our exchanges to kindly copy this circular, and editorially help the convention.

Notes and Comments.

Genital Irritation as a Cause of Reflex Nervous Phenomena.

We have taken occasion to call attention to this condition in several previous issues, but more especially in reference to children. We are pleased to note that so high an authority as Dr. Lewis A. Sayre, of New York, calls attention to its occurrence in the adult in the *Virginia Medical Monthly*. We reproduce his own words:

"Mr. M——, aged twenty-five years, an unusually well-developed, muscular man, but exceedingly nervous, came to me suffering from an injury to the spine from the plunging of his horse while horseback riding, producing almost complete paralysis of the lower extremities, being unable to stand or walk without assistance, and suffering intense pain in the lumbar region. He was at once leeched, and this treatment was followed the next day by dry cups along the seat of the injury, and he was retained in the horizontal posture for some weeks. During this enforced quietude, my attention was directed to his extreme nervousness, which amounted almost to hysteria; and on examining his penis, I found this organ in a state of erection; the prepuce was firmly constricted around the glans, and it was with great difficulty it could be pushed behind the corona. The frænum was so very short as to draw the urethral orifice backwards and open. The least touch upon the meatus produced a peculiar nervous spasm of the entire body. The prepuce being drawn behind the glans, a thin white line was to be observed girdling the entire penis, and he complained of this causing him great pain. He then informed me that he suffered from constant erections of the penis, frequently lasting from twelve to eighteen hours. In many instances while in the society of ladies he would be compelled to leave the room, and frequently while horseback riding he would have to get off his horse and abandon this exercise, as the penis would become so irritable and

erect that semen would pass involuntarily from him.

I divided this girdling band upon the dorsum of the penis, and then divided also the frænum, tearing the latter down to the extent of nearly an inch, thus allowing the glans to assume its natural appearance, and removing all constriction.

Since the operation his nervous system has undergone a complete and entire change, and he will now leave on an extended European trip.

In the *Peoria Med. Mo.* for August, Dr. Frank L. Hinsdale reports a case of convulsions in a boy aged five, caused by phimosis. An operation effected a cure.

Epidemic of Cerebro-spinal Fever.

During February and March this year, an epidemic of cerebro-spinal fever existed in Oppan (Pfalz). A report of it by Dr. Demuth has now appeared in the *Vereinsbl. d. Pfalz, Aerzt.*, 6, 1885.

Dr. D. attended 16 cases; 9 of them were fatal. Prodromes were almost always absent, and the disease began abruptly with a violent chill, vomiting, and headache; at the same time stupor developed, often at once followed by coma; rigidity of the neck recently appeared within a few hours after the chill, and hyperæsthesia in a high degree was noticeable even during stupor. Jactitation was frequent, and unilateral convulsions generally occurred before death. Usually by the third day vomiting ceased; the stupor alternated with movements during which the sensorium was clear; temperature and pulse diminished, but the latter was at times irregular. Herpes labialis occasionally appeared, and the stiffness of the neck augmented rather than diminished. Convalescence began at some time between the ninth and twenty-first day.

Three main types were noticed: 1. Very acute, violent cases, at once fatal; 2. Grave cases with violent beginning and an acute course, which, however, continued longer, ending in death or convalescence; 3. Milder cases, same beginning, but after the third day rapid amelioration of all phenomena, depression specially noticeable, and without other accident recovery soon set in.

Here, as in other places, the disease was at its height during the first four months of the year. D. believes the disease to be due to infectious material, and to be propagated by drinking-water; schools he considers the main centres of infection. Children and young adults were mainly the victims. Rheumatism and pneumonia were specially frequent at the time. In only one case was herpes labialis absent the third day. D. does not mention ecchymoses, and his treatment contains nothing new. He mainly relied on mercury, and did not at all use opium.

Laryngeal Spasm Caused by Cocaine Spray.

That we cannot use this drug without a certain amount of caution, the following case which Dr. F. De Haviland Hall reports in the *Lancet*, November 21, gives evidence. To use his own words:

"P. R., a lady of the age of fifty-six, came under my care in July, suffering from asthma. On examination, I found both nostrils filled with mucous polypi. She had frequently been operated on, the last time six years ago. In six sittings I completely cleaned the nostrils by means of the electric cautery; the patient, who had much experience of other forms of treatment, expressed her opinion most decidedly in favor of the plan adopted. Cocaine in a 20 per cent. solution, applied with the brush, greatly facilitated the operation by abolishing the sensibility of the mucous membrane, and by the power it has of causing contraction of the erectile tissue of the nose, thus enabling the operator to get a good view of the posterior part of the nasal cavities. As the patient found the heat of London very trying, it was agreed that she should go home and return for the completion of the treatment in October. Accordingly, she presented herself on October 5th. Since the patient's last visit I had bought the cocaine spray apparatus introduced by Dr. Miller, of Windsor, and, as I had used it frequently before, I began to spray the interior of the patient's nose with 10 per cent. solution. The nostrils, being no longer blocked, allowed the spray to pass into the throat. In the course of a few minutes the patient complained of a feeling of cramp in the throat. She soon became very excited, stood up, and gasped for breath; her countenance assumed an ashy hue, the hands were cold, and the pulse very frequent and feeble. Inspiration was attended with a roaring sound. Speech was not affected. There was deficient entry of air over the chest, but no abnormal sounds were audible. The symptoms clearly pointed to spasm of the abductors of the vocal cords, a condition resembling laryngismus stridulus. The distress was so great that I did not venture to suggest a laryngoscopic examination. With difficulty I persuaded the patient to

recline on a sofa, and I administered chloroform, which relieved the spasm, but she was not sufficiently recovered to leave my house until after the lapse of four hours from the commencement of the attack. Next day she was in her usual health. A few days later I completed the treatment by destroying with the galvano-cautery the mucous membrane from which the polypi sprang, taking care, however, to apply the cocaine with the brush, and not to allow any to enter the throat. The patient is distinctly neurotic, and had suffered from similar though slighter attacks on two previous occasions.

"That this is quite an unusual accident in the employment of cocaine is shown by the fact that, though I have frequently applied a 20 per cent. solution directly to the larynx, the only complaint I have had has been on account of the bitter taste of the drug."

Treatment of Tænia.

Dr. Berenger Frank, who, as director of the French navy, had an enormous material at his disposal, publishes in the *Bull. Général de Therap.*, Oct. 30, 1885, the results of different remedies for the removal of tapeworm. Of 1842 cases, 425 were treated with success, 1417 without any, i. e., the tapeworm always returned. The following remedies proved useless: Calomel, ocean salt, garlic, eucalyptus, extract of kousso. Very little effect had ether, turpentine, felix mas; more had kousso, and the best results were obtained with pelletierin; of 317 cases treated with it, 198 permanently recovered. The method employed was as follows:

The day before the administration of the drug the patient takes no other nourishment but milk; the day of treatment he stays in bed and receives at 6 a. m. an infusion of senna (160–240 grains to 5 oz. water). At 7 a. m. the first dose of tannate of pelletierin (6½ grains) is taken in syrup, and half an hour later he receives the second dose, always remaining in bed to prevent vomiting. At 8 a. m. a dose of castor oil is administered, which, if action does not soon set in, is followed by a senna-clysma. The tapeworm is collected as usually.

We do not wonder at the comparatively small result of Dr. F.'s treatment for tapeworm. In an experience of twenty-two years, during which we had occasion over a hundred times to treat such cases, we have never known an instance when the ethereal extract of felix mas had not established a cure, from 2½ to 3 drachms being the dose of this remedy, which we consider far more reliable than any other. The evening before the patient eats something salty for supper, at 9 p. m. he takes half of the remedy, at 9:30 the other half, and the next morning at 5:30 a. m. a dose of castor oil. An hour or two later the tænia appears. The best manner to prescribe the remedy is as follows:

℞. Extr. felic. maris æth. ʒiss–ʒ ij.
Emuls. amygd. dulc.
Syr. simplicis, āā. q. s. ad. fl ʒiv–8.

Treatment of Bronchitis.

We cull the following formulæ from a paper by Dr. J. Milner Fothergill in the *Med. Record*, August 29, 1885:

In the stage of *excessive secretion* he recommends—

℞. Amm. carb., gr. iv.
Tinct. nuc. vom., ♏ x.
Inf. cinchonæ, ℥j.
4tâ vel 6tâ horâ.

If the case is not very severe we may use—

℞. Liq. atropiæ, ♏ j.
Liq. am. anisat., ♏ xv.
Aq., ℥j.
M. 6tâ vel 4tâ horâ.

If the case be mild, then—

℞. Ac. hydrobrom., ʒss.
Sp. myristicæ, ♏ ij.
Syr. scillæ. ʒss.
Sp. chloroform, ♏ xv.
Aq., ℥j.
M. Three or four times daily.

In *chronic bronchitis* we may give—

℞. Strychniæ, gr. $\frac{1}{30}$.
Pulv. ipecacuan., gr. ½.
Pulv. digitalis, gr. ½.
Pil. galban. co., gr. ij.
Bis aut ter in die.

If the bowels are not regular, a small quantity of podophyllin or croton oil may be added.

To secure rest at night we may use—

℞. Bromidi ammonii, ℈j.
Tinct. camphoræ, ʒj. M.

Or,

℞. Morphiæ mur., gr. ¼.
Benzoic acid, gr. j.
Pil. scillæ co., gr. ij. M.

A Case of Dissecting Aneurism of the Thoracic and Abdominal Aorta.

In the January number of *The American Journal of the Medical Sciences*, Dr. James E. Graham, of Toronto, describes a case of dissecting aneurism of the aorta which presents many points of very great interest. The patient lived after the first formation of the aneurism, a period of more than thirty

years. The strain was taken off by an opening low down between the artery and the aneurism, which rendered it possible for the blood to flow readily back into its old channel. The aneurism extended throughout the whole length of the abdominal and thoracic aorta, and more than half the circumference of the vessel. The closing of openings in the inner coat, at the exit of arteries from the aorta, and the corrugated appearance of the inner surface of the aneurism, are also points worthy of notice in this remarkable case, which is an excellent example of the restorative power of nature, and demonstrates the possibility of the enjoyment of years of fairly good health in one suffering from an extensive dissecting aneurism.

The Treatment of Cholera Infantum.

Dr. J. H. Carster gives us the following formulæ in the *Archives of Pediatics:*

For the vomiting:

℞.	Tinct. iodi.,	gtt. x.
	Aquæ,	℥ ij.
M.	Teaspoonful every half hour.	

In some cases he uses a powder composed of

℞.	Subnitrate of bismuth,	1 drachm.
	Dover's powder,	3 grs.

To be divided into twelve powders, one every two hours.

This often does in mild cases. Sometimes, however, if there seems to be a malarial complication he gives quinine, for instance something like this:

℞.	Sulphate of quinine,	10 grs.
	Tincture of opium,	20 drops.
	Syrup Yerba Santa,	2 ounces.
M.	S.—Teaspoonful every two hours.	

In so-called chronic cases—that is, after the vomiting has ceased, but diarrhœa continues ten or twelve times a day, he generally depends on a mixture like this:

℞.	Tincture of opium,	½ drachm.
	Chloroform,	20 drops.
	Whisky,	1½ drachm.
	Cinnamon water	6 drachms.
	Simple syrup,	1 ounce.

Teaspoonful every two hours.

When the diarrhœa checks, he only gives it every four or six hours. Also, during this stage, when the disease has subsided, he gives:

℞.	Nitro-muriatic acid,	15 drops.
	Pepsin,	1 drachm.
	Water,	2 ounces.

Teaspoonful every three hours.

This seems to aid digestion. In some cases the discharge seems to be checked up too quick with any of these remedies, and we get symptoms of congestion of the brain, so-called false hydrocephalus, and the child is very liable to go into convulsions. In such cases, he always gives bromide of potassium, and some cathartic. Start up the bowels again and relieve the cerebral congestion. He generally gives about one-twentieth of a grain of podophyllin. In all cases of cholera infantum, it is especially necessary to carefully watch the effects of opium, when we use it. He believes in being very cautious in prescribing opium.

If, however, the disease progresses to the stage of collapse, active stimulants will be necessary. In such cases, he thinks belladonna is especially useful, combined with other stimulants as follows:

℞.	Fluid ext. of belladonna,	1 drop.
	Compound spts. of ether,	½ drachm.
	Water and simp. syr., each,	1 ounce.

Teaspoonful every two hours.

Besides that, give whisky or other stimulants, apply hot bottles to the feet and body. The hypodermic injection of ether and whisky is also sometimes of benefit, and when there is very high temperature, the use of ice to the head will be useful.

Treatment of Intestinal Obstruction by the Force-Pump.

Dr. H. Illoway, of Cincinnati, in a paper in the January number of *The American Journal of the Medical Sciences,* advocates the employment of enemata administered with sufficient penetrating power to pass beyond the ileo-cæcal valve and into the small intestines, and to produce peristaltic action. He advocates the use of the force-pump, and claims, first, that enemata thus administered are superior to every other method of treatment in the rapidity with which they either relieve the symptoms or clearly indicate the necessity of surgical interference; second, that they are entirely free from all danger, and in no way prejudice the case should a surgical operation become necessary.

Remedy for Corns.

Dr. J. Sutcliffe Hill tells the *New England Medical Monthly* that some time ago he was fortunate to find a prescription that has proven, in his hands, of much value in removing corns. It is:

℞.	Ext. cannibus indicus,	grs. xv.
	Salicylic acid,	grs. xxx.
	Collodion,	℥ j.

Sig.—Apply with brush.

Correspondence.

Paris Letter.

M. JULES GUERIN—M. DECHAMBRE—SENATOR ON TYPHOID FEVER—GERMAIN SÉE'S CLINICAL MEDICINE—ASTHMA—PYRIDINE — HYPNONE — URETHAN — COCAINE IN GASTRALGIA—TREATMENT OF EMPYEMA —RETAINED MENSES AT A VERY EARLY AGE.

In my last letter I spoke of M. Jules Guerin and his determined opposition to Pasteur's theories of inoculation for rabies. Since then he has passed away at the ripe age of 85, having passed somewhat more than fifty years as a prominent medical writer and observer in Parisian medical circles. He bought and became editor of the *Gazette Medicale de Paris* in 1830, and has since made it one of the most popular medical journals of Paris. He was very decided and even obstinate in his opinions, and made himself particularly remarkable in late years for his determined opposition to the germ theory and all the discoveries of Pasteur.

Another very able medical publicist, M. Dechambre, the editor of the *Gazette Hebdomadaire*, and of the new *Dictionnaire des Sciences Medicales*, also died rather suddenly from cerebral apoplexy. He was a very elegant writer of French, and has written a large number of articles in his journal and in the *Dictionnaire*. He has been for many years one of the physicians to the Children's Hospital.

The recently-issued articles of Senator on typhoid fever have attracted much attention here, where Brand's treatment by cold baths has never been very popular. It was claimed in Germany that this treatment had reduced the mortality to two per cent., or even as low as six-tenths of one per cent. at the military hospital of Straslund. These results have not been borne out by the experience of Senator, who confirms in many particulars the affirmations of Glæser at the Hamburg Hospital. Glæser had about $7\frac{2}{10}$ per cent. mortality with 868 patients treated by Brand's method, and almost identically the same with 939 patients, who underwent simply a treatment addressed to symptoms.

Senator's figures have not been quite so favorable. In the eight largest hospitals in Berlin, the mortality varies from $12\frac{1}{10}$ per cent. at the Augusta hospital to $19\frac{1}{10}$ per cent at the general city hospital of Fredericksein. At the Betanien hospital, where Brand's method was exclusively employed, the mortality was $13\frac{5}{10}$ per cent.

As regards the treatment of complications, the practice of Senator presents a few new features. In case of collapse with symptoms of heart failure he injects hypodermically one milligram of sulphate of strychnia three times daily, or camphorated ether, nine parts of camphorated oil to one part of ether. For intestinal hemorrhage, after repeated failures with the tincture of perchloride of iron and with opium, he has arrived at the conclusion that the best results are obtained from bismuth, in large and frequently repeated doses. For insomnia he counsels lukewarm baths, bromide of potassium and opiates.

Perhaps one of the most important works on medicine which have appeared here of late, is the Clinical Medicine of Prof. Germain Sée, who occupies Trousseau's chair at the Hotel Dieu.

The third volume has just appeared, and is devoted principally to the clinical consideration of asthma, the various congestive and inflammatory conditions of the lungs, and to diseases of the pleuræ.

To the study and treatment of asthma, M. Sée has always devoted considerable attention, and this part of the work will probably be more noticed than others.

This is how he understands asthma: "Any form of dyspnœa which originates in the structural alteration of any organ is not true asthma. Such a form of dyspnœa, accompanied or not by emphysema, is nothing more than a symptom, a pseudo-asthma.

"To this form belong the asthmatic attacks originating in cardiac disease.

"True asthma, as an independent disease, is always of nervous origin. It is always primarily a neurosis, always chronic and characterized by attacks which follow certain determined rules. This neurosis is of bulbar origin, having its seat in the respiratory centre and its origin in the exaggerated reflex sensibility of this organ."

As regards treatment, Prof. Sée is an active partisan of the iodine preparations. He employs iodine, iodide of potassium, and iodized ether. The iodide should be administered in large doses, from fifteen to forty-five grains daily.

Iodine and its preparations, according to M. Sée, favor bronchial secretion, facilitate the reflex central act of respiration by regulating the functions of the respiratory centre, and also diminish the exaggerated sensibility of the respiratory mucous membrane.

Another important remedy is the newly-discovered product, pyridin, which probably forms the active principle in all the fuming

inhalations so commonly used in the treatment of the asthmatic attacks. Pyridin is also used as an inhalation, four or five grammes being placed on a saucer in a small room, and the patient remaining in the room for a length of time to inhale the vapor.

For the treatment of the attack, M. Sée is of opinion that hypodermic injections of morphia can frequently be used with benefit, but unfortunately they cannot be repeated for any length of time. A large proportion of this part of the work is devoted to the clinical experimentation and appreciation of the value of quebracho, belladonna and its derivatives, lobelia, arsenic, etc., in the treatment of the disease.

The two newest hypnotics, hypnone and urethan, have attracted considerable attention here, and have been experimented with largely by Dujardin-Beaumetz, Thechard, and Labbé. Dujardin-Beaumetz found that hypnone was very efficacious in producing sleep in some cases, while in others it failed lamentably; it seemed to be most successful in cases where the insomnia was of nervous origin, or accompanied with restlessness and a condition of extreme nervous erethism.

On the other hand, Filhen, at Erlangen, and Mairet and Combemalle, at Paris, report negative results from administration of the drug.

The other hypnotic, urethan, was experimented with principally in England, and has been found very serviceable in cases where persistent insomnia was experienced and the heart was diseased. In such cases where ordinary hypnotics can only be given with very great caution, urethan procured refreshing sleep for the patient without bad after-effects. The dose was generally about thirteen centigrammes.

At the last séance of the Soc. de Therapeutique, M. Dujardin-Beaumetz strongly recommended muriate of cocaine in the attacks of gastralgia, sometimes so agonizing to tabetic patients; he uses a solution containing 50 centigrams of the muriate in 200 grams of water, giving a tablespoonful every second hour until the distress is relieved. The amelioration from the pain was rapid, but the patients complained of vertigo and dizziness.

The treatment of empyema came up for discussion at a recent séance at the Académie. M. Polaillon read the report of a case in M. Vaslin's service at the hospital at Angers.

The patient had three fistulæ, communicating with the pleura, which discharged a large amount of ill-smelling pus. He was much emaciated, the urine was albuminous, and there was every sign of approaching dissolution. M. Vaslin resected six centimeters of the sixth and seventh rib, made a large opening into the pleura and scraped its parietes with a dull curette, removing much false membrane. He then reclosed the wound, leaving two large drainage tubes in the pleural cavity. After five months, the fistulæ are now entirely closed, the side much depressed, and the patient may be considered cured. In the discussion which followed, M. Polaillon observed that cure was obtained in this case by comparatively a small amount of mutilation, but that this was due to the short duration of the sickness previous to operation. In a case of his own he was obliged to more thoroughly follow out the method of Estlander. He found it necessary to make a large opening, resect about fourteen centimeters of the seventh rib, twelve of the sixth, and eight of the fifth rib. The patient's condition, after all this mutilation, is somewhat ameliorated, but complete cure has not been obtained.

A curious case was reported at a recent séance of the Société de Chirurgie.

A young girl, fourteen years of age, presented herself in M. Despres' service at the Charité Hospital for a tumor, which had suddenly developed in the umbilical region. There was no pain, and nothing abnormal in any other part of the abdomen. It was deemed inadvisable to make any vaginal examination on account of the youth of the patient, and laparotomy even was considered after puncture with a fine trocar had revealed the presence of blood.

Fortunately for the young girl, a few days later a large flow of blood took place from the vagina, and subsequent vaginal examination revealed a very long conical os. It was simply a case of retained menses at an unusually early age.

***

Paris, February 13, 1886.

Hydrophobia,

Eds. Med. and Surg. Reporter:—

A timely article appeared in the Reporter for January 30th, bearing on the above subject, from the pen of Dr. Huddleson.

It has seemed to me ever since the Pasteur "craze," as some have termed it, commenced, the profession, as well as the people, have been pursuing an *ignus fatuus* that will lead them into swamps and sloughs of unreason. I do not expect to enter on a scientific dissertation on the pathology of hydrophobia, for I know nothing about it, and I never heard of any one who professed to know very much; and I also confess I know of no way

to distinguish a dog that has rabies from one that has not, and I know of no one who does. It does seem that all this talk about the Pasteur system is without warrant, for there is no reason to believe he has ever treated a genuine case of hydrophobia, because the disease was not developed in any one, and because no one knows whether any of the dogs were rabid. Besides that, sixty per cent. of those bitten by alleged rabid dogs are never heard from, and hydrophobia is just as likely to develop years afterward as months or weeks.

Who will undertake to say any of the Newark children would have died if they had not been inoculated by Pasteur? Outside of the sensational advertising obtained by certain metropolitan newspapers and doctors, the benefits, so far as any one can judge by results, have been absolutely *nil*. The results of post-mortem examinations on the bodies of persons dying of hydrophobia have been very unsatisfactory, and, so far as my knowledge extends, I think it would be impossible for the most expert surgeon to diagnose the cause of death in such a case, without antecedent knowledge.

Dr. H. has demonstrated the very slight analogy between small-pox and hydrophobia, and has given a very beautiful theory, and, I think, a correct one, of the *modus operandi* of vaccination; but can any one do as much for Pasteur's inoculation? We can all easily understand why vaccination or inoculation prevents, or at least mitigates, an attack of small-pox, because we believe it to be a disease produced by some poisonous matter in the blood; but I, for one, must confess my inability to understand how a portion of the spinal marrow of a rabbit which has previously been inoculated with a portion of the spinal marrow of a supposed rabid dog, inoculated a certain number of times and a certain number of days into the circulatory system of a human being, can prevent, or cure, a disease which affects the nervous system entirely, so far as our knowledge extends. The only disease which bears any strict analogy to hydrophobia is tetanus. Strychnia also produces effects somewhat similar, but a great many cases of tetanus recover without any special treatment, while it is doubtful if any one ever recovered from a genuine attack of hydrophobia.

In a score of years a man is likely to meet with one or more cases of every known disease; but in a practice of more than twenty years, I have never seen a case of hydrophobia, and never expect to. Pasteur, I believe, advises any one who may be bitten by a dog, to pen the animal up securely for a certain time, in order to know whether it is affected with rabies. This seems to me to "knock the bottom" out of his system, for while it is well known the poison lies dormant for months and even years in the human system, why may it not do likewise in an animal? In addition to this, why could not the disease develop in the dog even after the person or another animal has been bitten? Every dog that is seen running "amuck" through the country, snarling and snapping at anything on its way, is not mad.

From the well-known affection shown by dogs for their masters, it can easily be believed that a temporary separation from their human companions, as frequently happens, may worry them into a state of excitement sufficient to cause the cry of "mad dog," particularly if a dozen or two street *gamins* have been industriously following in the rear with stones, clubs, and wild shouts.

It is another demonstrable fact that all or nearly all the cases of hydrophobia of which we hear are caused by the bite from some pug or spitz that has never shown any symptoms of rabies, that has been kept as a household pet, that has bitten his master or mistress by accident apparently, while being fondled or fed. I have read of two such cases during the past week.

Whatever the poison is that causes hydrophobia, it must be introduced by means of the saliva, the teeth being the medium; but who knows where it comes from?—stomach, salivary glands, mucous membrane, or where? The fact that the mucous membrane is destroyed in patches to some extent after death from hydrophobia, proves nothing; neither does the amount of filth contained at times in the stomach; neither does anything else we know so far.

Suppose any of the Newark children should be bitten again, even admitting they are cured now, would a second journey to Pasteur, and more inoculations, be necessary? Or do they possess permanent immunity? Who can answer? Can Pasteur? As Dr. H. says, if this system of Pasteur's is correct, it will prove a priceless boon to humanity; and after it shall have been proven to be efficacious, none will more readily give him praise than I; but until that time comes I, like Dr. H., must, while not looking on him as a crank, believe he is wrong, and hope in the future some remedy or means of cure for this terrible disease may be discovered, even though Pasteur's should not be that remedy. W. F. Mitchell, M. D.

Addison Pa., February 27, 1886.

News and Miscellany.

State Sanitary Convention.

PRELIMINARY ANNOUNCEMENT.

The following circular which we have received from the State Board of Health explains itself:

A sanitary convention, the object of which will be to afford an opportunity for an expression of opinion on matters relating to the public health and the discussion of methods looking towards an advancement in the sanitary condition of the Commonwealth, the prevention of sickness and avoidable death, and the improvement of the conditions of living, will be held in Philadelphia, under the auspices of the State Board of Health, on Wednesday, Thursday, and Friday, May 12, 13, and 14, 1886.

The address of welcome will be delivered by His Excellency, Hon. Robert E. Pattison, Governor of Pennsylvania.

The following will be among the subjects that will be discussed by prominent sanitarians:

1. The Sanitary Needs of School Buildings and Grounds.
2. The Water Supply of Towns and Cities.
3. The Water Supply of Philadelphia.
4. The Disposal of Slops, Garbage, Refuse, etc.
5. The Prevention of Communicable Diseases.
6. The Influence of Clothing on Health.
7. Ventilation.
8. The Drainage and Sewerage of Cities and Towns.
9. The Drainage and Sewerage of Philadelphia.
10. The Influence of Diet on Health.
11. The Relations of Christianity to Health.
12. Mistakes in School Architecture.
13. Defective Vision in School Children: Causes and Management.
14. The Necessities of Physical Education.
15. Drainage and Sewerage in Country Districts.
16. Sanitary Science in Villages.
17. Municipal Sanitation.
18. Artificial Feeding of Infants.
19. Condensed Milk.
20. Various Artificial Baby Foods.
21. The Inheritance of Disease.
22. Hygiene of the Home.
23. Sanitary Plumbing and Drainage.
24. Tests for Impurities in Water: The Use of Filters.
25. Germicides.
26. Vaccination.
27. The Hygiene of Old Age.
28. Cholera.
29. City *versus* Country Life, from a Hygienic Point of View.

The public are cordially invited to take part in and help to make a success of this convention.

At a later date, a circular of details will be issued.

JOSEPH F. EDWARDS, M. D.,
Chairman Committee of Arrangements,
224 S. 16th St., Philadelphia, Pa.

Adulteration of Lard.

The *National Druggist* tells us that lard is occasionally subjected to scandalous adulterations. It contains not infrequently a large quantity (25 to 30 per cent.) of starch. Furthermore, 10 to 20 per cent. water, 2 to 3 per cent. alum, and about 1 per cent. lime have been found in lard. Unfortunately, mere inspection will not enable us to determine whether lard contains water or not, for the water is united in such a way that the lard is white and odorless. If, however, lard which is adulterated with water is heated in a pan, it soon begins to sputter, while pure lard melts quietly and without formation of bubbles. If lard is melted in a test-tube over an alcohol flame, pure unadulterated lard yields a clear, transparent, faintly yellowish fluid; poorly cleaned lard shows floating fibres of meat or shreds of connective tissue, while mechanically suspended mineral substances which were worked in to increase the weight, fall to the bottom as a deposit. Water is often added as an adulterant. To determine the percentage of water, weigh 50 grams of lard in a tared beaker-glass, and place for one or two hours in a water bath. The water is separated gradually from the lard and sinks to the bottom. On cooling, a hole is made through the lard, and the water allowed to flow out, when the loss of weight determines approximately the amount of water. The water is to be submitted to a further examination, for, in order to facilitate the mixture of the water and fat, soda (carbonate of sodium), potassa (carbonate of potassium), or lime, is often used, which saponifies a small part of the fat, and the soap brings the fat into more intimate mixture with the water. In such a case the fat would have alkaline reaction, *i. e.*, a strip of red litmus paper is colored blue. If lime was used as an adulterant, the water will yield a white precipitate on the addition of a few drops of

solution of oxalate of ammonium. Lard, which is viscid, fluid, ropy, or mixed with fibrous substances, is to be considered as bad or as mixed with inferior fats. Lard is also often mixed with grease, which latter is characterized by being less white and of less uniform consistence, besides having a peculiar salty and disagreeable taste.

Balata.

An interesting report made by Government Botanist G. S. Jenman, Demerara, on the balata industry in British Guiana, is published in part in the *Pharm. Jour. and Trans.* for September, 1885. Balata is the concrete milky juice of Mimsops globosa (*Guertner*), a large, hard-wooded forest tree, sometimes reaching 120 feet in height, and found ranging from Jamaica and Trinidad to Venezuela and French Guiana. Balata has never found its way into commerce in any considerable quantity, though it has always been highly spoken of. It is intermediate in character between India-rubber and gutta-percha, combining the properties of both, and for certain purposes is better adapted than any other of the natural caoutchouc substances. "Its strength, also, is very great, and, as it does not stretch under tension, for special appliances, such as bands for machinery, it is unequalled. It has recently been pronounced by an American firm of manufacturers as the 'best gum in the world,' and that it has not had a greater success is due more to the hitherto limited supply than to any defect of quality intrinsically in itself." This opinion is fully borne out in a report by Dr. Hugo Muller, F. R. S. It is to be regretted that the methods of obtaining the juice by tapping, either standing or after felling, are calculated to seriously reduce the number of these valuable trees.

The Arsenic Habit—A Remarkable Case.

Dr. T. D. Crothers reports, in the *Quarterly Journal of Inebriety* for October, a remarkable case of the arsenic habit. The patient, an English horse-jockey, had led an irregular life, and had probably drank considerably. He began to take arsenic about the year 1875, using it for the purpose of keeping off fevers. For five years he took from one to two drachms of Fowler's solution daily, and his general health continued good. From this time he gradually increased the dose until he was taking from twelve to twenty grains of arsenic daily (!), either in the form of the powdered acid or of Fowler's solution. When seen in 1885, his appearance was that of good health, the face full, the skin clear and white, the eyes brilliant but unsteady, cutaneous sensibility was diminished, the appetite was poor, the action of the bowels irregular, and the heart was enlarged. There was no muscular weakness, but the gait was slow and hesitating.

Lager Beer.

In the *Med. Summary* we read as follows: "We often hear physicians say, 'Take a glass of beer; it will assist digestion and produce sleep.' The remark shows that physicians as a class are poor chemists, although they study that science at college. Of all the *villainous* mixtures which man takes into his stomach, lager (laying) beer is the most injurious. The lager beer sold in our large cities is not *beer* at all, but a chemical mixture of water, alcohol, soap, aloes, and cannabis indica of a low grade.

"The beer-drinker is always subject to Bright's disease with and without dropsy, and the chronic beer-drinker is a most pitiable object, and made up of bloat and acne rosacea. No conscientious physician should recommend beer."

Arsenical Wall-Papers in Malarious Regions.

In a recent number of the *Gentleman's Magazine*, Mr. Matthieu Williams suggests the use of the generally-regarded injurious arsenical wall-papers in malarious regions. He says: "I maintain that the hotels in the vicinity of the Campagna, the Pontine Marshes, the Maremma, and other malarious regions of Italy, should be papered throughout with brilliant green arsenical papers, and painted with Scheele's green or other arsenical pigment. The same should be done in New Orleans, and all other such places, for the special benefit of (non-acclimatized) visitors." Perhaps hotel proprietors in malarious regions will wish to hear from other sanitary authorities before adopting the novel suggestion.

Dr. Ramsey's Revolver.

Officer George F. Alstadt, of the Pittsburgh police force, has in his possession a revolver which he thinks may have been stolen from its owner, and desires it to be returned if so. It has the following inscription on the metal on front of handle: "Presented to J. Allen Ramsey, M. D., Surgeon 3d Brigade P. V., by his friends.

Items.

—In the *Brit. Med. Jour.*, Dr. George J. Robertson reports a case of extra-uterine pregnancy, and death of the fœtus at four months, intestinal obstruction from pressure, removal of the fœtus by perineal section, and recovery.

—"Have you heard about Blicker?" "No; what's up now?" "They say he's struck natural gas." "Natural gas! Well, I should think so! He's married a widow who talked three men to death before she was forty."

—Dr. P. Marie, one of the physicians to La Salpetriere Hospital in Paris, says in *Le Progres Medical* that ovarian tenderness is frequently met with in chorea minor, and that it is always situated on the side where the movements first showed themselves.

—A New York physician boasted at dinner that he had no fear of trichinæ, because he cured his own hams. "Well," said a lady guest to him, "I think it would be preferable to be your ham than your patient." The doctor fled to Germany.

—Vogel relates the following in his "Diseases of Children": "I once treated an American lady, who still suckled her son, who was *two and a half years old*, till one morning, when the strongly-developed, robust child was called to be nursed, he very kindly replied: 'I thank you, dear mamma, the nursing is too tedious for me.'"

—The late Professor Laycock was very fond of drawing attention to hereditary peculiarities. One time, in the middle of a lengthened exposition of the features in common of a mother and child, the woman, perhaps a little uneasy, stopped him, saying, "A weel! I'm no the bairn's mither, I'm just his step-mither."

—An English judge strongly affirms that a medical man should not leave a woman in labor, except his life be in peril; that if he desires to abandon the case he must tell the friends to get another doctor, and remain with the woman till the doctor arrives. If he does otherwise than this, he will be responsible before the law for such injury as may happen to the woman from want of medical attendance.

—According to Doyodtchikoff, naphthalin is an invaluable dressing for ulcers. He writes in the *Vrach*, that it is inexpensive and easily used, therefore of great service to poor people. After its application, granulations quickly appear, and cicatrization is rapid; its antiseptic properties serve to remove false membranes and bad odors. Naphthalin dressings do not irritate ulcers, nor produce any pain, and patients can continue their avocations without any difficulty.

OBITUARY NOTICE.

AUSTIN FLINT, SR., M. D.

The great leader of the profession in this country, the elder Dr. Flint, died suddenly of apoplexy in New York city on Saturday, March 13. Dr. Flint was born in Massachusetts October 20, 1812, and had therefore completed his seventy-third year; he had attained a ripe old age, he had lived a life full of honor and usefulness. His ancestors emigrated to this country in 1638, and settled in Concord, Mass. His grandfather, after whom he was named, was a physician, who died at Leicester, Mass., in 1850, having passed the age of ninety years. The dead physician, after pursuing his studies at Amherst and Cambridge for three years, entered the Medical Department of Harvard College, and pursuing a full course, received his degree of M. D. from that institution in 1833. In 1836 he established himself in practice in Buffalo, and in 1844 was appointed to the chair of the Institutes and Practice of Medicine in the Rush Medical College of Chicago; but this position he relinquished at the end of a year. For ten years from 1846, he was the able editor of the *Buffalo Medical Journal*. In 1847, he was one of the founders of the Buffalo Medical College, in which, until 1852, he was Professor of the Principles and Practice of Medicine and of Clinical Medicine. In 1852, he became Professor of the same branch in the University of Louisville, where he remained until 1856, when he returned to the Buffalo College as Professor of Pathology and Clinical Medicine. From 1858 to 1861 he was Prosessor of Clinical Medicine in the Medical School of New Orleans in the winters, having in the meanwhile (in 1859) removed from Buffalo to New York city, where he passed the remainder of his life. In 1861 he was appointed Professor of the Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College. In 1872 he was elected President of the New York Academy of Medicine. As an author, his contributions are well known to the profession. He has been President of the American Medical Association, and was to have been the President of the International Medical Congress for 1887. He contemplated visiting England this summer to read the address in the section of medicine before the British Medical Association.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1517.] PHILADELPHIA, MARCH 27, 1886. [Vol. LIV.—No. 13.

Original Department.

Lecture.

FRACTURE OR DISJUNCTION OF UPPER EPIPHYSIS OF HUMERUS; FRACTURE OF THE SHAFT OF THE FEMUR; FRACTURE OF THE FEMUR IN AN INFANT; EXSTROPHY OF THE BLADDER.*

BY H. R. WHARTON, M. D.,

Of Philadelphia,

Surgeon to the Children's Hospital; Instructor in Clinical Surgery in the University of Pennsylvania; Assistant Surgeon to the University Hospital.

The first case I shall bring before you today is this boy, twelve years of age, who is under treatment in the out-patient department of the hospital under the care of Dr. Fox for a rather rare injury of the left humerus, which he received in falling from a wagon a few days ago. Upon removing the dressings and examining the left shoulder, you will notice that it is slightly flattened, that the arm rests against the side of the body, and that there is a slight projection in front of and below the acromion process of the scapula, which moves as I move the shaft of the humerus. I will not subject the patient to the pain necessary to demonstrate to you the existence of fracture, as I am well satisfied as to the nature of the lesion in this case, which is a fracture or disjunction of the upper epiphysis of the humerus. The only other injuries of the humerus with which this condition might be confounded would be a fracture of the upper part of the humerus or a dislocation of the head of the humerus; in the first condition we would have many of the same symptoms present, but would not have the same deformity which we have in this case, namely, a slight projection of the upper end of the shaft of the humerus in front of and below the acromion process of the scapula, the head of the bone taking a position slightly behind and below its normal position with reference to the shaft of the humerus.

From a dislocation of the head of the humerus we make the diagnosis by the exclusion of the symptoms of dislocation, namely, the marked flattening of the shoulder, the prominence of the acromion process, the position of the arm with reference to the body, the immobility and absence of crepitus.

As regards the treatment of this injury, I think that used in cases of fracture of the upper portion of the humerus, known as Ferguson's dressing, is the best, and I will now dress this case before you, so that you can see the method of its application.

I first apply a roller bandage to the arm, starting at the tips of the fingers and carrying it up to the shoulder. I next apply this moulded pasteboard splint, well-padded with cotton, which is moulded to the shoulder and extends down to the lower third of the humerus, and encircles a little more than one-half of the arm. This pasteboard splint is held in position by a roller bandage, which is started at the elbow, is carried up the arm, and is finished by a few spica-of-the-shoulder turns. A small compress is placed over the prominence in front of the shoulder, and held in place by the turns of the bandage last mentioned.

I now apply a folded towel to the axilla

* Delivered at the Children's Hospital.

and side of the chest, and bring the arm to the side of the body and secure it in this position by circular turns of a roller starting at the elbow, carrying it around the body, and ascending to the line of the axilla.

The application of a sling, in which the hand and wrist rest, completes the dressing, and in applying this sling it is well to see that the forearm is not allowed to rest in this, but merely the hand and wrist, so that the weight of the arm between the seat of fracture and point of support of the sling may act as an extending force.

This is a very comfortable and efficient dressing, and is equally serviceable for all fractures high up in the humerus. It should be renewed every other day for a few days in the early stages of the fracture, and afterwards it can be changed at less frequent intervals.

The time required for the treatment of this injury is about four or five weeks, and during the latter part of the treatment passive motion should be practiced at each change of the dressing.

The cure resulting is generally good as regards usefulness of the arm, and although in some cases the resulting deformity is quite marked, I have seldom seen much impairment of the motion of the arm.

FRACTURE OF THE SHAFT OF THE FEMUR.

The next case I bring before you is this little girl seven years of age, who, as the result of a fall, received a fracture of the shaft of the left femur, the seat of fracture being in the middle third.

The important points in the diagnosis of this injury are the loss of function, the shortening, eversion of the foot, and mobility and crepitus at the seat of fracture in the injured limb. The shortening in this form of fracture in children is not so important a diagnostic sign as it is in a similar injury of adults. A fracture of the femur in its upper portion might be confounded with a dislocation of the femur, but in such a case as this, where the seat of fracture is in the middle of the bone, the ordinary symptoms of fracture are so evident that no error could here be made.

I will now measure the injured limb, and upon comparing its measurement with that of its fellow, I find there is less than half an inch shortening; this corresponds with the observation that has been made, that in fractures of the femur in children the shortening is generally very small in amount. This is accounted for in two ways, first that the line of fracture is generally more transverse and the same tendency to over-lapping does not exist as in the more oblique fractures of adults, and second that the muscular action producing shortening is not so powerful in this class of patients.

The dressing which I will apply in this case is the one we generally employ for fracture of the femur in this hospital, and I think you will find it a very satisfactory one. It is applied in the following manner: I first take a broad strip of adhesive plaster, two or two and a half inches in width, and long enough to extend from the outer side of the knee of the injured limb downwards around the sole of the foot, and up the leg to a corresponding point on the inner side. This is held in position by circular straps of adhesive plaster applied around the limb: one just below the knee, one at the middle of the leg, and another just above the malleolli. A small block of thin wood, two inches wide and three inches long, is now applied to the loop of plaster below the foot; this is held in position by a reversed strip of plaster, which serves to hold the block, and as it is carried up just above the malleoli, prevents the adhesive surface of the lateral strips from adhering to these prominences. A perforation is made in this block, into which a cord is fastened, and to which in turn the weight used in making extension is attached, the cord running over a pulley fastened to the lower portion of the bed.

A roller-bandage is next applied, covering in the foot and carried up the leg to the knee, rendering the fixation of the extension apparatus still more secure. We next need some means of furnishing lateral support to the injured limb, and this is furnished by means of these bags filled with bran and by these two wooden splints.

The splints are wrapped in a splint cloth and the long splint is applied to the outer side of the limb, extending from the foot to the axilla; the short one extends from the foot to the perineum; the bran-bags corresponding in length to the splints are now applied between the splints and the limb; these are now held in contact with the limb and body by four or five bands applied around the dressing and firmly tied.

The foot of the bed is next slightly elevated to prevent the patient slipping down, and also to allow the weight of the patient's body to act as a counter-extending force. The dressing is now completed by fastening a weight to the cord attached to the extension apparatus, and in a child of this age, a weight of three or four pounds will be amply sufficient for purposes of extension. This

dressing can be renewed as the parts become disarranged, and is generally kept on for four weeks, when it may be removed and a plaster-of-Paris or pasteboard splint may be applied for a week or two without extension, and at the end of five or six weeks the patient is allowed to get up and walk with the aid of crutches; at the end of eight weeks these may be dispensed with.

We of course expect to get some shortening in all these fractures of the femur, but in children, as I before stated, it is generally very slight, and it has been pointed out by Ollier, of Lyons, that we may even have lengthening of the injured limb, which he explains by the fact that the irritation from the seat of fracture may be transmitted to the lower epiphysis of the bone, increasing the functional activity of the epiphyseal cartilage, and thus causing increased growth of the bone.

Many other methods of dressing may be used; sand-bags may be substituted for the bran-bags and splints, or the plaster-of-Paris dressing, or moulded splints of pasteboard or gutta-percha, or you may use the double inclined plane. By the use of these various means excellent results may be obtained. But I have shown you here the dressing that we use in this hospital in cases of fracture of the femur in children who have passed the period of infancy.

FRACTURE OF THE FEMUR IN AN INFANT.

I am glad in this connection to have the opportunity of showing you this patient, an infant between three and four months of age, who by a fall from its mother's arms sustained a fracture of the right femur, and is also under treatment in the out-patient department of the hospital, under Dr. Fox's care. As the dressings which have been applied are soiled and require renewal, I will now redress the case before you, so that you may see the method we adopt in the treatment of fractures of the femur in infants.

We here employ a pasteboard splint, which is moulded partly around the pelvis and extended down the injured limb to the sole of the foot. This is moistened in hot water and is well padded with cotton, and applied to the limb and pelvis, so that the limb is almost surrounded by this pasteboard gutter, and is held in position by four broad strips of adhesive plaster, encircling the splint and limb, the last one encircling the splint and the pelvis. While this is being applied, extension is kept up by the hands of an assistant. I now apply a roller bandage, starting it at the foot, carrying it up the limb, and ending it with spica-of-the-groin turns, which include the pelvis; and this completes the dressing.

This dressing need only be changed as it becomes loose or soiled by the evacuations from the bladder or rectum. It is usually kept on for about three weeks, when it is generally found that union is quite firm in the fractured bone and all dressings may be dispensed with.

Here, for obvious reasons, there is not the same danger of consecutive shortening as there would be in an older child or an adult if the dressing were removed and the patient allowed to use the limb too soon. You will notice that we apply no apparatus for making extension in the treatment of these fractures in infants, for the reason that there is very little, if any, tendency to shortening, the muscles having little power to produce this deformity; and also shortening does not result in many cases, from the fact that the fracture is an incomplete one.

Even in complete fractures, as evidenced by the presence of crepitus and preternatural mobility at the seat of fracture, I think the periosteum frequently retains its continuity sufficiently to hold the fragments in good position.

In incomplete fractures, if there is marked deformity, it should be corrected by forcible bending with the hands, and in correcting this, the fracture is frequently converted into a complete one, but this is not a matter of much moment, as a better result is obtained as regards the correction of the deformity if this is accomplished at the primary dressing, and union progresses with equal rapidity.

It is a curious fact how little discomfort these infants appear to suffer from this injury. I have seen several cases in which the injury was undetected at the time of its occurrence, and only attracted the parents' attention as the thigh became swollen from the deposit of callus at the seat of fracture; the accident in these cases took place during delivery, and the patients were not brought to the hospital until ten days or two weeks after that time.

The dressing you have seen applied in this case, which fixes the hip-joint, the knee-joint and the ankle, is a very satisfactory one, as it allows the child to be lifted without disturbing the fragments to take the breast, or when its napkins are changed, which would be impossible were the ordinary dressings which we use in the treatment of this injury in older children applied.

You may, if you prefer, use the plaster-of-

Paris dressing, applied in the same manner, but it becomes so soon soiled by the discharges, that it requires early removal and renewal, both of which are more difficult of accomplishment than in the dressing you have seen applied. The silicate of potassium bandage may also be used in the same manner, but has the same disadvantages as the plaster-of-Paris dressing in its removal and renewal.

We in some cases use a splint moulded from hatter's felt, which acts as well as the pasteboard splint, and is not so liable to absorb or be softened by the discharges.

EXSTROPHY OF THE BLADDER.

I will take this opportunity to call your attention to a congenital deformity which this infant presents, which is known as exstrophy of the bladder, and is supposed to be due to an arrest of development during fœtal life, and consists in the absence of the anterior wall of the bladder, with a corresponding deficiency of the lower part of the abdominal parietes, and often of the pubic symphysis.

In the male, in which this condition occurs with the greatest frequency, the penis is epispadic and poorly developed, and in the female the clitoris is split into two parts, corresponding to the nymphæ, the bladder and urethra opening into or immediately above the vagina.

If you examine this case closely, you will notice this purplish-red mass protruding from the opening in the abdominal walls, which is the posterior wall of the bladder, covered with mucous membrane; the openings of the ureters can be seen at the lower part of this mass, and also the shortened and epispadic penis. You will notice also a hernia on each side, extending into the scrotum. The occurrence of hernia in these cases is quite common.

You see also the excoriated and inflamed condition of the scrotum, perineum, and thighs, from being constantly bathed in the urine, so that upon the whole these patients present a most distressing condition.

Within a few years several operations have been devised and practiced to remedy this unfortunate deformity, and have been employed with a fair amount of success.

One class of operations aim at diverting the course of the urine, and the other class aim by a plastic operation to cover the bladder and put the parts in such a condition that a suitable apparatus may be worn for receiving the urine.

The plastic operation most favorably looked upon for the relief of this deformity is that devised and employed by Mr. Wood, of King's College, London, which consists in taking a somewhat square flap from the umbilical region inverted over the bladder; two flaps are then taken from the groin on each side, twisted and secured over the umbilical flap, and in case of a male subject with epispadia a roof may be made for the urethra at a subsequent operation.

In the case of this child we would not at present recommend any operation, as it is a serious one, and is accompanied by a considerable amount of shock, so that we would rather defer it until the child is a little older.

I am glad to have had the opportunity to show you this case, as it is one of sufficient rarity to make it of interest.

Communications.

THREE CASES OF ACUTE DEMENTIA, WITH RECOVERY: ONE FROM ALCOHOLIC ADDICTION, ONE FROM OPIUM ADDICTION, AND ONE FROM DOUBLE ADDICTION, ALCOHOL AND OPIUM.

BY JOHN S. MARSHALL, M. D.,

Supt. Sanitarium and Water-Cure, Green Spring, Ohio.

During ten years' experience in the treatment of alcohol and opium habitues, there have come under the writer's observation three cases whose history and recovery are quite out of the ordinary line, and therefore may prove interesting to your readers. Mr. A., æt. 25, Pa., single, law student, was admitted in April, 1883, with the following family history: The father was a moderate drinker, and died at the age of 55 from apoplexy. The patient has three brothers, one of whom is strictly temperate, one is a moderate drinker, and the third is a confirmed inebriate. One maternal uncle died from the effect of drink, another is an inmate of an insane asylum as the result of drink. At the time of admission, and for six years immediately preceding, the excessive use of stimulants had been almost constant. Upon first examination there was present a condition bordering on delirium, with insomnia, an irritable pulse, white-furred tongue, tremor of hands, and constipation. Stimulants were continued for five days in gradually diminished quantity. In addition, tonics, hot-baths, and other sedatives were given. At the end of the third day there developed delusions complicated

with hallucinations of sight, hearing, and feeling. During the first week he became very restless, with the constant delusion that he was aboard a train and had lost his ticket, and that the conductor was about to put him off in his night apparel. The remedy which most effectually relieved this restlessness and insomnia was the very hot tub-bath, temperature 110° to 115° F., alternating with the electro-thermal bath. As time passed, his mental faculties failed, resulting in an acute dementia, with less pronounced delusions and hallucinations. For seven weeks from this time he failed to recognize the doctor, attendant, or his friends. His excretions passed uncontrolled by will. He was unable to feed himself, and in general refused food, except a limited quantity of liquids given with a spoon. Any attempt to converse with him elicited incoherent answers, showing an almost entire suspension of ideation. Accompanying this mental condition there existed an incoherency of muscular action. Not unfrequently he would wrap his bedding about him and wander around the room for hours, feeling carefully of every article of furniture, without the least idea of its use or value. At the end of seven weeks the first evidence of improvement was noticed. The facial expression was changed from a non-expressive and demented appearance to that of a calm and thoughtful one; answers to questions were generally rational, but in monosyllables, with a decided tendency to melancholia. Improvement continued during the following four weeks, and twelve weeks from date of admission his recovery was complete. The later treatment consisted of a good nourishing diet, supplemented with tonics, baths, and massage.

Mr. B., æt. 30, Ohio, married, physician, admitted to Sanitarium in June, 1884. The family history, so far as could be learned, had no special bearing upon the case. He was a quiet and industrious young man, with no tendency to excesses of any kind. He practiced his profession for six years immediately following graduation, when poor health led him to seek another climate. His choice was the high and dry lands of Colorado. Soon after reaching his destination, he suffered from dysentery, for which he used morphia. Upon the eve of recovery from dysentery, he had an attack of inflammatory rheumatism running four weeks, for which morphia, hypodermically, was administered. In due time he recovered from the rheumatism, but with recovery failed to discontinue the use of morphia, which had now become a fixed habit. The use of the drug gradually grew upon him, until at the end of two years he came to us for relief, with a history of having taken from twenty to thirty grains daily for six months just previous. A few days prior to his admission, the friends noticed a slight change in his mental condition. In an attempt to say something, he would utter three or four words and stop, and make a second attempt, usually with better success. Accompanying the mental failure there appeared a muscular incoördination, involving, particularly, the extremities. His gait was very similar to that of a drunken man. In an effort to take a cup from the table he would reach for it and miss it. This was his condition when first seen by the writer. As the mental aberration grew worse, the appetite for morphia grew less, until, at the end of two weeks from the beginning of the mental derangement, the system failed to respond to the stimulus of the drug, and consequently the craving for it ceased. The result was a gradual development into acute dementia, with almost complete muscular and mental incoördination.

This case differed from the preceding one in that there were no clearly-marked delusions or hallucinations. During the entire attack he remained entirely passive, offering no resistance to anything that was done for him. The calls of nature were responded to only by the stimulus of going to stool, as were those of eating by the assistance of the attendant in feeding him. By persistence in a liberal diet, the use of tonics, stimulating baths (water and electro-thermal), and massage, continuously for four weeks, the light of a new mental world began to dawn upon him; and so rapid was his recovery that at the end of ten weeks from date of admission, he was discharged, and at the present time is well and doing a fair practice.

Mrs. C., æt. 33, Iowa, married, housewife, mother of three children, the youngest three years of age. Her second confinement was a tedious one, resulting in poor health for many months immediately following. In the course of treatment, the physician prescribed a glass of ale three times daily. The direction was followed for months purely as a medicine. In due time she recovered her health, but with the recovery failed to omit the ale, and at the end of a year from date of confinement, the habit had become fixed with her. She grew rapidly in flesh from 135 to 195 pounds. Her third and last confinement was an easy one, but seemingly from the beginning of the last gestation,

four years ago, there was a noticeable change in her mental condition. She became so irritable at times that she would throw her children about, regardless of their feelings. During one of these fits of temper, as her husband called them, he shut her in a room to prevent possible injury to the children. The experiment resulted in her breaking everything in the room, even the door of exit. These apparently concealed epileptoid furors increased both in frequency and severity, until during the last two years there was a regular series of such scenes as the one just related. While her husband is a gentleman of culture and refinement, and withal most circumspect in his conduct, yet if she were overcome by one of these furors at a public entertainment, she would stop short in the midst of a dance, perhaps, and compel the husband unceremoniously to go home, and the remainder of the night would be devoted to an almost continuous stream of abuse against him for undue familiarity with other ladies. She even compelled a younger sister who was living with her to leave, because of jealousy. During 1884 she suffered greatly from temporal neuralgia, coming on in the after part of the day, and becoming most severe about bed-hour. It was her habit at that time to take a bottle of ale during the day, and from one to three between tea and bed-hour. The headaches reached such a degree of severity that she felt compelled to resort to something which would both relieve pain and produce sleep. Early in 1884, and for some time before her husband had any knowledge of the fact, she was taking Brown-Sequard's anti-neuralgic pills. At first it was her custom to take from one to three of these pills during the night, but as their effect grew less she gradually increased the number, and later admitted having taken seven in a single night. When she was unable to procure the pills, her husband was persistently importuned to get something for her relief, until, to preserve peace, he would apply to a physician, who usually gave a preparation containing some form of opium. Thus she continued the double addiction for a year prior to admission to the Sanitarium in January, 1885. She came voluntarily and alone, and expressed herself as willing and anxious to get rid of a most unfortunate habit. When at her best mentally, she expressed herself freely concerning her husband, and admitted him to be a most excellent man and at the same time much abused by her jealous epithets. Upon admission, the ale was discontinued, and instead, stimulating doses of the fluid extract of coca with quinine and nux vomica. At the end of a week the coca was omitted and the tonic continued. As was to be anticipated, she complained almost continually of headache, for which I gave an anodyne, consisting of cannabis indica, conium, sodium bromide, and chloral hydrate, and found she took readily to anything of this nature, which would relieve pain or in the main supplant the effect of morphia. At the end of four weeks all stimulants and sedative medicines were discontinued, and we were left to rely wholly upon the sedative influence of the various baths and massage. The furors came and went with unabated energy. The doctor, the matron, the attendant, and all who had to do with her, shared the fate of the husband. It was with the greatest difficulty the writer could convince the attendants that these freaks resulted from a disordered brain, and not wholly from an ill temper. They were of one accord in their desire to be relieved from attending to her wants, which were almost without number, and the most unreasonable. Two weeks after all stimulants had been withdrawn, one of her furors culminated in a collapse of the mental faculties, accompanied by delusions and hallucinations. Most prominent among the latter was the one that electricity was continually being carried into the room over the wire of the electric call-bell, and unless a method of escape were offered it, she would soon succumb to its influence. Possessed with this hallucination, she would raise the window full, with the thermometer 15° below zero, and stand by the hour with the body exposed, if allowed. When the window was securely closed, she would kick the glass out. Another dominant hallucination was that a number of children, among them hers, were locked in the basement, and their cries annoyed her night and day. Owing to these hallucinations, and for two weeks from date of their development, she was very demonstrative, and required vigilant care to prevent accident to herself and the destruction of furniture. Food and medicine were refused a greater portion of this time. Immediately following this period of excitement, she gradually settled into dementia, remained in bed, except as she was assisted about by the attendant, and ate only as she was fed. She remained substantially in this condition for three months. Her husband came and remained four weeks, during which time she failed to recognize him. When he left, discouraged as he was, I gave him a favorable prognosis, and for further encouragement related

the history and result of the preceding two cases. At the beginning of the fourth month a favorable mental change was perceptible. One noticeable and interesting feature in her improvement was that as she began to emerge from the dementia, her first rational ideas reverted to the persons and transactions which last concerned her just preceding the mental collapse. The mental impressions last made were the first to be revived. After three months of almost complete inertia of the brain, those thoughts which occupied the mind when ideation was first suspended, were reproduced to her as vividly as though but twenty-four hours had intervened. As time passed, older brain impressions were revived in almost the exact reverse order of registration, until at the end of two weeks from the beginning of her improvement she, for the first time, inquired for the husband and children whom she had not seen for about six months, and consequently impressions registered six months previous to the collapse were two weeks in being revived after improvement began. She continued to grow mentally strong without hindrance, and when she learned of her husband's intended visit the middle of June, she anticipated it with pleasure. She left us the first of July, feeling that she had been amply repaid for the sacrifice made in ridding herself of the double narcotic addiction.

From a history of the three cases just related, the following observations may be noted. In young persons with a comparatively good constitution, in which the habit has been formed within a recent period of a few years, and acute dementia accompanies or supervenes on withdrawal of the stimulant, the prognosis is favorable. In persons of middle life, or older, with a habit of many years' duration, accompanied by dementia, and in whom the brain ceases to respond to stimulants, the prognosis is unfavorable. In confirmation of the latter statement, the writer has at present an opium habitué who was admitted in July, 1884, æt. 41, druggist, the habit dating back ten years. There had been no inclination to take the drug for six weeks just preceding his admission. For years before, it was his custom to take from one-half to one pint of laudanum daily. He was admitted in a state of dementia which lasted nine months, and from which he has partially recovered, but still has both delusions and hallucinations. The prognosis in this case must necessarily be guarded, as the indications already point to existing organic cerebral changes.

Another illustration may be found in the case of a woman admitted in March, 1885, æt. 55, with a history of having taken from five to ten grains of morphia for fifteen to eighteen years. When admitted her condition was a most lamentable one. She was completely demented, and unable to recognize her daughters. She required as much attention as an infant, and six months later, without any indications of improvement, death came to her relief.

Another observation may be noted: where stimulants and anodynes are indicated and prescribed, the general tendency in the profession is to ignore or overlook the danger to be apprehended. In nine cases out of ten the foundation for the opium habit is laid by the physician's prescription. This prescription, the contents of which is often unknown to the patient, is filled and refilled, until the habit is insidiously fixed and controls the patient. The writer is more impressed year by year with the apparent carelessness of physicians in giving dangerous prescriptions to their patients. If every practitioner will exercise the utmost caution in the use of these drugs, and will observe carefully the effect and also the tendency of his patient, and omit their use at the earliest possible moment, we shall have a smaller number of habitués.

In conclusion, I desire to emphasize the very satisfactory results obtained by the liberal use of baths and massage, as an element in the treatment of both alcoholic and opium cases.

SEVEN CASES OF DIGITAL EXPLORATION OF THE BLADDER IN THE MALE,*

BY WILLIAM T. BELFIELD, M. D.,

Of Chicago.

Case 1. A patient 58 years old, who had been treated for several years, by various physicians, for cystitis and prostatic enlargement; complete retention had occurred several times. A diagnosis of villous tumor of the prostate was made, the nature of the growth being predicated upon the semi-gelatinous state which the urine presented after standing for a few minutes—an almost pathognomonic symptom when present. Exploration revealed a small villous growth just to the left of the urethral orifice in the bladder; and imbedded in its meshes were found two stones, as large as a pea and a bean respectively, whose existence had not been suspected. Patient made a rapid recovery, and

* Read before the Chicago Medical Society. (Abstract.)

was entirely free from his old complaint three months afterwards.

Case 2. A boy 17 years old had for two years suffered from frequent and painful urination, during which time considerable pus was constantly present in the urine. A probable diagnosis of tuberculosis of the urinary tract was made, and was confirmed some time afterward by the discovery of the characteristic bacilli in the urinary pus. At the urgent request of the parent the bladder was explored, with negative result. Some months afterwards nodular enlargement of the prostate and epididymis were developed. Patient's symptoms unimproved by the operation.

Case 3. A man 63 years old, in the last stages of chronic cystitis, was admitted to the county hospital. Had been treated for enlarged prostate. No enlargement of this gland could be recognized, but there was found, upon rectal examination, a collection of calculi occupying the exact site of the left seminal vesicle. Upon exploration of the bladder it was found that these calculi were contained not in the vesicle, but in a diverticulum of the bladder, where they were completely encysted and covered with mucous membrane. This covering was torn and seventeen stones were removed. The patient's condition was much improved for two weeks after the operation, but at the end of six weeks he died.

Case 4. A man 38 years old, suffering from all the symptoms of an extremely tight stricture of the deep urethra. No stricture could be found. Upon exploration of the bladder there was discovered a pedicled cyst attached to the upper orifice of the urethral opening, and completely occluding the urethra like a valve; the tumor appeared to be as large as a small walnut. During an attempt at removal with forceps the cyst collapsed, about half an ounce of clear fluid escaping. The patient recovered rapidly, and has since remained quite free from urinary irregularities. This appears to be the first recorded instance of simple cyst in the male bladder.

Case 5. A patient 38 years old, admitted to hospital in a typhoid condition, suffering from cysto-pyelitis, for which no cause was discovered. Exploration of the bladder showed nothing abnormal. The cystitis and pyelitis subsided completely. When patient was able to leave the hospital, it was discovered that he was suffering from an incipient myelitis.

Case 6. A man 31 years old, admitted to hospital with violent and fetid cystitis. It was found impossible to pass any instrument over a prostatic obstruction into the bladder; from the rectum the prostate was found irregularly enlarged. Upon exploration of the bladder, a malignant tumor, involving the prostate and a large part of the bladder wall was discovered. Complete anuria ensued, and death from uræmia on the fourth day. At the autopsy, hydronephrosis of the left kidney, caused by a pipe-stem calculus of the ureter, was discovered.

Case 7. A man 59 years old was admitted to the hospital for a chronic cystitis of fifteen years' standing, caused by prostatic enlargement. Perineal incision was made for temporary relief. Three weeks later a portion of the obstructing prostate was removed through the perineal wound by the galvano-cautery. Complete recovery; the patient, who had for two years been practically unable to urinate except through a catheter, now passed water freely without assistance: the cystitis subsided. Nine months afterwards, acute uræmia and death. At the autopsy, small cirrhotic kidneys were found. This is believed to be the first case recorded in which a considerable portion of the hypertrophied prostate has been deliberately and intentionally removed.

On concluding his paper, Dr. Belfield spoke of a case which came into the hospital in a state of extreme exhaustion, evidencing violent cystitis. Urine containing pus was passed every fifteen minutes, with extreme pain. It was impossible to get an instrument into the bladder more than half an an inch. The man was half unconscious, and could give no history, but by rectal examination it was discovered that the prostate was very much enlarged in the left lobe, the right lobe appearing normal in consistency and size. The doctor thought this almost a proof that in a man of this age, 31, the seeds of tuberculous disease were present. The bladder was opened, and the finger inserted in the usual way, discovering a malignant growth covering an inch and a half of the left wall of the bladder. After the operation the patient passed half an ounce of urine, but died in three days from uræmia. The bladder and kidneys were secured and found to be the seat of extensive hyperinosis, caused by a calculus. Another case was that of an emaciated French Canadian, who had had trouble for eighteen years, and had depended entirely for urination upon the catheter for two years. The usual perineal incision was made, and a portion of the prostate removed. The operation was successful, and the man was able to do without the catheter, although Dr. Belfield advised its

use once a day. In June he had a slight attack of cystitis, due to the fact that he had persisted in ignoring the advice in regard to the use of the catheter. About the 10th of September he was taken with uræmic convulsions, and died on the 18th. The last few days the urine became cloudy again. The bladder and kidneys were secured, and a channel found in the prostate large enough to admit the forefinger. Dr. Belfield thought it would have been better to have cut down from above in the hope of relieving the prostatic tumor.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

Service of Dr. Morris Longstreth.

Specimens of Tuberculosis.

I want to show you first to-day some very interesting specimens from a case of tuberculosis, interesting because of the doubt that attended the case from a diagnostic point of view. You will some time or other, no doubt, encounter such a case as this, and you will find yourself surrounded by all manner of doubt in coming to a conclusion as to the nature of the disease that is troubling your patient. The patient, who died but a day or two ago, had been in the hospital since the 24th of last November, and from her history we learned that she had been taken sick three weeks before that date. We were unable to communicate with her for a very unusual cause; we have frequently in the hospital Italians, whom other Italians cannot comprehend because they use some peculiar dialect, but in this case the difficulty of communication arose from the fact that the woman could only speak Irish, and it was only for a few days that we happened to have a person in the hospital who was able to converse in this nearly extinct language. During this brief time, we found out that while hard at work, having been well before (though you must learn that this is a very relative expression, some persons considering themselves well when they are not confined to bed), she caught cold at a menstrual period, in consequence of which she was compelled to abandon work. Her principal complaint was severe pain in the abdomen, and when she came into the hospital there was very great abdominal effusion, in consequence of which the diaphragm was pushed up and there was great shortness of breath. The pain was mostly in the region of the liver, and at that time there was considerable jaundice. It looked very much like a case of peritonitis and perihepatitis, which, by causing pressure on the bile ducts, gave rise to the jaundice. The condition of the effusion varied very much, being sometimes greater and at others lesser. At one time there was a pleural effusion, not merely a dropsy but also a true inflammation, for we could hear friction sounds at the base of the chest on both sides. There was steadily progressing emaciation, without the occurrence of any other special features save the general symptoms that I have indicated. Dr. Da Costa, under whom the patient was for a time, concluded that there must be tubercular disease, but the question was as to where the disease was located and what was its origin. The post-mortem helps us somewhat in arriving at a conclusion. We should say that as a result of the cold the woman had peritonitis, the occurrence of which was favored by the fact that the cold was contracted during the menstrual period, when, of course, all the abdominal viscera are engorged with blood. Now, we must recognize the fact that before tubercle can be deposited in any part there must be a suitable soil generated therein, at least before the tubercle will thrive and multiply. Cheesy degeneration or chronic inflammation will so change a part as to make it congenial soil for tubercle, and these changes may, of course, occur indifferently on either serous or mucous membranes. This supplies the necessary basis for the miliary deposits; some breaking down of the products of inflammation, which condition must necessarily pre-exist. This fact was never doubted until Koch came forth with his doctrine of the etiological significance of the bacillus; but in spite of these recent alleged discoveries, the anatomical fact still remains that we must have this condition to favor the deposit of tubercle. In this case we must look to the peritoneal cavity as the seat of the inflammation that has caused these necessary changes. The greatest amount of tubercular deposit is to be noted in the upper part of the abdomen, which is what we would have a right to expect, for it is in the upper part that we have the most clogging, the most interference with the circulation, the lower part being especially occupied with the serum. The principal adhesions are found about the liver, duodenum, and stomach, and it was in this region that the woman suffered the most pain and that there seemed to be the greatest interference with the proper performance of function, and this very fact served to mislead us in reference to the nature of the

case. See this tubercular deposit over the peritoneum. In some cases the tubercles will run together. There is one symptom of abdominal tuberculosis that is nearly always present; I refer to diarrhœa, which is caused by tubercular ulceration of the intestine. This symptom was wanting here, for, as I have said, nearly all the symptoms that we had were progressive emaciation, pain, and at one time jaundice. We now know why there was no diarrhœa during life, because we find that there is no ulceration of the intestine. Here you see these black spots in the rectum, which indicate that ulceration would have soon occurred, but it had not yet taken place. When we look at the spleen, we find that it is the seat of chronic inflammation, there is not very much tubercular deposit, but the capsule is greatly thickened. The spleen is such a fixed organ, it is so little movable, that when inflammation occurs in its vicinity it is very apt to be bound down by the organization of the inflammatory deposits. Even when, by the naked eye, you cannot see tubercle, you can feel it; when you pass your hand over the surface of an organ, they feel like grains of sand. During life the stomach was irritable and refused food, but the act of swallowing was not accompanied by any pain. We do not find any marked changes in the stomach; the coats are somewhat thickened, the surface congested, but there is no ulceration, no black spots. Let us now turn to the liver. The pressure caused by the effusion has forced the liver up and compressed it, so you see what a peculiar shape it has assumed. On the under surface, about the site of the gall-bladder, there is a mass of inflammatory matter and a deposit of tubercle, and this fact explains to us the occasional occurrence of jaundice, for we can understand how the pressure thus exerted would sometimes interfere with the outflow of bile, which would be then retained, re-absorbed, and jaundice would result. In some cases of chronic peritonitis, there is an enlargement of the lymphatic glands, and if this should occur in those that are located along the course of the duct, even though there may be no adhesions, we can understand how and why jaundice will sometimes occur even in simple chronic peritonitis. We can press the bile out here, because the releasement that is allowed by the removal of the organ enables us to do so, because in this case there has been no actual diminution in the calibre of the duct, but the obstruction has been caused entirely by pressure from without. The liver is very fatty; you can see when I make a section how the oil globules show on the blade of my knife. During life there were no symptoms referable to the kidneys, and as we therefore supposed, we do not find anything wrong with them. The capsule is somewhat thickened, but this is purely an external affair, due solely to the peritonitis; the capsule is not at all adherent, and you see I can readily detach this extra inflammatory layer. When we come to the lungs, we find, as we had supposed, that there has been a pleurisy, and I can pick up a layer of the pleural surface that has become very much thickened. There are a few tubercles in the lungs, but the principal condition that we note is that of pressure. Here is a fresh tubercle; you see the white spot in the centre, with a little circle of redness surrounding it; there is an interference with the circulation and a consequent congestion, almost like an abscess. When still fresher, we see only a red spot, the white spot being discoverable only by the microscope. This case teaches us a very important lesson in reference to diagnosis, as to cause in cases of chronic peritonitis.

Chronic Meningitis.

This case I bring before you to call your attention to the results of treatment. The patient is a married woman, aged twenty-four. Since she has been in the hospital she has been suffering from chronic meningitis, and at one time her case seemed perfectly hopeless, most likely from the point of view of saving life, and almost surely from the view of a restoration to mental soundness and usefulness, even though life might be saved. About the only mental effect of her illness that now remains is that she persistently denies that she is married. Ten years ago she had some kind of a continued fever, coming on after a prolonged exposure to the sun, but we are not able to say whether the fever was the result of this exposure, or even a coincidence. At all events, she surely suffered either from cerebro-spinal meningitis, or from the effects of sun on the brain, either of which suppositions is admissible. When the nervous centres were once so profoundly affected they would be very liable to future derangement when there was a cause. The present attack was ushered in by the ordinary prodromes; there was fever for a week, or may be two weeks, before the attack. The disease commenced last October, when there was, as I have said, continued fever, and diarrhœa, that closely resembled the prodromes of typhoid fever. The temperature record shows us that the fever was about at an end when she came into the hospital, and

it was dropping down just as we see it in typhoid. Hence, we were excusable in supposing that we had to do with a case of typhoid fever. The temperature remained about normal until November 10 (she came in on October 23), when the head symptoms commenced. On that date there was a rise in temperature, and she became delirious. We at first thought that she was experiencing a relapse of the typhoid fever, but the principal phenomena, the head symptoms and the course of the temperature, did not bear out this idea. The fever was very irregular, and she was at all times delirious, sometimes violent. There was great tenderness about the neck; in fine, there were all the evidences of an active meningitis. She was placed on a water bed, for bed-sores were developing. As soon as we recognized the meningitis she was placed upon the use of iodide of potassium, which was continued; but about the middle of January the case seemed absolutely hopeless. We could not communicate with her, and we felt that we could do nothing more. She lay in bed as stiff as a log, with bed-sores all over her, wherever there was pressure; and indeed I cannot too strongly picture her desperate condition. At this time the iodide was stopped, because it seemed to derange the stomach, and because we regarded the case as hopeless. But shortly thereafter an improvement was noted, and as fresh hope was inspired we commenced to give her Fowler's solution, and while the greatest improvement was noted during its use, yet I think the prolonged use of the iodide did the most good. Have you ever seen a brain covered with thick lymph, the nerves covered, almost strangulated, as they emerged?—if so, you can readily understand this woman's condition: the ventricles were also probably full of liquid, so that there was also pressure from within as well as from without; the brain was in a vise, as it were; she was literally without a mind, she was leading a vegetative existence. After the active inflammation has exhausted itself, then, of course, there is a great deal of lymph, which, in organizing, tends to contract. To get rid of this effused lymph there is nothing better than iodide of potassium. The first evidence of improvement, after the woman had been in this vegetative state for a long time, was a desire to read; following this came an ability to walk. As you see, she does not walk very well now, but this I attribute to the fact that she has on a pair of ill-fitting, much-worn slippers. I want to caution you about this point. I once had a case where I had nearly diagnosed a grave nervous disease from the patient's locomotion, when, upon further examination, I found that she had on a pair of shoes where one heel was good and one was much worn, which accounted for the peculiarity in the walking. All her functions are now doing well. There is one other instructive point to which I forgot to call your attention. In the earliest days of the disease, when she first came in, she complained of her mouth; I looked at her tongue and lips (the neck was too stiff for me to examine the throat), and I found a violent stomatitis, which was caused by the presence of false teeth, which, owing to the sickness, had not been cleaned. This is a point that you should always remember; when administering ether, always remove any false teeth, lest they may be swallowed or fall into the windpipe; when one is taken sick among strangers, the last thing they would think of would be the presence of false teeth. It may be that there is not a full set of false teeth, but only one or two, and you cannot imagine how much trouble they may cause.

The Finger-nails in Disease.

Here is another patient with whom we have not been able to communicate. I bring her before you, not because I know very much about the case, but because I want to call your attention to the fact to which I have referred in previous lectures, that there is considerable significance to be attached to the conditions of the nails in disease. She is a Russian girl, about fifteen years of age, who was brought into the hospital yesterday. She had been working very hard, lifting heavy weights, and about four weeks ago she commenced to suffer very much from headache; she became pallid, and was troubled with shortness of breath. I do not know whether she had any fever at that time, but in her finger-nails I read the record that she has been in poor health for some time. She is pale and anæmic, and has a whitish tongue. Such conditions are very common, and when you are in doubt about whether a patient has been really ill for some time or not, always look at the nails. They will tell the history. Suppose, for instance, the patient is a man whose work compels him to have his hands in something that will stain the nails; if he tells you that he has been unable to work for six weeks, you will know he is not telling the truth if you find the nails completely stained down to the matrix; if his hands have been away from work, that part of the nail that has grown since his absence from work will be clean. I once had a sailor

who desired to pretend that he was sick until after his ship left port, that he might escape the voyage; he claimed that he had been unable to work for some time, but his pretense was discovered by the fact that his nails were stained all the way down from the handling of tarry ropes. In this girl's nails about the base there is a space, a depression; and when I speak of a depression I do not refer to the usual white place always noted about the base of the nail, but a true depression. I see it less plainly on the thumb-nail, because this nail grows more slowly than the nails of the fingers. These depressions evidence an interference with the nutrition of the nails, which is a part of the general interference with nutrition, dependent upon the lowered vitality of the patient. Simply seeing these depressions on one hand, however, does not tell the whole story, for they might be due to the fact that the bones of one arm had been broken; but when we have them on both hands, and on the feet as well, we know that there has been some general disturbance. If one finger only is involved in the trouble, then we will have the depression confined to that one nail. The markings are not distinct enough here to warrant me in supposing that the girl has had a continued fever, so that I am inclined to think that she has been overworked and that her nutrition has suffered in consequence.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

Service of D. Hayes Agnew, M. D.

Green-Stick Fracture.

This little child fell off a chair and we have a very fair example of a green-stick fracture, which you understand to be a condition of affairs where only one-half of the fibres of the bone are broken, the others being bent, so that the limb (in this case it is the arm), while bent, is yet fixed in that position, and there is not the mobility of a true fracture. Now I grasp the arm with both hands, and placing my thumbs against the deformity, endeavor to forcibly straighten it. Now I hear the fibres yielding as the bone becomes straight. I will place two little splints on the arm, and we are done.

Here is another case very similar to the last, the accident having occurred four weeks ago. Having been so long out of position, I may not be able to accomplish straightening as readily in this case as I did in the last; but if I cannot I will apply two splints and applying them tighter and tighter, gradually day by day, ultimately we will secure reduction. Such is not necessary here, for you see I have secured reduction the same as I did in the first case, and the dressing will be the same.

Wen.

Here is a little tumor in the cheek; it is cystic, and I will tell you that such swellings are very common on the face. Owing to the adherence of some foreign matter or of an inflammation, the orifice of a sebaceous gland becomes occluded; as a consequence the secretion of the gland becomes imprisoned, it accumulates, distends the follicle, and thus we have the tumor formed. If it is allowed to remain, sometimes an inflammation will develop which will glue the sac to the skin, then the skin will inflame and an abscess will result. We may empty these sacs, but they will fill again; and the trouble will never be thoroughly removed until we perform a radical operation, which consists in the removal of the sac; we must remove the cyst. I apply ice to the tumor to benumb the sensibility. If it happens that during the operation you should empty the cyst so that it becomes collapsed, then it will be necessary for you to distend it with lint in order that you may dissect the sac away. While all operations about the face usually heal nicely, yet it is better that you should provide drainage; for you know that erysipelas of a dangerous character, that may extend to the brain, is not uncommon after traumatisms about the face. To secure this drainage we can use a few threads of catgut, which I think is better than a tube.

Carcinoma of the Breast.

To-day I propose to operate upon this case of carcinoma of the mammary gland. You will remember that I showed you the patient a week ago, when she first came into the hospital, but she was then so much run down that I concluded that it would be better to wait until I had given her some preparatory treatment in the way of building up, before I attempted to operate. The history of the case is that the disease commenced about a year ago; for a while it was stationary, but lately it has grown very rapidly, and the woman complains of the characteristic shooting, radiating pain, so commonly seen in cancer. There is no involvement of the axillary glands that can be detected by pressure, though of course we cannot always so tell whether they are involved or not. I would lay down the rule that when, as you proceed in the operation, you find that the axillary glands are involved, you should re-

move them all; not merely those that are obviously affected, but *all*—because, though some of them may not be affected to the eye, yet the germs of disease may lurk therein, and they may serve as a nidus for the further spread of the disease. There is no disease that is more irregular in its course than is carcinoma; no two cases are alike, and you must be prepared for this diversity, else you will be deceived in your diagnosis. Some cases are very slow and tardy in their growth, while others grow very rapidly. In some cases there is atrophy, in some hypertrophy of the mammary structure. In chronic cases, that are not progressing, my advice would be to let the knife alone, not to touch the case. I would say that the rule is that an operation never prolongs life; it is justifiable because it relieves the mental worriment that the disease occasions, but it will not prolong life. Women quacks and certain cancer doctors will recommend the removal of the cancer by caustic, but such a procedure will cause very great pain, and will leave a very large ulcerating surface. I would say, as a general rule, that the comfort of life is increased by the operation. When I am asked whether the disease is likely to recur after operation, I always answer that it is sure to develop again somewhere. I have had one case where a period of fifteen months, another where ten months, and a third where one year had elapsed since the operation; but in these cases no careful microscopical examination had been made, hence I am in doubt about the correctness of the diagnosis; for I would enunciate the rule that in those cases, of which we occasionally hear, where eight or ten years have elapsed since the operation, without a recurrence, there has been a mistake in diagnosis. But this makes no difference really, for there are many cases of non-malignant growths where removal will be properly called for. Look at the surface of this breast; see, it is smooth, there are no nodules, it might be mistaken for a sarcoma; but we have one very distinctive and characteristic feature in the adherence of the skin, which is rare in sarcoma and very common in carcinoma, even from the very early history of the case. In such cases the skin is implicated, and it must therefore be sacrificed. We will often see little papillæ over it, which mark the site of the follicles.

—A Berlin woman lately attempted to kill herself by drinking five ounces of kerosene. She became unconscious, but was fully restored to health in three or four days.

Medical Societies.

PHILADELPHIA CLINICAL SOCIETY.

Stated meeting, January 22, 1886. The President, Dr. E. E. Montgomery, in the chair.

The following officers were elected for the ensuing year:

President.—Dr. John B. Roberts.

First Vice-President.—Dr. Clara Marshall.

Second Vice-President.—Dr. Daniel Longaker.

Treasurer.—Dr. L. Brewer Hall.

Recording Secretary.—Dr. I. G. Heilman.

Corresponding Secretary.—Dr. Rebecca S. Hunt.

Reporting Secretary.—Dr. Mary Willits.

Councillors.—Drs. Henry Beates, Troth, Henry Hartshorne, Hanna T. Croasdale, Susan P. Stackhouse.

Occlusion of Steno's Duct.

Dr. John B. Roberts mentioned a case in which there was a transudation of fluid on the cheek, in the region of the parotid gland, during mastication. On examination of the buccal opening of Steno's duct a muco-purulent fluid was pressed out. A probe was introduced into the duct for an inch or more, and the canal stretched. On the return of the patient, a day later, he reported that the transudation was less than it had been. The duct was again dilated with the probe. No calculus was found either time the probe was used. The patient had suffered from an abscess in this region three or four years ago, but the cicatrix did not seem to be located over the line of Steno's duct. On the introduction of the probe into the duct an inch or more, the end could be distinctly felt through the skin of the cheek, but it may not have been abnormally perceptible.

Dr. Roberts said that he did not understand the pathology of the case, but believed the fluid to be saliva. He had intended to collect some for chemical testing on blotting paper, but the patient returned to the country. Perhaps the occlusion of Steno's duct was due to inflammatory changes—a catarrh, in fact—and the occlusion dammed up the saliva, which in some way, by effect of pressure, found its way into the sudoriferous and sebaceous glands or ducts, and thus reached the surface.

Dr. Henry Hartshorne said that he had seen such a case while he was a student of medicine. The exudation was in the region of Steno's duct, and there was moisture

enough to necessitate its removal by the handkerchief. He could not remember whether it occurred only *during* mastication or not.

Dr. Clara Marshall said that in reading the article on belladonna in Ringer's *Hand-Book of Therapeutics*, she noticed the following statement:

"In the curious case of a middle-aged man who suffered from excessive sweating of both cheeks while eating, the sweating ceasing immediately after the meal, ten drops of tincture of belladonna thrice daily checked the sweating completely."

It is barely possible that in *this* case the secretion was a transudation of saliva.

MARY WILLITS, M. D.,
Reporting Secretary.

1527 *Green street.*

NEW YORK ACADEMY OF MEDICINE.

Regular meeting, February 4, 1886. A. Jacobi, M. D., President, in the chair.

The Intra-Cerebral Tracts: Their Physiology, and its Bearing upon the Diagnosis of Lesions of the Centrum Semi-Ovale.

Dr. M. Allen Starr read a paper with this title, which was followed by one on

Permanent Drainage in Ascites.

By Dr. Aug. G. Caillé, who preceded his general remarks by the histories of two cases of cirrhosis of the liver, with marked ascites, in which after several tappings he finally resorted to permanent drainage. A rubber canula was left permanently in place through an opening in the median line between the umbilicus and symphisis pubis, in one case for nine weeks, and in the other for seven weeks. The patients, who had been great sufferers from dyspnœa, loss of appetite, œdema, constipation, cardiac weakness, purpura, etc., were much relieved, and were enabled to live a comfortable existence. There was no return of the ascites after removal of the tube. The disease of the liver, of course, remained, and the patients finally died, in one death taking place suddenly, probably from heart failure, but an autopsy was not allowed. In the other case the autopsy revealed cirrhosis of the liver and fatty degeneration of the heart. There was no peritonitis. In the second case the drainage had been conducted to a bucket through a rubber tube connected with the canula. In neither case did inconvenience result from the procedure, except that in one eczema existed for a few days under the dressing about the abdominal opening. Dr. Caillé thought there was less danger of peritonitis from such an operation in ascites than there would be under ordinary circumstances. So far as the experience went, he thought the operation was one worthy of repetition in similar cases.

The President had seen some cases in which a spontaneous rupture had taken place from overdistension in ascites. It usually occurred at the umbilicus. He thought it was preferable to operate, and choose the place for making an opening. He related a case in which permanent drainage was made after having commenced an operation for an ovarian cyst. The mistake in diagnosis had been made from the fact that peritoneal adhesions had limited the extent of the ascites. A glass drainage-tube was left in the abdominal opening six weeks, and the patient was much relieved. He had heard since she left the hospital that there had been a return of the ascites. She would probably finally die of tubercular peritonitis. Since learning of Dr. Caillé's operation he had resorted to it in one case of cirrhosis of the liver with ascites, and it was followed by relief of the distressing symptoms; but the patient had been in a dying condition for some time, and he expired a few weeks after permanent drainage had been established. The President recommended small doses of bichloride of mercury long continued for interstitial inflammations in the liver, kidneys, brain, etc.

THE BALTIMORE ACADEMY OF MEDICINE.

Stated meeting held February 16, 1886.

Raynod's Disease (?)

Dr. A. B. Arnold related an interesting case that had recently come under his notice; it occurred in a man, a stoker on a steamboat. The patient presented the following lesions: From the first finger of his right hand the last two phalanges had disappeared, and from the ring finger of the same hand the last phalanx had dropped off. On the left hand the last phalanx of the thumb was gone, and the last phalanx of the little finger had loosened preparatory to spontaneous amputation. He considered this a case identical with three described by Raynod, all of whose cases occurred in men following the same occupation (stokers), and all having lost portions of their fingers in manner similar to Dr. Arnold's man.

The pathology of the affection is very ob-

scure. The patients complain of no pain whatever, and as a rule are in a tolerably good general condition.

Around about the stump in Dr. Arnold's case everything was perfectly normal, not so much as a dry eczema being present. The only other lesion that he could detect on the man's body, was an ugly excoriation in the palm of the left hand, which he did not think bore any relation to the special condition referred to.

He had seen another case with a similar loss of portions of the fingers, but the condition about the stump suggested elephantiasis.

Dr. J. Edwin Michael said he thought he had seen the same case, as the man had been making the rounds of the different hospitals in the city. It was his impression that the same case had been reported some time since in the *Journal of Cutaneous and Venereal Diseases* by Dr. Robert B. Morison, of this city. He said when he saw him that the lesion in the palm of the left hand, to which Dr. Arnold had referred, communicated with a sinus which ran for some distance up the forearm, and from which pus could be squeezed, but when the patient left the hospital the palmar wound had entirely healed.

Dr. J. J. Chisolm had seen one of these cases some years since, but took it to be elephantiasis.

Dr. Michael agreed with Dr. Arnold in not thinking it of syphilitic origin.

Dr. Arnold said in answer to Dr. Chisolm's question: "How does it differ from leprosy?" that there is no anæsthesia, no false œdema, etc.

Dr. Henry M. Wilson wished to know if leprosy was not on the increase in this country.

Dr. Arnold said that recently several cases of true tuberculous, anæsthetic leprosy had been imported into this country, and had been reported.

Dr. J. J. Chisolm said he recalled five cases of true tuberculous leprosy, two of which occurred in persons with whom he was personally acquainted. These cases he had seen while engaged in the practice of medicine in South Carolina. They occurred in natives, whose parents were also born in this country. They all occurred in white males.

Dr. J. Edwin Michael referred to a case reported by Dr. I. E. Atkinson, which existed and had its origin in Baltimore City. It was in a white woman. This too was true tuberculous leprosy.

Dr. Frank Donaldson, Jr., then read his admission thesis, entitled

Diaphragmatic Pleurisy.

It will be published in the April number of the *International Journal of Medical Sciences.*

Urethan.

Dr. John N. Uhler called the attention of the Academy to the new hypnotic, urethan. He gets most favorable results from its use. It is not disagreeable of taste, causes pleasant refreshing sleep, and is devoid both of nauseating and bad after effects.

He gives it in doses ranging from five grains to twenty-five grains, fifteen grains being the average. He substitutes it very effectually for chloral, paraldehyde, and opium. He has not used it as an anodyne, but only as an hypnotic. Considers its effects intermediate between chloral and paraldehyde.

Dr. J. J. Chisolm referred to a case that illustrates the rapidity of restoration to sight after operation in cases of complete glaucoma. In this case vision was perfect after ten days.

Dr. Samuel Theobald referred to some interesting results he had recently obtained by the use of salicylate of sodium in iritis, occurring in patients with a history of inflammatory rheumatism.

Three weeks ago a young lady had called to see him—she had a most intense plastic iritis—pupil perfectly immovable. She had only perception of light, and could not count fingers at the ordinary distance. She was ordered sodium salicylate, and in a few days she obtained much relief. This salt was then withdrawn and iodide of iron ordered. She did well until the end of several days, when she reappeared complaining of the same trouble, which increased in intensity, until at the end of two days she was in same condition as originally. The salicylate was repeated, as well as the atropia drops locally, and mercurial inunctions to temples. Cathartics were ordered, and in *two days* she was so very much improved that vision equalled $\frac{20}{20}$, and the media sufficiently clear to permit satisfactory inspection of the optic disk.

He had had some glaucomatous tension, but this did not prevent his ordering atropia, nor interfere with the physiological and therapeutical action of the drug.

Dr. J. J. Chisolm has had some astonishing results in these cases from large doses of salicylate of sodium. In choroiditis he gets remarkable results from the use of pilocarpine. Two decided sweats give pronounced relief.

Dr. H. P. C. Wilson spoke of a case in which he was recently credited with being the cause of the death of one of his patients. The woman was from a malarious district,

much run down, etc. She came to him to be operated on for laceration of the cervix uteri.

After treating her with tonics, etc., until her general condition was improved, he decided to operate, and appointed the hour; shortly before the time arrived the patient was taken with colicky pains in the abdomen, consequent upon drinking a glass of milk. These pains were allayed by the ordinary measures, and she then insisted upon his proceeding with the operation.

Local anæsthesia was obtained by the use of cocaine, and the operation performed without accident. After completion of the operation the pains returned, and were allayed by hypodermic injections of morphia. She spent a very restless night, and when he visited her the next morning found her quite ill.

Later in the day an erysipelatous inflammation appeared in the skin of the external ear, and became so intense that the patient succumbed on the next day. There was nothing whatever wrong at seat of operation.

Editorial Department.

Periscope.

The Recognition of Mortified Bowel; Operations for the Relief of Strangulated Hernia.

Dr. Reuben A. Vance thus writes in the *Cleveland Med. Gazette* for February:

The medical practitioner who has been hastily summoned to operate upon a patient with strangulated hernia finds himself confronted with problems, the gravity of which can alone be appreciated by those who have frequently met them. The medical treatment to be adopted, the extent to which taxis should be employed, and the time it is prudent to delay operative interference when other measures have proved fruitless, are grave questions, upon the solution of which the life of the patient depends. The operation decided upon, the particular method to be employed and the manner of dealing with the stricture—with or without opening the sac—are matters of minor consequence, and affairs that should be settled in the mind of of every practitioner by a reference to sound surgical principles and the teachings of experience. There are questions connected with the condition of the parts strangulated that must be solved by the surgeon during the progress of the operation, about which much less is said in works on surgery than their importance warrants. These pertain to the vitality of the part that has been strangulated, and the duty of the surgeon in the premises. If the part is still living, it matters not how much damaged by compression, it should be returned at once into the abdomen; upon this step the patient's life depends. If the part is mortified and dead, to return it within the cavity of the belly is to insure the patient's destruction; if he is to have a chance for life, other measures must be adopted.

Again, the decision of the operator can but rarely be guided or aided by aught but the conditions revealed by his knife during the operation. The state of the patient and the history of the case may indicate the imminence of mortification of the bowel; in the end the appeal is to the senses of the surgeon, and upon the conclusion at which he then arrives will depend the fate of the patient.

Under these circumstances it behooves every man who may be placed in position to make such a momentous decision, to at least go to the task sustained by every aid that can be derived from the experience of those who themselves have been placed in this dilemma and compelled to act with such lights as they then possessed—whose records, next to personal experience, become the best guide for those forced to follow in their footsteps.

The history of the case may throw some light upon the state of the intestine. This is especially so in those cases in which the severity of the symptoms suddenly subsides without the rupture having been reduced. The pain is violent, the abdomen distended, and singultus and stercoraceous vomiting present; suddenly the patient's sufferings cease, and were it not for the cold extremities, flickering pulse and persistent tumor—but above all, the teachings of experience—the surgeon could not but acknowledge that all tangible appearances portended a change for the better. Yet almost invariably gangrene of the gut has taken place, and the fallacious evidences of improvement above noted are in reality its best clinical exponent. Certain almost as these signs are, when present, yet it comparatively seldom happens that the surgeon has their aid in

guiding him in the measures he must adopt: they form, but infrequently, a part of the history of cases submitted to operation. If present, the surgeon is reasonably sure of what he will find when he operates; they may be absent, and mortification yet exist. The patient's chance of life depends upon the surgeon's ability to recognize mortification of the bowels when he sees it, and his promptitude and skill in dealing with it when present.

It scarcely need be said that mere darkening in color of the bowel, effusion of fluid into the sac, or exudation of lymph about the stricture, are of no special significance in this connection, and bear in no way upon the presence or absence of mortification. It has been again and again repeated in manuals treating of hernia operations that a deep, purplish discoloration of the bowel and absence of circulation indicate mortification; that when these physical signs are present the surgeon should press upon the strictured part, and if the color remains unchanged when the finger is removed, the bowel is dead. It requires but little practical experience in dealing with these cases to appreciate the fallacious character of these signs; the gut may be fairly black from congestion, and yet alive; the color may remain unchanged under pressure, and still that fact have no bearing on the question of mortification, for a band of stricture, as yet unappreciated, may be the sole cause of the persistent hyperæmia.

It is quite different as regards certain other signs, especially when two or more of them are seen in conjunction. *If the bowel be dark and mottled with grayish spots, of contracted and shrivelled aspect, with a slight amount of discolored fluid surrounding the gut, and a cadaveric odor apparent when the sac is opened*, mortification is certainly present, and the return of the strictured part within the abdominal cavity dooms the patient to certain death. The surgeon's duty is to open the sphacelated gut, apply a poultice, and favor the relief of the obstructed bowel by a free discharge of the intestinal contents through the outlet thus formed. An artificial anus is thus established, and the patient, for a time, must be content with this deformity; fortunately it is a condition susceptible of relief, and the surgeon may ultimately free his patient of even this defect.

On Phimosis in Infancy.

Dr. Geoffrey Hett thus writes in the *Lancet*, February 27:

My excuse for submitting the following observations on this subject to the consideration of the profession is that my experience leads me to think that phimosis is a morbid condition which is not infrequently overlooked. Its persistence is the cause of much unnecessary suffering among children, and a neurotic habit is often induced which, in some instances, is never shaken off, but continues to exercise a prejudicial effect upon the usefulness and happiness of a considerable number of men during the whole of their lives. It would be advantageous if the following rule were adopted by all those taking charge of midwifery cases; to examine every male child within a few days of birth, and, if the prepuce cannot be retracted by the exertion of a moderate amount of force, to perform circumcision on or about the eighth day of life. The advocacy of such a rule will appear superfluous to many members of the profession, particularly to those who have had special opportunities of observing the diseases of children. That it is, however, not accepted, or, if theoretically accepted, not acted upon by numerous practitioners of midwifery, is sufficiently proved by the frequency with which it is necessary to perform the operation in later life. Complete retraction of the prepuce is necessary in order to prevent the retention under it of the secretion of the numerous sebaceous glands in the mucous membrane of the cervix and glans penis (glandulæ Tysonii). The accumulation of this sebaceous matter acting as a peripheral irritant through the internal pudic nerves, may and often does cause central mischief more or less grave according to the constitution of the child and the amount of local irritation. If the preputial opening be so small as to interfere with the easy passage of urine, the condition will be aggravated by some of this fluid being forced under the prepuce and increasing the congestion of the mucous membrane. The injury resulting from this cause may be productive of nothing more than slight peevishness of temper; but, on the other hand, may give rise to convulsive attacks terminating fatally, and, of course, to any effect intermediate between these extremes. I feel sure that many an unfortunate little boy is credited with bad temper and punished for naughtiness whose irritability is due to neglected phimosis, and consequently entirely beyond his own control. There is also much reason for thinking that the habit of masturbation is frequently led up to by a morbidly excitable condition of the sexual organs due to the same cause.

Should no symptoms arise sufficiently severe to call attention to phimosis, and the child grow up to manhood with the defect unremedied, the liability to venereal disease must be largely enhanced by the impossibility of effectual ablution of the penis. The operation of circumcision is, in infancy, almost entirely free from risk if ordinary care be exercised. The only objection to it of which I am aware is the æsthetic one, and this cannot have much force in a clothes-wearing community, especially when the advantages derived from it are fully considered. Circumcision may be performed by seizing the extremity of the prepuce between the finger and thumb of the left hand, drawing it well forwards so that the outline of the glans can be clearly seen through the integument of the penis, and slicing it off diagonally downwards and forwards just in front of the glans with a sharp scalpel. The mucous membrane, which will be found still embracing the glans, should be split along the dorsum *quite up to the cervix*, turned back, and retained in position by a narrow strip of dry lint wrapped firmly three or four times round the penis. No sutures are necessary. The lint becomes saturated with blood, and, when this is dry, remains in position for from two to four days. On its removal the wound will generally be found completely healed, but, if any portion of it be granulating, it only requires the application of a little carbolized oil four or five times a day. I have never seen a case in which the dry lint failed to prevent any excessive hemorrhage. The eighth day of life is a suitable time for the operation, as the organism of the child has by then become accommodated to its new environment.

Epileptic Automatism.

Dr. Althaus reports this case in the *Brit. Med. Jour.*, February 27:

W. E., aged 23, single, a railway clerk, was admitted on October 2d, 1885. There was no inherited neurotic tendency. As a child, he suffered from convulsions during teething. At sixteen years, he was able to take a situation as railway clerk, and had his first fit, apparently without any appreciable cause, when seventeen years and three months old. There was an extraordinary variety about the fits, but the chief peculiarity had always been automatic action, either after an ordinary convulsive attack, or apparently even without one. Thus the patient, after having gone to bed seemingly quite well, would get up in the middle of the night, quite unconscious, and walk for hours about his bedroom. On one such occasion, he took hold of his watch, and kept winding it up until the mainspring broke, and continued the same movement of winding up for hours afterwards, until he recovered consciousness. When fits occurred in the day-time, he frequently came into collision with people, and hit or kicked them. If not interfered with in his movements, he did not give trouble; but if any one attempted to thwart him, he became violent, kicked, and plunged, so that it took five or six men to overpower him.

On one occasion, while sitting quietly in his office and writing, he was suddenly seen to assume a vacant look, and become insensible; he then pulled off his shoes and stockings, walked downstairs, and began to run about the station. The porters, who were acquainted with his peculiarity, were afraid to catch him; but a passenger, who threw some cold water over him, was knocked over, and told by the policeman that the patient must be let alone. A similar occurrence took place twice more on the same station, within a year and seven months. On another occasion, he wanted to pay a visit, but lost himself before arriving, and was noticed walking about the neighborhood, up and down, for about an hour and a half, being quite insensible; when he came to, he found himself with his eyes black, and lying on the pavement in a pool of blood. He had also "conscious fits," in which he behaved like a drunken man, and did outrageous things, feeling all the time utterly ashamed. In other fits, he fell down unconscious, and his whole body became rigid; he did not bite his tongue, but saliva kept running out of his mouth all the time. The urine had been expelled on only one single occasion. He was also subject to fits in which he was half conscious, and had a peculiar sensation of his tongue being tied; he could speak, but stammered unintelligible words, without any further symptoms. Occasionally the patient had an aura, when he suddenly felt a tingling in his feet, as if the legs went asleep; this sensation gradually proceeded upwards to the thighs, hips, abdomen, and chest, and when it reached his head he lost consciousness, and had a convulsive fit. Sometimes this aura lasted for a few minutes; at other times, however, it was instantaneous, shooting up from the feet into the head all at once. The greatest number of fits which the patient had had in a day was five, but he was rarely free from them for more than a week.

The patient had a good memory, and gave a very graphic account of his illness. He

had been discharged from his situation, not for any fault of his own, but because the fits upset the other people in the office, and caused constant disturbance. He wrote a good hand, but had a wild look and a strange expression. The face was covered with acne pustulosa, owing to previous treatment by bromide of potassium. The patient was at times subject to sneezing fits, which came on early in the morning, and lasted a considerable time. His functions in general were normal; but there were hypertrophy and dilatation of the left ventricle, the apex beating in the sixth intercostal space. There was, however, no murmur. There were no other symptoms. He was treated with a mixture containing borax, digitalis, and bromide of ammonium, with pills of zinc and henbane; and for the acne pustulosa of the face, with the ammoniated ointment of mercury. The result was very favorable, as the patient remained free from attacks during his stay in the hospital, which extended over three months, a few slight "vacant turns" in the beginning of the treatment excepted; and the acne of the face was readily cured.

Affections of the Rectum.

In all rectal affections, says Dr. John Chiene, in the *Edinburgh Med. Jour.*, there is often great depression of spirits. There is a close physiological connection between the genito-urinary tract and the rectum. Very frequently a patient will come to you complaining of irritability of the bladder, which may be due to some rectal irritation, *e. g.* piles or fissure; and it is, therefore, a good rule in all cases of irritable bladder to make a careful examination of the rectum, anus, and perineum. In all rectal examinations care must be taken to ascertain before making the examination that the patient is not suffering from acute syphilis. The discharge from an ulcer when the patient is in this state is infectious, and if there is any abrasion on the finger of the surgeon he may be inoculated during the examination. In an examination of the prostate it is best to place the patient on his back; but in an examination of the posterior rectal wall the patient is best lying on his left side. In the married female, the surgeon with two fingers introduced into the vagina can by pressure cause protrusion of the mucous membrane of the rectum, and in this way assist the diagnosis in cases of fissure and of internal piles. The best way, however, of examining a male patient is to make him lean over the back of a chair. If the buttocks are then separated, much may be learned by a visual inspection of the perineum. If there is any discharge, the skin of the perineum will be more or less excoriated, the area of excoriation corresponding to the portions of skin in apposition with each other. If there is a fissure, the opening of the anus will be firmly closed by the contraction of the sphincter, and the patient shrinks from any tactile examination. One small external pile is often an indication of the presence of a fissure at its base. A venous pile, due to the rupture of a small vessel at the junction of the skin and mucous membrane, will be indicated by a bluish colored projection at the seat of the rupture. A redundancy of the folds of skin around the anus indicates in all probability the presence of internal piles within the opening. A leathery appearance of the skin around the anus is seen in the affection termed pruritus ani. After a careful visual examination, the finger well oiled is to be introduced gently, and with a rotary movement, into the cavity of the rectum. In some rectal conditions associated with an abnormal dryness of the mucous membrane in the narrow part of the canal corresponding to the internal sphincter, this dryness will be best overcome by the injection of an ounce of warm oil before attempting to introduce the finger. After the finger is fairly within the rectum, inflammatory affections of the mucous membrane will be indicated by increased heat within the rectum. The presence of a fissure will be discovered as the finger is being introduced. Some fissures lie immediately within the opening. In this case the lower extremity of the fissure will be observed by forcibly separating the buttocks, and stretching the skin around the anus. In other cases the fissure lies altogether within the opening, and can only be diagnosed by feeling it with the finger. An anal speculum may be used in doubtful cases, but the educated finger is the best diagnostic. The condition of the prostate is carefully to be noted—(1) With regard to its size and its shape, increase in size of one or other of the lateral lobes indicating lateral hypertrophy of the gland. (2.) As to the presence of a soft point or points, indicating either inflammatory abscess or tubercular deposit in the process of disintegration.

In the examination of a fistula with a probe, the finger in the rectum will enable the surgeon to discover more easily the internal opening. In stricture of the rectum the stricture is almost always within reach of

the finger, and the condition of the stricture can be carefully examined. After the finger is removed, the presence of pus or slimy blood-stained mucus will indicate the existence of an ulcerated surface. Diarrhœa is often a symptom of stricture of the rectum, and in any one above middle age who suffers from persistent diarrhœa, a rectal examination should always be insisted upon in order to assist the diagnosis.

Fissure of the Anus.

In the *Edinburgh Med. Jour.*, for March, Dr. John Chienè tells us that the pain in fissure is of a twofold character; a sharp, cutting pain felt during movement of the bowels, and a throbbing, persistent uneasiness coming on after the bowels are moved, and lasting for a variable period. The primary pain is due to the stretching of the part. The persistent after-pain is due to spasmodic contractions of the sphincter. The base of the fissure consists of muscular tissue, and free division of this muscular base relieves the symptoms, gives the part rest, and allows the ulcer to heal. The injection of cocaine into the tissue forming the base of the ulcer renders the operation painless. The division of the base of the fissure, however, does not always give relief, and in a severe case of fissure it is more satisfactory to place the patient deeply under the influence of chloroform, to introduce the thumbs within the anus and forcibly to stretch the sphincter, dividing at the same time the base of the fissure. Introduce a morphia suppository after the operation, and prevent movement of the bowels for three or four days.

Division of the base of the fissure is very frequently done by introducing the finger into the anus, and then, with the finger as a guide to the upper extremity of the fissure, a sharp-pointed curved bistoury is introduced at the side of the anus and carried through the base of the fissure up to the point of the finger. This method of performing the operation is dangerous, and surgeons have been attacked with syphilis in consequence of pricking the finger with the point of the bistoury. The safer plan is to lay a straight blunt-pointed bistoury flat upon the finger, to introduce the finger with the bistoury in position, to feel for the upper extremity of the fissure, and then to turn the sharp edge of the bistoury towards the ulcer, the back of the bistoury lying on the finger. The knife is then carried through the base of the fissure by the pressure of the finger. The bistoury to be used, though probe-pointed, must have a cutting edge to its extremity.

Pilocarpine in Fish-poisoning.

Dr. K. Danilevsky, of Jeleznovodsk, Terskala Government, records, in the *Vratch*, No. 50, 1885, a case of poisoning by salt sturgeon, treated and cured by pilocarpine. The patient, a letter-carrier, began to vomit about four hours after eating. When first seen, on the next morning, he looked pale, haggard, extremely prostrated, his tongue and lips being quite dry, leathery (sole-like); saliva was entirely absent, in spite of the patient making incessant masticatory movements; the eyelids were swollen, and half-closed; the pupils were dilated. The abdomen was tense; the skin dry; the pulse weak, easily compressible, and slightly quickened; respiration, deglutition, and speech were embarrassed, in consequence of extreme dryness of the mucous membranes (in spite of constant drinking of water and milk); the urine and excrement were absent from the outset. On the third day all the symptoms decidedly grew worse, only a teaspoonful of highly concentrated urine being voided; the bowels were moved only after repeated enemata. During the fourth and fifth days, the prostration became dangerous, and there appeared intense anxiety, coldness of the limbs, and aphthous patches of the soft palate. At this stage, to alleviate the patient's subjective feelings, pilocarpine, a fourth of a grain a day, in a solution, was resorted to (only stimulants and warming bottles having been previously used). On the sixth day, a striking change followed. The patient became stronger, cheerful, able to speak loudly; the aphthæ disappeared; the saliva flowed freely; the pulse improved, the respiration became easy, and the daily amount of urine was increased. On the ninth day, the patient was able to sit up. The general weakness, however, lasted for another twelve days, the patient still looking "as if he were recovering from a prolonged severe disease." Dr. Danilevsky thinks that it is worth while to give pilocarpine a fair trial in cases of fish-poisoning.

—A note in the *Boston Medical Journal* says that a prominent Boston gynecologist has been sued for $10,000 damages by a pauper patient. She claims that he operated upon her against her will, and that the operation was unnecessary and improper, and she was discharged from the hospital at an unsuitable time.

THE

Medical and Surgical Reporter.

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ISSUED EVERY SATURDAY.

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JOSEPH F. EDWARDS, M. D., } EDITORS.

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OF

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A WORD TO DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

It is clearly apparent to all physicians who read medical journals—and we would ask what intelligent one does not?—that the coming meeting of the American Medical Association in St. Louis, is destined, beyond doubt, to be the most important one that has ever been held.

The meetings of this, as of all other medical societies, usually consist in the reading of a lot of papers, an interchange of friendly hospitality, and an adjournment.

But in May next there will be a meeting at St. Louis that is destined to go down into history as the most momentous gathering of medical men that has ever assembled in this country, for at this meeting the future policy of the International Medical Congress will be definitely settled. The controversy between the present committee, which is now making arrangements for the Congress under the direction of the Association, and those who object to the formation and work of this committee, will be brought to an issue.

Without animosity and prejudice on either side, we feel that we are imperatively called upon to say a few words on this very important question. It is of exceeding great importance, for upon the spirit in which the profession receives the final verdict of the Association, will rest the estimation in which we will be held, as sensible men or the reverse, by our European brethren.

All the talk that has been indulged in by those who are opposed to the Association in reference to the idea that it has not the right to control the Congress, which was at first their stock in trade, has been impliedly abandoned. It is now evident that their method of future warfare, their spring campaign, contemplates the passage by the Association of a resolution accepting the report of the present committee of arrangements, discharging them from all further service, and commencing the organization of the Congress *de novo*. Let us look into this question for a minute, and see just what the true position of affairs is.

The Association has, we maintain, the right to do just exactly that which it chooses, and when it has announced its decision, it then becomes the plain duty of all right-meaning medical men to uncomplainingly abide by this decision. The claim that the Association has not the right of arbitration, has been, we say, clearly abandoned by those who at first made this claim, as is evidenced by their determination to refer the matter in dispute to the Association for arbitration.

That they so intend was made plainly evident by the opposition in the recent meeting of the Philadelphia County Society, when a successful effort was made to substitute for the regularly nominated delegates to the Association a ticket made up of those who were known to be opposed to the present attitude of the Association and its committee. Therefore, since the opposition have seen fit to refer their battle-ground to St. Louis, we most emphatically say that they will stultify themselves, so to speak, if, when the Association has spoken, they do not, at once, cheerfully acquiesce and work manfully for the success of the Congress.

But we fear that such is not their intention; we very much fear that their programme contemplates the effort to capture the Association, and if they fail in this, then to organize a new association, from which it is possible that an invitation to hold an opposition Congress might go forth. That there is a movement on foot to organize a new national association, there can be no reasonable doubt, though this fact has been denied in our hearing by one of the organizers; at least, he denied that the purpose was to organize in opposition to the American Medical Association; but we ask how it would be possible to start a new national society that would not be in opposition to the present Association. Well, then, we say that the Association has the right to do what it pleases, and when it has so done, that we must give it our adherence.

The words that we wished to say to the delegates are to let them know that an effort will be made at the meeting in St. Louis to capture the Association by those who are not in accord with its present attitude. We wish to say that the war-cry of this army of conquest will be "Harmony;" "The good of the profession;" "The success of the Congress;" "The reconciliation of all differences in the profession;" and the like. We doubt not that the same measures will be resorted to that were adopted to capture the Philadelphia County Society, which we can only characterize as undignified, ungentlemanly, unconstitutional, and rebellious; rebellious because the manipulators succeeded, by means of a packed meeting (we use the word advisedly), in electing their list of delegates irregularly and in direct opposition to the provisions of the constitution and by-laws. We were present at this meeting, and know whereof we speak when we say that the majority of those men who voted for the irregularly substituted ticket were men who are rarely seen at the meetings of the Society, were young men, and, in very many instances, men who hold positions as clinical assistants to our professors, and whose heads, therefore, would have paid the penalty of that independence which they were too weak to exhibit.

It was a very significant fact that all the older men, that is those among them who evidence their interest in the Society by attending the meetings, voted for the regularly nominated list of delegates.

Now then, we have cautioned the delegates that a deliberate effort will be made to capture the Association by the methods usually employed to carry a ward convention; and we advise them strongly, that as they value the good name of the American profession, they should not tolerate any such proceedings, which they can prevent if they will attend the meeting.

To the Judicial Council of the Association, we have a word of the greatest importance to say: If the question comes before you, as it may, as to which set of delegates from the Philadelphia County Society are really the accredited delegates to the Association, your decision, if fairly rendered, must be in favor of the list that was nominated in the regular course that is laid down by the constitution, and not in favor of the list that was elected in direct violation of all law and precedent. If, perchance, the question arises, that although this ticket was nominated in due form, yet it was not elected, and therefore is not entitled to representation, it would seem that your duty was to deny representation entirely to the Philadelphia Society, a contingency that we would very much dislike to see; but nevertheless, you cannot conscientiously grant admission to this irregular delegation on any ground.

Again we would say to the delegates from all over the United States, be prepared to do your duty manfully at the next meeting. You will require all the courage you can summon to your aid that you may resist the great pressure that will be brought to bear upon you from both parties, and it will sorely try you to do that which your conscience tells you is the right thing. But be firm; go to St. Louis determined to carry out the instructions of your society, if they have directed you, at all hazards. If you are not instructed, then do the best you can; and above all, firmly make up your minds that whatever may be the decision of the Society, you will cheerfully abide by it, and with your whole heart and soul, do all to support and aid the American Medical Association.

Whatever may be the decision of this

tribunal, this journal will support it to the utmost extent of its ability.

WHAT ARE YOUR STUDENTS DOING?

To our readers who have sons or students attending lectures in this city, we would say that they are not doing what they ought to do. While we know that "boys will be boys," and that the young student from the country will see the "sights of the town," just as his now grave old father or preceptor did before him, yet we must call your attention to the fact that they are neglecting a very important part of their medical education. Let us premise by saying that Dr. Theophilus Parvin is one of the most charming and instructive clinical lecturers that we have in this country to-day. Well now, at a recent particularly valuable lecture of his, when he entered the room there were two students to greet him. This was not only insulting to the lecturer, but it demonstrated how poorly the average medical student appreciates what is required in a medical education. That which he hears in his didactic lectures he can read in his books; that which he *ought* to hear in clinical lectures, he can obtain nowhere else. Those of our readers who studied medicine at the University or the Jefferson twenty years ago, have no conception of the vast improvements in clinical teaching that have taken place within that period. Therefore we say to our readers, when you send your sons or students to Philadelphia to study medicine, do not fail to impress upon them the great importance of attending clinical lectures.

THE NATIONAL BOARD OF HEALTH.

Efforts are being now made in Washington to restore to the National Board of Health those powers of which it has been stripped, and which when it had them made it a very efficient body. We all know that to accomplish much good from a sanitary point of view we must have concerted action; we must have organization, harmoniously working, all the way from the National down to the County or Township or Village Board of Health. Duties that properly belong to the National Board of Health have been, for some occult reason, relegated to another department of the Government, and it is the effort to restore this power to its proper place to which we refer. For this praiseworthy effort we bespeak the influence of our readers, and ask them to urge upon their Congressmen the importance and justice of the measure.

NOTES AND COMMENTS.

The Disinfecting Influence of Watery Solutions of Carbolic Acid.

From the fact that sweet oil, to which carbolic acid has been added, is still employed in some hospitals and by some surgeons, we can only conclude that it is not yet generally known that a solution of the acid in oil is perfectly inert, and has no aseptic action whatever. If the oil seems to have done good nevertheless, it can only be explained by the oil having acted as a protective against the influence of the atmosphere; its frequent removal, and perhaps, also, the presence of the acid, having prevented the oil from becoming rancid. But it is in vain to expect any aseptic action, for carefully-made experiments have proven beyond the shadow of a doubt that none of the micro-organisms is impeded the least in its growth, development, and multiplication, by any amount of carbolic acid, if suspended or dissolved in *oil*.

About the strength which *watery* solutions should have to be effective, there also has been a great variety of opinion. To determine the question, Drs. Gärtner and Plagge, under Koch's guidance, have recently instituted a series of experiments at the German Imperial Board of Health—that institution from which all our knowledge of these things has emanated during the last decade. (*Arch. f. klin. Chir.*, xxxii., vol. ii., 85.)

These investigations were carried on with the utmost care to exclude all possible sources of error. It was first determined that any watery solution of carbolic acid, to be effective under all circumstances and under every condition, must contain three per cent. of the drug. It has been proven that this solution suffices to kill every micro-organism that may interest the surgeon, provided contact between the microbe and the disinfectant has been established as rapidly as possible after the supposed introduction of the bacteria or after exposure to the air. Amongst other facts that have been elicited by these researches may be mentioned the following: Washing for twenty seconds with this solution was found to free completely from bacteria the hair of a guinea pig, which, with a pure culture of these microbes, had previously been inoculated. All the experiments, further, were made with a "streaming fluid," that is, the watery solution of carbolic acid was applied by aid of an apparatus similar to a fountain syringe, so that a continuous flow of the fluid and a certain velocity of it could be maintained. This was done to prevent

the germs from again coming in contact with the skin. Regarding the knives used in these investigations and soiled by germs, all that was necessary was to let the steam of the three per cent. watery solution of carbolic acid once play over them, after which they were dried with a clean towel. They afterwards showed themselves completely free from bacteria.

We learn from these experiments that the only safe solution, if carbolic acid is used for the purposes of disinfection, is a three per cent. watery one. After a wound has been exposed to the stream of such a solution it should first be covered with an aseptic protection of rubber, etc., and over this the compress is applied, which is saturated with the same fluid, care being taken to prevent any admission of air, except through the disinfected bandages.

Fracture of the Larynx.

Dr. John B. Berry thus writes in the *Lancet:*

During the afternoon of February 6th I was called to see G. L.., aged twenty-one. He was reclining on a sofa, looking very pale. Extending from the tip of the chin to just above the hyoid bone was a superficial wound. The voice was like that of laryngitis. The prominence of the thyroid cartilage was gone. Placing my hand over the throat and requesting the patient to swallow, I detected unmistakable crepitus of the moving larynx. A more careful examination revealed what felt like a separation of the wings of the thyroid cartilage. The history of the accident was briefly this. About twenty minutes before I saw him he was working a circular saw, and was suddenly struck in the throat with great force by a large piece of wood coming from below upwards. For a few moments he had a hard struggle for breath, but managed to keep from falling by leaning against a bench. Water was brought to him, but he declined it, as he feared it would choke him. With the help of two men he walked home, a distance of about 500 yards from his work. Having applied a warm-water dressing to the throat, the patient was put to bed, his head and shoulders being raised. An hour later I saw the patient again in conjunction with Mr. Chaffers, whose help I sought when I saw the case was of such gravity. My diagnosis was confirmed, and seeing the patient was free from urgent symptoms, the breathing being quiet and full, and the condition of shock gradually passing off, we considered it best to continue the warm-water dressings and forbid anything being taken by the mouth except ice, leaving word that any change in the breathing should be immediately reported to us. About 1:30 next morning I was called up, as the patient was reported to be choking. After sleeping for about an hour and a half, during which time he breathed rather noisily, he woke up somewhat suddenly and at once began to struggle for breath. When I arrived he was unconscious, the eyes were open and fixed, the pupils dilated, the face pale, and the deep spasmodic efforts to breathe were failing. Having sent for Mr. Chaffers, I at once performed laryngotomy. Still no air seemed to enter, and no mucus escaped from the tube. Having satisfied myself the tube was clear and that no blood was obstructing the air-passages near the wound, I enlarged the opening and replaced the tube, with no better result, death taking place after a few more respiratory efforts had been made. Half an hour after death Mr. Chaffers and myself examined the larynx and trachea as well as we could through the operation wound. Besides the separation of the wings of the thyroid oblique, lines of fracture were made out on each side, through the wings themselves. Within easy reach of the finger, hanging down the trachea by a mere shred of fibrous tissue, was a part of the left wing of the thyroid cartilage itself, the size of a finger-nail, apparently the lower front angle; this was easily removed. I regret no post-mortem was allowed, as I am still in doubt whether to attribute the asphyxia entirely to the one piece of cartilage found, which was not wedged in the trachea, but simply lying flat against the anterior surface, but it may have acted like a valve during inspiratory efforts. During life, I may add, there was no spitting of blood, and after death perfectly white frothy mucus welled up from the throat.

Perforating Ulcer of the Stomach Opening into the Left Ventricle of the Heart, and Causing Death by Hemorrhage.

Before the Academy of Medicine in Ireland, January 15, Dr. Finny exhibited an extremely rare specimen of an oval ulcer (1 x ½ in.) of the stomach, situated on its anterior wall two and a half inches from the cardiac end, and two from the lesser curvature, leading up to and perforating the heart. The floor of the ulcer was the muscular structure of the under surface of the left ventricle, about one inch from the apex; and the ulcer, after perforating the stomach,

had eaten through the diaphragm and the pericardium. The stomach was adherent to the diaphragm round the ulcer, but the adhesions were very slight and of recent date. The pericardial sac had been obliterated by adhesive inflammation, and over the whole of the left ventricle the adhesions were very dense. Through the larger of several interstices between the exposed muscular tissue of the apex a probe could be passed upwards, and was found to enter the left ventricle behind a musculus papillaris attached to the posterior mitral curtain. The patient, a farm-laborer, aged 19, had died of syncope on December 5, 1885, preceded by the passage of blood from the bowels. There was no hæmatemesis. At the necropsy, the stomach and the whole intestinal canal were found full of liquid blood; the stomach alone contained two quarts. The source of the blood was the left ventricle, and it was probable that the blood escaped into the stomach, during both systole and diastole. The fatal steps in the pathological history of the case were:

1. Ulcer of the stomach of unknown duration.

2. Rheumatic pericarditis and adhesions of the left ventricle to the diaphragm, with obliteration of the sac.

3. Recent activity in the ulcer, perforating into the muscle of the heart.

The general muscular structure of the heart under the microscope was perfectly normal, and free from fatty degeneration, except the fibres at the floor of the perforation, which were granular and broken down, though free from all fat. This case was not unique, as there were three similar cases recorded in Vienna; the first by H. Chiari in 1880, the second by F. Brenner, and the third by Oser, in 1881.

Radical Cure of Hydrocele by Antiseptic Incision.

Dr. William T. Bull thus concludes a paper on this subject in the *N. Y. Med. Jour.*, March 13:

"The small percentage of failures after the antiseptic incision shows it to be, in my opinion, incontestably the *surest* way of curing any form of hydrocele; and, if we add to the operation the extirpation of the tunica vaginalis, the method would be absolutely free from any recurrence. But it is certainly not without risk. Even with its small percentage of deaths—.82 per cent.—it makes a wound of considerable extent, which exposes the patient to all the accidents of wound-healing; it necessitates, if one acts with due caution, longer confinement to bed, and demands rigorous attention to, and every facility for, antiseptic treatment. In view of these considerations, I shall be disposed in the future to reserve the operation for cases in which the injection method has failed, or to perform it only upon patients who, with knowledge of its chances, prefer to take them. As to the relative merits of the carbolic-acid and iodine injections, I have no opinion to express based on personal experience, but, from the experience of Weir, Keyes, and others, I should feel warranted in adopting the carbolic acid, and in sticking to it till it is proved less satisfactory than it seems to be at present. But I believe that the possibility of failure or of an *early recurrence* should never be left out of consideration in recommending the injection of either agent, and that we should be prepared with every antiseptic precaution to perform successfully the only truly radical operation—that of extirpation of the parietal tunica vaginalis."

Pemphigus of the Eyes.

Prof. Hermann Cohn describes in the *Breslauer aerzt. Ztsch.*, 1885, the only case of pemphigus of the conjunctiva which has occurred to him amongst 50,000 eye patients. He considers the disease exceedingly rare, probably more seldom met with than any other affection of the eye—a statement which explains the fact that some of the most experienced ophthalmologists have never seen a case.

The diagnosis of pemphigus of the conjunctiva can be made only when the skin also suffers at the same time from this exanthem. Should this skin disease not be present, the affection of the eye would be recognized as an ulcerative process of the conjunctiva, or what is more probable, as a croupous inflammation. For that is all the morbid lesion presented by the diseased conjunctiva, and its true character becomes known only on the appearance of the skin eruption. The prognosis in the majority of cases is very bad, and a treatment actually does not exist, every medication being in vain.

Whether the conjunctiva becomes affected in consequence of the general condition of the blood which gave rise to the pemphigus, or whether the virus is carried from a pemphigus blister to the eyes, is difficult to say, as several cases have been reported where but one eye suffered from the disease. If both eyes were invariably attacked the solution of the question would be found, but

there is one other point making matters still more doubtful; even if the skin disease ceases, in consequence of treatment or of the healing power of nature, the eye affection continues and is not influenced the least by the behavior of the exanthem on the skin.

Pilocarpin in Pneumonia.

The Paris correspondent of the *Brit. Med. Jour.* tells us that Dr. Humbert Mollière has successfully treated double pneumonia with pilocarpin; the patient, exhausted by dysentery and albuminuria, was attacked with pneumonia in both lungs, and the intestinal disturbance was greatly aggravated. A centigramme of pilocarpin was injected; the respiratory movements fell from forty-eight a minute to twenty-four, and dyspnœa was much relieved; four hours later, a fresh injection was made, and was repeated the next morning; each injection was followed by profuse sweats and salivation, and dyspnœa was greatly relieved. The patient rapidly recovered. In administering pilocarpin, M. Mollière was guided by former experience. An elderly man with uremia, accompanied with dyspnœa and delirium, who seemed dying, was greatly relieved, and ultimately cured by a similar treatment. Dr. Mollière describes another case. A young woman with a comatose form of uremia and renal lesion, following a cardiac affection, was freed from the comatose condition by injections of pilocarpin.

Trusses in Hernia.

As a rule, the wearing of a truss is regarded simply as a palliative expedient, hence it is well that we should be reminded by Dr. John Chiene (*Edinburgh Med. Jour.*, March,) that the application of a truss in the treatment of this common affection must not be looked upon as simply palliative. In old people with long-standing herniæ the curative action of a truss cannot be looked for; but in all recent cases at all ages a truss must be applied, not simply as a palliative, but in order to effect a cure. The younger the patient the greater is the probability of this good result. The hernial protrusion, after it has been once reduced, should never be allowed to come down again. Although in the recumbent posture the chances of the hernial protrusion occurring are diminished; still, as any exertion, as in the act of coughing, may during the night cause the protrusion, a truss should therefore be worn day and night. During the night less pressure is required to keep up the hernia, and if a spring truss is irksome to the patient the hernia may be kept up by a thick pad of layers of lint or layers of flannel, fixed in position by an elastic spica bandage.

Unusual Eruption in Scarlet Fever.

We should always be prepared for unusual signs in the eruptive fevers, hence we note from the *Brit. Med. Jour.*, February 27, 1886, that Mr. Richardson reports this case, which occurred in a boy aged five. The eruption appeared on the second day. It was confined to the anterior surface of the body, from the umbilicus to the upper fourth of the thighs; it was of a dark brownish purple color, not removed by pressure; the margin being sharply defined, studded with round flattish vesicles of a pearly-yellow color, largest in the centre of the abdomen, decreasing from one-sixth of an inch, and ceasing altogether about an inch from the margin. The fever was not great; temperature 99°. There was a slight blush on the fauces, and white tongue; no catarrh or enlarged glands. The vesicles gradually dried up, the purple color changed to brown, and the cuticle peeled off in large patches; the skin on the eighth day being smooth and pinkish, as after a blister. Desquamation of the rest of the body did not commence until after the eleventh, and was completed by the twenty-fourth day; the scales being small, except on the soles of the feet and palms of the hands. There were no renal symptoms.

Notes on Severe Endocarditis, with Special Reference to Cause and Treatment.

Before the Medical Society of London, Dr. A. E. Sansom read a paper on the above, giving notes of several cases of the disease, which he preferred to call severe or grave endocarditis, instead of malignant, a term which, he thought, tended to give rise to confusion. Under this head he included the aberrant forms of endocarditis, not being secondary to rheumatism, etc. The result of experiments on animals had been to prove that, although injections of the micrococci cultivations caused serious local and constitutional symptoms, they did not produce the vegetative or ulcerative endocarditis unless some artificial irritation of the valvular structures was resorted to simultaneously. In two cases of voluntary self-inoculation in healthy men, free from cardiac symptoms, the same result was obtained. Dr. Sansom hence was disposed to consider that the disease was due to the ravages of a micrococcus

acting on structures which had been or still were diseased. Hence the peculiar danger of septicæmia after childbirth, in women who suffered from valvular disease. The same thing applied to cases of osteo-myelitis, etc., under similar circumstances. He had used thirty-grain doses of sulpho-carbolate of sodium with marked success.

On the Combined Use of Cocaine and Nitrate of Silver in Certain Superficial Affections of the Eyes.

Before the Medical Society of London, Mr. Brudenell Carter read a short paper on this subject, to the effect that, while local applications of nitrate of silver were often of great service in congestive and ulcerative affections of the eye, it was generally quite undesirable and unnecessary to allow its action to spread beyond the particular areas; one of its effects being, he said, to strip off the corneal epithelium, when allowed to come into contact with it. It was generally somewhat difficult to limit this action, owing to the pain caused by its use, and the accelerated secretion of tears which ensued, and it was to mitigate these conditions that cocaine was so useful. By destroying sensation temporarily, it allowed the operator to apply his remedy with all the delicacy and certainty he could desire, and the lachrymal secretion did not increase so as to interfere with what he was doing.

Treatment of Acute Tonsillitis.

Dr. John Brown states in the *Brit. Med. Jour.*, February 6, 1886, that it is a rare event for suppuration to occur in acute tonsillitis, if treated early with the following mixture:

℞.	Sodæ salicyl.,	ʒ iss.
	Pot. bicarb.,	ʒ iss.
	Tinct. aconiti,	♏xl.
	Liq. opii sed.,	♏xxx.
	Sp. chlorof.,	ʒ ij.
	Aquæ ad.,	ʒ viij.

One ounce to be taken every two or three hours for the first thirty-six hours.

The same mixture is his sheet-anchor for rheumatic fever. He finds that the large doses prescribed in the London hospitals are not needed. Small doses, frequently repeated, are more effective, and almost free from the nauseating effects produced by large doses of salicylate of soda.

Renal Abscess: Nephrotomy.

Before the Glasgow Medical Society, Mr. H. E. Clark showed a patient with nephritic abscess. The ureters were catheterized by Dr. Newman, on December 23, 1885. His analysis showed the urine from the right kidney to be normal, but that from the left to be alkaline, albumen and pus being present in abundance. Nephrotomy was performed by Mr. Clark, on January 4, by an incision in the left loin; about one pint of pus was evacuated. Attention was specially called to the variations in the temperature, and in the amount of urine passed. The latter was as low as 14 ounces in twenty-four hours on one occasion, but since the operation it had gradually increased. There had been very little discharge from the wound, but there was considerable leakage of urine by it. In consequence of this, removal of the kidney was contemplated as soon as sufficient contraction had taken place.

Apparatus for Applying Heat and Cold.

In the *Brit. Med. Jour.*, February 27, Dr. Robertson describes an apparatus for applying heat and cold at any required temperature to the spine. It consisted of a long bag divided longitudinally into two compartments with inlet and outlet tubes, the former being attached to the tap at the bottom of a vessel containing hot water, standing by the patient's bedside a little above the level of his body. The bag was being applied daily for three hours to the dorsal and lumbar regions of the spine, and water at the temperature of 130° was slowly circulating through it. The patient's illness was of about eighteen months' standing, and was regarded as chronic meningitis, with slight implication of the motor columns of the spinal cord. He was a man about 50 years of age. He said that he had experienced great relief from the pains and other unpleasant sensations in his limbs, since the bag was applied.

Meniere's Disease Treated by the Compressed Air-Bath.

Mr. J. Fletcher Little read notes of this case before a recent meeting of an English Medical Society. The patient, a professional man, suffered from syphilis before marriage. Since his marriage he had had several children, all of whom were free from specific taint. Menière's disease was diagnosed by a London aural surgeon in the spring of 1885, and anti-syphilitic remedies were ordered. Last autumn, deafness had much increased. The general health was very indifferent, and the spirits greatly depressed. The compressed air-bath, at one and a half atmospheres, was

tried, with immediate improvement. After two baths, the hearing had greatly improved, and the general health was better. An interval of six weeks had occurred without any return of the symptoms of Menière's disease. The patient was now taking iodide of sodium.

Hypertrophy of the Prostate.

If a patient says he has to rise at night to make water (says Dr. Chiene of Edinburgh), and that he makes water during the day with increased frequency, always be suspicious that he is not emptying his bladder completely. He makes only the overflow from a distended viscus. When there is a tendency to obstruction of the flow of the urine in consequence of hypertrophy of the prostate, there is little doubt that the occasional passage of a large-sized bougie is of value in keeping the channel patent.

Lead Poisoning.

To a recent meeting of the Glasgow Medical Society, Dr. Robertson described three cases of poisoning by lead. The patients were young women, from sixteen to twenty-two years of age. Two of them wrought in works for the dyeing of yarn, and prepared it for packing. Considerable quantities of fine dust were thrown off into the air in this process, and would seem to have been inhaled to some extent by the workers. Besides, their hands were constantly soiled by it. Both lead and arsenic were in the dyes, but the symptoms had been quite distinctive of the poisonous action of lead. One of the girls had severe general convulsions both before and after admission into the hospital. She was now, however, well and about to be dismissed. The other patient had suffered from severe mental disturbance, noisy delirium for the first three weeks, and, since, a certain amount of incoherence, which was still observable. It was anticipated that the mind would fully recover, but the girl was blind; and Dr. F. Fergus, who examined the eyes with the ophthalmoscope, had reported that there was marked atrophy of both optic discs. At first, she seemed to be quite deaf, but now hearing is partially restored. The third patient worked in a pottery, and appears to have had her system poisoned by a glaze containing lead used in her employment. The symptoms were entirely abdominal in this case; colic, constipation, vomiting, etc. She had well-nigh recovered.

Correspondence.

Useful Formulæ.

Eds. Med. and Surg. Reporter:

The following formulæ have been used by me for the past three years with uniformly successful results. In the chlorosis of young girls, in all forms of simple anæmia, in amenorrhœa due to anæmia, and in the nervous debility and neuralgias dependent on an anæmic condition, I have never seen a drug, or combination of drugs or chemicals, equal to those given below for rapidly increasing the number of red blood-globules, and bringing the roses to the cheeks of the pale and chlorotic:

℞.	Strychniæ sulphas,	gr. j.
	Sodæ arseniat.,	grs. v.
	Hydrarg. bichloridi,	grs. viij.
	Potassæ carb.,	
	Ferri sulph., āā	ʒij.

Fiat pil, No. cxx.

One pill for a dose 3 or 4 times a day after food.

Where the patient has an aversion for pills, as many have, particularly in such a quantity and for such a length of time, I prescribe as a substitute the following mixture:

℞.	Hydrarg. bichloridi,	grs. 1½.
	Sodæ arseniat.,	grs. ij.
	Strychniæ sulph.,	gr. j.
	Vini ferri amara,	f℥ xvj.

Take small tablespoonful in water after each meal.

Of course, existing errors of digestion must first be corrected, in order that the remedies may be assimilated, after which I can vouch for their efficacy. It will be observed that the pill formula is a modification of the justly celebrated Blaud's pill, but the additional ingredients certainly greatly improve on it. The mixture formula is modified from one in use containing liquor potassii arsenitis, and tincture of nux vomica, but on account of the varying strength and unreliability of these two preparations, the sulphate of strychnia and arseniate of soda were substituted with advantage. The bichloride of mercury in both formulæ, aside from its recognized efficiency in the conditions indicated, is valuable in counteracting the constipation produced by prolonged use of iron.

G. H. Kirwan, M. D.

Wilkes-Barre, Pa.

Coffee-eating Habit.

Eds. Med. and Surg. Reporter:

Instances of the coffee-eating habit may be common enough, but it has never been

my fortune to know of an instance before, and I do not remember to have seen any reported.

Miss E. M., white, aged 22 years, for four months has been eating the ordinary roasted but unground coffee berry. She began by using small quantities, for the purpose, as she alleges, of having something in her mouth to chew. A month ago she was consuming a half-pound of coffee a day, but latterly has reduced the amount on the urgent solicitation of her friends, to about one-fourth of a pound per day. She seems to feel the urgent demand for the coffee which an opium or chloral eater does for his favorite drug, and can do without it for a short time only without discomfort. After a few hours' abstinence, intense nervousness, trembling, and a strong appetite for the coffee makes itself manifest. The girl is employed to run a sewing machine in a shirt factory, and keeps a tin box of coffee near her while at work. She also keeps some near her bed at night.

Whether it is an instance of abnormal appetite, as with clay-eating, etc., or a habit dependent on the neurotic effect of the berry, may be questioned, for she has for a long time been accustomed to eating ashes. The coffee is not eaten continuously, but at intervals. The effect on her health has been bad, as with excess in coffee-drinking. Formerly she enjoyed excellent health, but since using the coffee she has become pale, sallow, and nervous. The pulse is weak and irregular, and the stomach deranged. There is considerable swelling of the ankles. She is not chlorotic. Dyspnœa is extremely marked on going up-stairs or climbing a hill.

The case was seen incidentally while attending another member of the same family, and is chiefly interesting from the large amount of coffee consumed, and the profound constitutional effects produced.

W. O. Stillman, M. D.

86 *South Swan St., Albany, N. Y.*

Rhus Poisoning.

Eds. Med. and Surg. Reporter:

About a year ago I had a case of serious poisoning in a very healthy man from coming in contact with swamp sumach (rhus toxicodendron), and, after weeks of terrible torment (this is the word), he apparently recovered.

The pruritus was such that to lie down in bed was utterly impossible.

Only a few days ago, after a cold ride, the peculiar eruption appeared upon the face and neck, but with symptoms much more mild than in the former attack.

Of course we conclude that the poison still lives in the system.

I would like very much to hear from some of the readers of this journal on this subject.

Any information with a view to cure will be most gratefully received by the writer and the patient. C. E. D.

Bedford, N. Y., January 27, 1886.

Shortening of the Round Ligaments.

Eds. Med. and Surg. Reporter:

In your issue of December 12, 1885, I reported a case of Alexander's operation as performed before his polyclinic class by Prof. Nancrede, on the 23d of the preceding October.

The lady was seen last week, and now, five months after operation, is completely cured of her prolapse, cystocele, and rectocele, with all their train of symptoms, with a great restoration of her health generally. There has been no drag whatever upon the shortened ligaments nor lines of incision. She continues the use of the Smith-Hodge pessary. A. B. Hirsh, M. D.

2330 *Master Street.*

Remedy for Bee-stings.

Eds. Med. and Surg. Reporter:—

Having used Squibb's Cholera Mixture for the past year as a remedy for bee-stings, I can say it is a specific, instantaneous in its effect if applied within a few minutes after the stinging, preventing soreness and swelling. Yours truly,

E. Pratt, M. D.

Bellefontaine, Ohio.

News and Miscellany.

Planting of Fruit Trees.

E. P. Roe thus writes in *Harper's Magazine* for April:

If the acre has been enriched and ploughed twice deeply as I have already suggested, little more is necessary in planting than to excavate a hole large enough to receive the roots in their natural positions. Should no such thorough and general preparations have been made, or if the ground is hard, poor, and stony, the owner will find it to his advantage to dig a good-sized hole three or four feet across and two deep, filling in and around the tree with fine rich surface soil. If he can obtain some thoroughly decomposed compost or manure, for instance, as the scrapings of a barn-yard, or rich

black soil from an old pasture, to mix with the earth beneath and around the roots, the good effects will be seen speedily, but in no instance should raw manure from the stable, or anything that must decay before becoming plant food, be brought in contact with the roots. Again I repeat my caution against planting too deeply—one of the commonest and most fatal errors. Let the tree be set about as deeply as it stood before removal. If the tree be planted early in spring, as it should be, there will be moisture enough in the soil, but when planting is delayed until the ground has become rather dry and warm, a pail of water poured about its roots when the hole has been nearly filled will be beneficial. Now that the tree is planted, any kind of coarse manure spread to the depth of two or three inches on the surface as a mulch is very useful. Stake at once to protect against the winds. Do not make the common mistake of planting too closely. Observe the area shaded by fully-grown trees, and you will learn the folly of crowding. Moreover, dense shade about the house is not desirable. There should be space for plenty of air and sunshine. The fruit from one well-developed tree will often more than supply a family, for ten or fifteen barrels of apples is not an unusual yield. The standard apples should be thirty feet apart. Pears, the dwarfer growing cherries, plums, etc., can be grown in the intervening spaces. In ordering from the nurserses, insist on straight, shapely, and young trees, say three years from the bud. Many trees that are sent out are small enough, but they are old and stunted. Also require that there should be an abundance of fibrous and unmutilated roots.

Gonorrhœal Infection from Baths.

The *National Druggist* says:

Attention is called in some of the medical journals to the danger of infection with gonorrhœal virus, and the consequent development of that disease, from using the same bath which has been used by some diseased person. A case of a girl-child is quoted, who contracted gonorrhœa in this manner from her mother, to whom the disease had been imparted by her husband. Especial attention is called to the condition of public baths in winter, in which large and mixed crowds bathe, and in which the water is comparatively seldom changed, on account of the expense of heating it.

While we suppose that this may account for the disease in children bathed in the tub in a bath-room, we warn our more mature readers that the "bath racket" will be considered "too thin" by their physicians, and, together with the water-closet explanation, will be relegated to the realms of fiction; to the "what might have been," but not "what was." Not every adult will be credited with the saintly simplicity of the gentleman who once consulted the writer after three years of married life, because no children came to bless their union. Inquiry developed the fact that his wife was still a virgin, the husband having the idea that he had done his share by going through the marriage ceremony in the church, and the Lord would provide the children; forgetting, that the Lord only helps those who help themselves. The majority of adults, if suffering from gonorrhœa, will be credited with having come by it *ad legem artis*, and not by any very improbable "bath" communication. Cleanliness is to be be lauded, of course, and filthy public baths will only be of benefit to those who are themselves still more filthy; but we doubt whether gonorrhœa is one of the dangers to be dreaded from such homœopathic attenuation of the virus.

Galvanized Corpses.

The *Chemist and Druggist* says:

"Cremation and inhumation are not the only resources of civilization in regard to corpses. M. Kergovatz, chemical engineer of Guiparas (Finisterre), has advocated in the Paris *Figaro* a galvanoplastic treatment which, he declares, he has proved to be practical. He rubs the body with plumbago, and then plunges it in a bath of copper, zinc, silver, or gold, according to the funds, available, and he thus obtains a statue which cannot fail to be an accurate likeness, and which, he thinks, would be in all respects superior to the ordinary representations of great men in our streets. Besides, the actual person of the dead is retained. He declares his intention of submitting his invention to the Municipal Council of Paris." Burying, he says, has been condemned by experience; cremation destroys all evidence of crime in cases of murder, and embalming is expensive.

The Difficulties a Physician has to Combat.

The *Med. Summary* very truly says that the physician is often censured because he fails to cure his patient. People appear to think that he carries in his head a remedy for all ills, and should he make an error in his diagnosis or fail to give instant relief,

they discharge him and engage another, who in many instances does no better. The ignorant laity know no better, but the educated should not join in this abuse, for they do know better.

Medicine *is not* an *exact* science, neither is therapeutics. We know morphia induces sleep, but cannot tell *how*, nor can we tell whether the patient is a proper one for it to act upon. We know that many drugs produce certain effects, but we cannot tell whether our patient can take them with advantage. Our only plan is to try, and if we fail, try again. The man knowing these facts who condemns a physician only shows ignorance, bad temper, and is unworthy of our respect. Physicians, as a class, are honorable, unselfish men, and great respect should be shown them because of their honorable calling, years of study, and devotion to humanity.

Ice in the Sick-room.

A correspondent of the *National Druggist* thus writes:

The writer's son suffered with typhoid fever during the heated term of last summer, when the temperature of the room often rose to 90° or 95°, and the patient's temperature ran up to 105° F. and over.

A number of tubs were placed in the room and kept filled with ice, and the doors kept closed. The temperature of the room sank to 80° or less, an average of 12° or 15° below the temperature of the other rooms in the house, and the cooler atmosphere not only added to the comfort of the patient, but aided in keeping down the body-temperature, and materially contributed to a final recovery.

We would strongly urge the use of ice in the room as a measure of comfort and luxury for all who are confined to their beds during hot summer days, if they can afford the expense, which, if ice for cooling purposes is taken, is very moderate—the cost last summer being only 15 cents per 100 pounds, and the average consumption somewhat less than 1,000 pounds a day.

The Proper Weight of Man.

Prof. Huxley asserts that the proper weight of man is 154 pounds, made up as follows: Muscles and their appurtenances, sixty-eight pounds; skeleton, twenty-four pounds; skin, ten and one-half pounds; fat, twenty-eight pounds; brain, three pounds; thoracic viscera, three and one-half pounds; abdominal viscera, eleven pounds; blood which would drain from the body, seven pounds. The heart of such a man should beat seventy-five times a minute, and he should breathe fifteen times a minute. In twenty-four hours he would vitiate 1,750 cubic feet of pure air to the extent of 1 per cent. A man, therefore, of the weight mentioned, should have 800 cubic feet of well ventilated space. He would throw off by the skin eighteen ounces of water, 300 grains of solid matter, and 400 grains of carbonic acid, every twenty-four hours; and his total loss during that period would be six pounds of water and a little more than two pounds of other matter.

Revoking Regulations Issued October 10, 1885, for the Maintenance of Quarantine Inspections on the Northern Frontier of the United States.

The following circular has been issued from the Treasury Department to the medical officers of the Marine Hospital Service, Customs officers, and others concerned:

"Official information having been received that the small-pox, which recently prevailed as an epidemic in certain provinces of the Dominion of Canada, is now under control; therefore the regulations issued October 10, 1885, for the maintenance of quarantine inspections on the northern frontier of the United States, are hereby revoked."

A Justice's First Charge.

He said: "Gentlemen of the jury, charging a jury is a new business to me, as this is my first case. You have heard all the evidence, as well as myself; you have also heard what the learned counsel have said. If you believe what the counsel for the plaintiff has told you, your verdict will be for the plaintiff; but if, on the other hand, you believe what the defendant's counsel has told you, then you will give a verdict for the defendant; but if you are like me, and don't believe what either of them have said, then I'll be d——d if I know what you will do. Constable, take charge of the jury."

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE THREE WEEKS ENDED MARCH 13, 1886.

Benson, J. A., passed assistant surgeon. Resignation accepted, to take effect April 6, 1886, and leave of absence granted until that time, March 10, 1886.

Personal.

—Dr. F. E. Stewart, formerly one of the editors of that excellent journal, *The Therapeutic Gazette*, has been appointed Demonstrator of Pharmacy in the Woman's Medical College of Philadelphia.

Items.

—The resignation is announced, after twenty-five years' service, of Dr. Baranowski, Professor of Therapeutics and Medical Diagnosis in the University of Warsaw.

—Herr v. Gossler, medicinal rath, has announced that from next summer students in Prussian universities must undergo instruction in vaccination with animal lymph.

—"Excuse me, sir," said a brakeman at Rahway, N. J., as a passenger was about to board the train, "but how far do you go?"

"New York."

"Take the next car back. This car is reserved for Paris passengers."

—Dr. V. Teyxeira reports in the *Gazzetta degli Ospitali* that a woman in the seventh month of pregnancy was delivered of five living children—two females and three males. Three had died, and two seemed in a hopeless state at the date of report. The mother was progressing fairly.

—Dr. Gurfinkel writes, in the *Vratch*, No. 46, 1885, that recently he came across an extremely rare case of helminthiasis (in a peasant), in which a dose of decoction of pomegranate root expelled one hundred and two *arshins* (= 238 feet, 1 *arshin* = 2⅓ English feet) of tapeworms, twelve distinct heads being found in the mass.

—Several soldiers in different French regiments have been bitten by mad dogs. M. Pasteur has consented to treat them, without payment. Some wards in the military hospital, the Val-de-Grace, have been prepared, in order to receive patients menaced with hydrophobia. Madame Dagnan has bequeathed 6,000 francs for the benefit of M. Pasteur's patients.

—Mose Billups, a country darkey, entered Kiser's drug store and inquired:

"Boss, yer got any smoothing syrup?"

Kiser gave him a bottle of Mrs. Winslow's celebrated compound, and inquired "if he wanted anything else."

The darkey looked around, and seemed to be in deep meditation, when he broke out with:

"Yas, my old woman tole me ter git her some er dem confounded liber-coated pills and er box er consecrated lic—yer got eny er dat?"

—The secretary of one of the New York schools for practitioners lately received a letter in which the writer said: "I have practiced over twelve years—and wish to know if you will issue me a Diploma if regular fee be paid, without actual attendance. Would like to have one before going to ——. Please let me know by return mail and confer favor. . . . P. S. Have a well preserved 'fœtus' you can have if of any benefit, as I do not wish to take along."

—"Yes, I'm in the lecture business," said the long-haired passenger, "and I'm making money. I've got a scheme, I have, and it works to a charm. Big houses wherever I go."

"A scheme?"

"Yes. I always advertise that my lectures are specially for women under thirty years of age, and for men who are out of debt. You just ought to see the way the people come trooping in."

—Dr. Forster, of Amsterdam, contributes an article on "How Shall Physicians Cleanse their Hands?" to the *Central. für Klin. Medicin*, and has, after a series of careful experiments, come to the conclusion that a solution of carbolic acid of the strength of two and a half per cent. was not capable of "sterilizing" the fingers after visiting infectious patients, but that a solution of corrosive sublimate of the strength of one in two thousand formed a reliable antiseptic wash.

—There were, according to Dr. Dujardin-Beaumetz, nineteen deaths from hydrophobia in Paris last year—a number higher than in previous years; and yet the number of stray dogs destroyed was also higher—viz., 5,060. Of these nineteen persons, fifteen were males and four females. The time of incubation varied from nineteen months (in the case of a young man of twenty-six) to twenty-nine days (a child of eleven). In only one case was the time of the bite unknown. Excluding that, and the exceptional case of nineteen months, an average of about two months is arrived at for the time of incubation. As to duration of the disease, the extreme limits were one day and eight days; average, three and a half days. In no case were the lower limbs bitten.

OBITUARY NOTICE.

MRS. DR. H. KNAPP.

The wife of Dr. H. Knapp died last month after a short illness at the home of her parents, in Germany. Dr. K. and family are all abroad, and will return in May.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1518.] PHILADELPHIA, APRIL 3, 1886. [Vol. LIV.—No. 14.

Original Department.

Lecture.

ERYSIPELAS FOLLOWING INJURY TO THE BUTTOCK; HEREDITARY SYPHILIS IN A BOY OF SEVEN; PISTOL-SHOT WOUND OF ABDOMEN; AMPUTATION OF ARM.*

BY JOHN H. PACKARD, M. D.,

Of Philadelphia.

The patient, a man aged fifty, some four or five days since had a fall, resulting in what resembles an erysipelatous inflammation of the buttock. The whole part is covered with the color peculiar to erysipelas, and when I pass my finger across the skin it leaves a white mark which remains some time. The same thing is seen in scarlet fever, while in ordinary inflammation this would not occur; therefore, we consider it a valuable aid in diagnosis, for there must be some deteriorated constitutional condition, as is the case in a scarlet fever patient. Upon careful examination of the part, I am able to elicit fluctuation; there must be pus contained within the swollen inflamed area.

In examining for fluctuation, it is well to remember that unless we feel in a line with the muscle we may fall into errors of diagnosis. As in all cases of suspected erysipelas, this man was placed on diet treatment, *i. e.*, nourishing food, quinine, and rest.

Knowing there is pus, I do not hesitate to make an incision. It will be a short, but painful operation. I will therefore give him ether, but only to the point where his upraised arm falls involuntarily to his side. At this point there is a moment of complete anæsthesia when the knife may be used without the patient's knowledge; it must, however, be used rapidly, for within fifteen seconds he is wide awake again.

It is of value to bear this point in mind, for it is most useful in office practice, where patients may desire to return immediately to their homes or occupations.

When anæsthesia is complete, it often is twenty-four hours before the effect passes off, or at least till the patient feels well.

HEREDITARY SYPHILIS IN A BOY OF SEVEN.

Here is a small boy of seven years, whom I show with much pleasure, as the case is instructive, being such as might mislead the young practitioner. Two weeks ago this child had a punctured wound of the forefinger at the first phalanx. Look at it now, and look well at the little patient. Why this peculiar swelling following so slight an injury? The swelling is a typical one in this class of children. It extends from the first to the second joint of the finger, and is greatest at a point midway between the joints. The patient, even for a child of seven, is not robust. The cervical glands are enlarged. The cornea is not opaque, but the expression of the eye is dull, lustreless. In examining his teeth (which of course are temporary), I note that they are worn down and smooth. When these are replaced by permanent teeth, they will be notched, known as *Hutchinson's teeth*.

This child has *hereditary syphilis*, and this is manifested in the peculiar swelling of the finger. This is *never* seen following such a wound in a healthy child.

It is important to bear in mind this diag-

* Abstract of clinical lecture delivered at the Pennsylvania Hospital.

nostic point, for no amount of local treatment would ever heal this finger, which is merely a local manifestation of a constitutional taint.

The little patient will be put on anti-syphilitic treatment, when the swelling will disappear and the finger resume its normal shape.

PISTOL-SHOT WOUND OF ABDOMEN.

This man was brought into the hospital one week ago, having been wounded in the abdomen by a pistol-shot. At first we were in doubt that the kidney was involved; however, after being admitted, the urine drawn off was perfectly clear, which of course would not be the case if that organ had been wounded. There was some threatening of peritonitis, and we therefore applied eight or ten leeches in the region where these symptoms existed, and the usual treatment. We quieted the movements of the intestines with opium in the form of suppositories, and did not relieve the constipation till after nine days, when he had a natural movement. All symptoms of inflammation subsided, and he presents to-day a well man.

This case seems to illustrate how near we may be to having severe injury, and yet with careful preventive treatment make a free escape. On the other hand, had we been in haste to effect a movement of the bowels in this patient's case, he would doubtless have suffered the greatest trouble, or mayhap have lost his life. N. B.—"Prevention is better than cure."

AMPUTATION OF ARM.

This young man was, one week ago, admitted to the hospital, having had his arm caught between the buffers of freight cars, just above the elbow-joint. The bone escaped injury, but not so the brachial artery, which was felt distinctly pulsating at the wrist.

The only thing to be done was ligature of the artery above the injury, to anticipate secondary hemorrhage, which would undoubtedly have been fatal; but as a result of cutting off the blood-supply, the arm became cold and bloodless, while a dusky flush spread almost to the shoulder. The whole case looked extremely unfavorable, and the patient wisely consented to amputation as his only remaining chance for life.

On the day of the operation his temperature was 104½°, the next day it fell to 101½°, and on the day following to 100°, since which time it has been normal.

To-day we redress the stump, which has not been uncovered in three days; some odor is perceptible, but it is not due to putrefaction, except of the discharges. There is neither swelling, nor sloughing, the stump is in good condition, and we wash it with a solution composed of—

R.	Ac. carbolici,	gtt. xv.
	Tinct. iodini,	gtt. xv.
	Aquæ,	Oj.

Which is an excellent antiseptic wash.

COMMUNICATIONS.

NOTES OF A CASE OF NECROSIS OF THE VOMER.

BY ALEXANDER W. MACCOY, M. D.,

Of Philadelphia, Pa.,

Member of Philadelphia Laryngological Society, etc.

During the latter part of July, '85, a gentleman, a resident of Maryland, consulted me for relief from a profuse and troublesome nasal discharge, which constantly escaped from the nasal chambers anteriorly and posteriorly. The discharge was muco-purulent, with some slight odor. The gentleman was of remarkably fine physique, apparently in perfect health. His history was as follows: Several attacks of nasal discharge had occurred prior to the one he now suffered from; the first attack began two years before, and was quite similar to the present attack. His family physician in Baltimore gave him treatment which checked the discharge; but about one year later the discharge began to annoy him again, and showed all the characteristics of the first attack. Treatment again relieved him, but during the spring of '85 the nasal discharge returned, when the usual treatment failing to cure him, he was referred to me.

Some years before any of these attacks of nasal discharge, he had consulted several surgeons for a peculiar ulcerating wart on the right cheek, close to the side of the nose and one inch below the inner angle of the right eye. A prominent surgeon in this city, whom he consulted, advised him to have it cut out, hinting to him that it was probably an epithelioma; his physician in Baltimore applied a caustic to it, and it healed, leaving an irregular puckered scar. Many years before this sore appeared, he had had a peculiar-looking wart on the palmar surface of the right hand at the base of the index finger, which disappeared, leaving a scar which is still faintly visible. He also acknowledged having had a sore on penis at 18 years of age, which was cured under the treatment of a famous French surgeon in Paris. No other symptoms whatever had

showed themselves except those above mentioned.

Examination of the nasal cavities anteriorly showed nothing excepting a rather highly colored membrane, slightly swollen on the right side. Inspection with the rhinoscopic mirror posteriorly showed a profuse thick discharge of a greenish-yellow color adhering to the vault of the pharynx, and filling up the nasal openings, especially the right one. After the mucous membrane of the vault had been cleansed with much difficulty, the mucous membrane of the free edge of the vomer and of the nasal openings was found to be highly red and swollen. At the vault, to the right of and above the Eustachian tube, a long, narrow ulcer, of irregular edges and granular base, bathed in pus, was seen. The right opening appeared more swollen than the left, markedly noticed over the posterior portion of the middle turbinated body; the free edge of the vomer was swollen, reddened, and irregular, having lost its normal outline. A probe passed along the right nostril from the front disclosed, far back in the nostril, a roughened surface over the septal wall, similar to dead bone. Quite a large surface was bare and roughened. The probe passed in the left nostril showed necrosed bone also over the septal wall. The most diligent search with the probe failed to discover any other bony tissue necrosed. The diagnosis was inferentially made: specific necrosis of the vomer. The ulcer at the vault was undoubtedly specific also. The usual treatment was instituted, with the most satisfactory results. The necrosed vomer came away almost in its entirety, discharging through the naso-pharynx into the mouth; the ulcer rapidly healed, and the secretion gradually subsided; the opening in the septal wall appeared to grow smaller. The mucous membrane covering the free edge of the vomer, after the necrosed bone was exfoliated, appeared to settle down and form an elbow, but later this appearance was not visible. To-day the rhinoscopic image posteriorly shows all of the tissues normal, no evidence being visible of an opening having been made in the septum at any time; nor could the perforation of the septum be seen anteriorly, the opening in the septum being only determined by the probe. The case is instructive as showing how obscure the real cause of a nasal discharge may be, without exact and thorough examination of the nasal chambers; and how syphilis often plays a much more important rôle in certain cases of rhinitis than we are willing to acknowledge.

1417 *Walnut street.*

LANOLIN: ITS USE IN THE TREATMENT OF DISEASES OF THE SKIN.

BY JOHN V. SHOEMAKER, A. M., M. D.,

Of Philadelphia.

My attention was attracted not long since to an able and exhaustive address delivered by Prof. Oscar Liebreich, on lanolin as a new basis for ointments. The investigations of this eminent chemist and physician clearly showed that he had produced a cholesterine fat far superior in its action on the skin to either glycerine fats or mineral oils. In the course of his investigations with this substance, in showing its great absorptive action when applied to the skin and in contrasting its utility especially with mineral fats or petroleum products, he claims well-founded, as he terms them, objections to the employment of the latter as basis for ointments. Let me in this connection quote these objections side by side with my own, which were made after careful investigation some years ago, especially upon vaseline and cosmoline as basis for ointments:

LIEBREICH'S INVESTIGATIONS ON THE ACTION OF MINERAL FATS.*

"Quite apart from the fact that the absorption of medicaments when mixed with pure fat is but imperfectly effected, fat-ointments are subjected to decomposition which may lead to irritation of the skin. It is true that vaseline does not decompose, but it prevents the entrance of medicaments into the skin, so that even poisonous substances when mixed with vaseline and rubbed into the skin produced neither local nor constitutional symptoms of poisoning."

MY OWN INVESTIGATIONS ON THE ACTION OF MINERAL FATS, REPORTED IN 1882,† 1884,‡ AND 1885.§

"Petroleum products, vaseline, cosmoline, etc., possess feebler power to penetrate the skin, if any at all, than animal fats, which have more affinity for the integument. Their absorptive power for penetrating action into the skin is so feeble as to almost cause them to be excluded as such. Irritant ointments of veratria and other substances which I had made respectively of vaseline, cosmoline, and of simple cerate, manifested themselves in the former two preparations as almost inert, while the activity of that made with simple cerate very soon became evident. Further, the petroleum products retain some stimulating constituent left after their manufacture."

It will be seen both from Liebreich's experiments and conclusions as well as my own that the substance employed as a basis for ointments should possess the power of penetrating the integument and in not irritating it. Liebreich has therefore succeeded by his investigations in producing an agent

* British Medical Journal, January 16, 1886.

† Transactions of the Medical Society of the State of Pennsylvania, vol. xiv., p. 129.

‡ See paper on the Oleates read before the Section of Pharmacology and Therapeutics at the fifty-second annual meeting of the British Medical Association, in the British Medical Journal, October 18, 1884, pp. 749–751.

§ The Oleates, an Investigation into their Nature and Action, pp. 58–62.

as a basis for ointments which not only possesses this absorptive action that is so necessary, and that he can justly claim for lanolin, but by its neutrality its own decomposition is out of the question, and consequently it will not irritate the skin. It is a substance, from these valuable merits, which I regard as even superior to lard, the hitherto most acceptable basis for all ointments. Lanolin, Liebreich states, has its origin in keratinous tissue, and is manufactured chiefly from wool, by "transforming the wool fat into a milk, and then subjecting it to a centrifugal action." By this process, he further adds, "a thin milk and cream are obtained, just as when milk is subjected to centrifugal action, and the cream contains lanolin in a pure condition. More than 100 per cent. of water can be kneaded with it, the result being a yellow, very plastic ointment." Through Baker & Co., of Philadelphia, I obtained by importation a quantity of lanolin, with which I have now conducted very many experiments, with good results and the greatest satisfaction. It is an ointment having a yellowish color and a very slight woolly smell, or an odor similar to that of new cloth, which is barely noticeable and is not the least unpleasant. It is neutral in reaction, and has the consistency of ordinary citrine ointment, which it has very much the appearance of, and is soft, smooth, and slightly tenacious. On applying it to the skin, with slight friction it rapidly disappears. It is only decomposed, as it is claimed, with great difficulty, and it readily combines with other fats, oils, and glycerine, forming many most excellent ointments and liniments.

Therapeutic experiments with it, more particularly in my clinic at the Hospital for Skin Diseases, have demonstrated the rapidity with which it is absorbed and well borne by the skin. Cases having eruptions on various parts of the body had lanolin ointment used on one portion, lard ointment on another, and petroleum ointment on still another. The effect of the application of these bases were strikingly different upon the same subject and in the majority of cases. The lanolin was found to be rubbed in with ease, the absorption being rapid and the medicament held in suspension, and in contrast with the drug in the other ointments to be more decided in its impression upon the parts. For example, the employment on the skin of a 5 per cent. carbolic lanolin ointment, and the same quantity in lard and in cosmoline, produced rapidly in the former a numb sensation, less marked in the lard ointment and even less so or almost an absence of effect in that of the cosmoline ointment. The experiments so far conducted show that lanolin requires much less for an application for an effect, and therefore it is particularly economical as a basis for ointments. Again, the slight tenaciousness of the ointment fulfils a most valuable purpose in keeping it in contact with the skin. This property prevents it from greasing up the surrounding parts, or from running off, which it rarely may, even when the integument is most highly inflamed.

The following formulæ are appended as instances of the use of lanolin in my experience of the diseases named:

℞. Zinci oleatis, ℈j.
Lanolini, ʒiv.—M.
For acute eczema, rosacea, and acne.

℞. Potassii iodidi, ʒss.
Lanolini, ʒiv.—M.
For scrofuloderma and scars.

℞. Plumbi oleatis, gr. v.
Lanolini, ʒj.—M.
For erythema, acute eczema, and sycosis.

℞. Naphtholi, gr. x.
Lanolini, ʒij.—M.
For scabies, lousiness, and chronic eczema.

℞. Chrysarobini, gr. xv.
Lanolini, ʒij.—M.
For psoriasis, tinea versicolor, and acne vulgaris.

℞. Olei cadini, ʒj.
Lanolini, ʒiv.—M.
For chronic eczema and psoriasis.

℞. Cupri oleatis, gr. x.
Lanolini, ʒiv.—M.
For ringworm, favus, and tinea versicolor.

℞. Acidi carbolici, gtt. ij.
Lanolini, ʒj.—M.
For epithelioma, lupus, and common ulcers.

℞. Acidi salicylici, ʒss.
Balsam peruviani, ʒss.
Lanolini, ʒss.—M.
For fissured eczema of the hands and feet especially.

℞. Arsenici oleatis, gr. v.–x.
Zinci chloridi, gr. v.
Pulv. marantæ, ʒss.
Ext. belladonnæ, gr. v.
Ext. opii, gr. x.
Lanolini, ʒss.—M.
For epithelioma, lupus, and old ulcers.

℞. Ferri oleatis, ʒss.
Lanolini, ʒss.—M.
For arsenical sores and old ulcers.

℞. Boro-glyceridæ (50 per cent. solution),
Lanolini, āa ʒss.—M.
For scrotal and anal eczema; also eczema of the nose and ears, sycosis and dermatitis.

℞. Ungt. hydrargyri oleatis,
Olei ergotæ,
Lanolini, āā ʒss.—M.
For alopecia.

℞. Acidi boracici, ʒss.
Lanolini, ʒss.—M.
For ringworm, seborrhœa, and bromidrosis.

℞. Hydrastis, gr. iv.
Lanolini, ʒij.—M.
For seborrhœa, subacute eczema, and hyperidrosis.

℞. Lac sulphuris, ʒss.
Thymol, gtt. iij.
Zinci oleatis, ℈j.
Lanolini, ʒss.—M.
For acne rosacea and sycosis.

℞. Plumbi carbonatis, ʒss.
Ext. erythroxyli cocoæ, ʒss.
Lanolini, ʒss.—M.
For acute eczema, erysipelas, and herpes.

℞. Ext. belladonnæ, gr. x.
Ext. arnicæ, ℈j.
Morphiæ sulph., gr. ij.
Lanolini, ʒss.—M.
For furuncular affections, herpes zoster, and impetigo.

℞. Hydrargyri chlor. corros., gr. ij.
Lanolini, ʒij.—M.
For syphilitic affections, lupus, and alopecia.

℞. Ext. conii, gr. x.
Naphtholi, gr. x.
Olei camphoræ, gtt. v.
Lanolini, ʒss.—M.
For paræsthesia and all irritable conditions of the integument.

Philadelphia, Pa.

A CASE OF WIRING THE FRACTURED PATELLA.

BY J. EDWIN MICHAEL, M. D.,

Of Baltimore, Md.

A. W., æt. 43, laborer, entered Bay View Hospital, October 31, 1885, suffering from an ununited fracture of the left patella. His account of himself is not satisfactory. It is about as follows: About a year ago he suffered from an attack of what the doctor called brain fever, during which he was delirious most of the time, and about which he knows nothing, except that upon recovery he found his left leg almost useless on account of a broken knee-cap. How it was broken or how treated, if treated at all, or even when treated, he is unable to say. Upon exposing the knee, a transverse fracture of the patella was obvious. The fragments lay about three inches apart, separated from each other by a deep sulcus. Upon being requested to raise the leg from the bed in the extended position, the separation between the fragments increased to about five and one-half inches, and he was unable to raise the heel from the bed until flexion to very near a right angle had occurred. The patient could walk, but in so doing used the leg as an artificial or paralyzed one, being able to bear his weight upon it only when in the position of full extension. The operation of opening into the joint and wiring together the fragments was proposed and explained to the patient, and gladly accepted.

On November 4, the operation was performed in the following manner: The patient being etherized, the extremity, from ankle to upper third of thigh, was thoroughly scoured with soap and water. The same region was then freely washed with a solution of corrosive sublimate of a strength of 1 to 1,000. The hands of the operator and assistants, all sponges, towels, etc., which were to come near the wound, were freely saturated and washed in the same solution. The instruments were kept when not in use in a solution of carbolic acid about 1 to 40. Carbolized catgut was used for ligature and suture. A transverse incision was made across the extremity about midway between the broken fragments of patella, and the joint freely opened. The web of connective tissue uniting the fragments was found to be very thin. The soft parts being now drawn upwards, the upper fragment was exposed and a thin slice of bone removed with the saw. The lower fragment was next treated in the same way, with the addition that an exostosis of small size was removed from its outer angle with the bone pliers. Holes were now drilled through the fragments, beginning about three-quarters of an inch from the upper margin of the freshened surface, and ending at its lower margin in a slight excavation made for the purpose with the gouge, as recommended by Lister. A silver wire something less than an eighth of inch in thickness was now passed through the drill holes and the fragments drawn together. It was found that considerable traction was necessary in order to accomplish this. The lower margins, however, were caused to meet without the necessity of notching the tendon of the quadriceps. The upper margins could not, however, be brought together, and there was hence a V-shaped notch between the two. I thought this interval would be filled with connective tissue if not with bone, and moreover would be a very good place in which to conceal the ends of the wire, and so disturbed myself no further about it. The wire was now twisted, and the ends bent down into the interval mentioned. The wound was now thoroughly cleansed and dusted with iodoform, a short rubber tube placed at either angle, and the line of incision closed by means of the continuous catgut suture. Another dusting with iodoform, a

pad of iodoform gauze, mackintosh, and a bandage, completed the dressing of the wound. The extremity being retained in the position of full extension, was now encased in a plaster splint and the patient put to bed. On the day after the operation the patient complained of pain at the seat of the wound and received a small dose of morph. sulph. which relieved it. On the third day the temperature reached a fraction over 99°, which was the highest during the progress of the case. From this time the history is monotonous—no fever, no pain, no discharge.

On November 25, three weeks after the operation, the dressing was changed for the first time. The line of incision was found to be solidly healed up except at the points where the drainage tubes kept it open. No movements were attempted, the wound was dressed and the splint re-applied.

December 10, all healed, union between fragments firm, but not osseous. Passive motion attempted and flexion carried to about half its full extent. Shampooing with liniment and frequent passive motion directed. Patient can raise the leg from his bed in the extended position. Is now allowed to walk on crutches, but still wears a splint.

January 15, patient walks without a cane and with no other support than a bandage. Can flex the leg to considerable extent, and has full power of extension. He is now employed as one of the waiters in the institution.

Hospital Reports.

PHILADELPHIA HOSPITAL.

Service of Dr. Theophilus Parvin.

Craniotomy.

I have a case of very great interest to present to you this morning, gentlemen. You will remember that I have had twice before you a woman who was approaching the full term of pregnancy, and who had a severe and irritating cough, and who was losing flesh. You will remember that I told you that when a pregnant woman loses flesh, you can always make up your mind that there is something wrong. It is the rule for a woman to gain about one-thirteenth of her weight during the last three months of pregnancy, and this independently of the weight of the fœtus: she herself should actually gain in weight, and when she does not, you may rest assured that there is something wrong. Now, this case leads me to say something about physical defects in pregnant women, for upon examination we found that there was some consolidation, some tubercular implication of the right apex in this case, and I told you at my last lecture that it was my opinion that women who had or who were predisposed to any tubercular or phthisical trouble ought not to be perpetuators of our race.

Well now, to-day let me say a word about heart disease in connection with pregnancy. In regard to valvular disease of the heart, statistics tell us that two-thirds of all the cases that are noted among pregnant women are of the mitral valve, and I would most emphatically assert that a structurally-diseased heart is a very bad thing for a pregnant woman. Last Sunday this woman's pulse was 120, and she was suffering greatly from shortness of breath; her face was pale, her lips blue, her pulse not only rapid, but feeble as well; during the preceding twenty-four hours she had passed only two ounces of highly albuminous urine, though when she was before you, a week ago, I told you that her urine was free from albumen. In a word, then, she was in a very critical condition. Her feet were very much swollen. To go back for a moment to my remarks about heart disease and pregnancy, I would say that when a cardiopathic woman gets married it is a very great misfortune; and while we cannot always control such matters (for they will see "Helen's beauty in the brow of Egypt"), yet our advice should be strongly against marriage in such cases. As a rule, however, love controls the mind, and the love-sick swain and maiden will rush ahead to a consummation of their hearts' desires despite our most earnest advice. It has been said, and said truly, that marriage is a cure for certain forms of heart disease, but the disease amenable to this kind of therapeutics is not valvular in nature. If such women do get married, we should lay it down as a law that they should not have children; but here, again, it is much easier to formulate the law than it is to secure its enforcement. I would say that the results are to be regarded as more apt to be serious where there is mitral than where there is aortic disease. If such a woman has children, then we should make every effort to have the labors as easy as possible, to avoid all strain on the weakened heart. She should not nurse her children.

Well, now, to go back to our patient. She was in labor from Sunday evening at ten until Monday morning at four o'clock.

Now what ought to be the rule in such cases? The abdomen was more distended than in her former pregnancies. It seemed to me that in view of the woman's critical condition we were called upon to rupture the membranes, hasten delivery, and, if possible to use the forceps, apply them. My resident, Dr. Allen, succeeded, after working for three-quarters of an hour, in dilating the os from the size of a silver dollar up to the usual normal dilatation for labor. The membranes were ruptured, and with the flow of the liquor amnii there was decided relief from the cardiac apnœa. The waters were very abundant, though we could hardly call it a case of hydramnios. It was my hope that the child would be small, as is usually the case when the waters are abundant, and that it would therefore readily and rapidly descend into the pelvis, when we could apply the forceps and complete delivery. Well, to our disappointment, the head did not come down. The position was made out to be the left occipito-anterior of the vertex, and as the os was well dilated, it was proposed to apply the forceps to the head high up, where it was arrested. When you are going to apply the forceps with reference to the sides of the pelvis, I would advise you to use Simpson's or Barnes', while when you apply it with reference to the sides of the fœtal head, you should use a Fay-Hodge, a Smith, or a Davis. Well, in this case we applied Simpson's, but the handles would not lock. When this occurs, you may be sure either that you have to do with a very large head, that your grasp is irregular, or that you have not passed the forceps in far enough so as to be well applied, the edges going over the head, as it were. We made fair traction, and there was some slight descent, but when we remitted traction there was recession of the head. Then we tried Tarnier's forceps, and there was some little descent, but the forceps slipped, and this is a point you must look out for. Be careful that when you draw the forceps out they do not come out empty, for if they do you will feel very much chagrined, more especially if you happen to be pulling with all your might and main, as was once the custom, and have the misfortune to be landed in a heap in the middle of the floor of the lying-in chamber. You will be not only an object of ridicule under the circumstances, but will be also likely to receive a fair share of censure; so be careful that your forceps do not slip. Well, I say they did slip here, so I finally concluded that there was no use to continue this procedure any longer. I now tried to introduce Davis' forceps, and got one blade in. Before you use the forceps, always be absolutely sure of the position. In all cases where there is any doubt, it will be best to introduce the entire hand and feel for an ear; if you feel this organ you know that ears grow on heads, and you are sure of a vertex presentation; and remember that the curved margin of the ear is directed towards the occiput, and this will enable you to make out the position. Well, now I found the cord prolapsed by the side of the head and pulseless, so, therefore, I did not press the introduction of the Davis' forceps, for I felt that it was useless and besides senseless, when the head was remote and the child dead; so I concluded that it would be better to perform craniotomy at once. For this purpose I used Smellie's scissors, and soon delivered the head. You are all familiar with Smellie's scissors, but in perforating the head with scissors, unless you break up the cranium enough to let the brain out, you do not reduce the size of the head. It has been suggested by some that after perforating the cranium we should syringe out the cavity, thus washing out the brain. We should at the beginning make a large perforation and tear away some of the bone by craniotomy forceps, so that we will not be compelled to enlarge the opening subsequently. Tarnier's ovariotomy forceps are good for this purpose. In this case the head was fugitive, and perforation was consequently a matter of considerable difficulty. So that, even where the head is movable, a perforator like Tarnier's is sure to enter and to make a large hole, therefore I would advise you to use it. I used strict antiseptic precautions during and after the operation, and the woman's general condition to-day is good, her temperature being normal; yet here is a woman in whom three unsuccessful attempts were made to deliver with the forceps and where craniotomy was then performed—surely there is plenty of excuse in this case for septic infection, but there was no noticeable traumatism, and the hand was not much in the uterus. I was surprised at the size of the child when it was delivered. I had expected that it would be over-sized, but the measurements of the head were not more than usual. Statistics tell us that the average weight of British children is between six and seven pounds; I hardly think this is heavy enough, at least not for American children. I had calculations made recently from one thousand cases, with the result that in males the average weight is three or four ounces over, and in females three or four ounces under seven pounds. As a rule, the

fourth child that a woman bears is the heaviest. There is another curious fact to be gleaned from this case. It is supposed by some that a process of starving by the mother will reduce the weight of the child, so that in women whose labors have been complicated by very large children a sort of starving process is resorted to. Well now, here was a woman whose tissues were so starved as to cause emaciation, yet the child was full-sized.

Puerperal Sepsis.

Here is a very interesting case, and one that it will be well for you to remember, for this woman was as near death's door as I have ever known mortal to be and recover. I had abandoned all hope, and was looking momentarily for her death; but I have now the pleasure of bringing her before you far advanced on the highway to recovery. The presentation and position in this case were normal, but there was hour-glass contraction, with retention of portions of the placenta. Thirty-six hours after labor I removed these fragments, using Hagar's hard-rubber dilators, which are admirable instruments for this purpose. I believe that in such cases rapid dilatation is less dangerous than the more gradual process. We had no trouble in dilating in this case. The fundus was in the epigastrium, where it ought to have been, for it is not until ten or twelve days after labor that the uterus descends into the pelvis. Therefore, from this physiological fact, you see that there is some foundation, after all, for the popular notion that a woman can leave her bed on the ninth day after labor. The uterus was here above the symphisis pubis, and if it persists in this position, it possesses some value; for if, in connection with fever, we find an arrest of involution, we have a right to suspect puerperal sepsis. When I dilated this os, I scraped, or curetted, the womb, and I would say that, as a rule, it is not necessary to give chloroform for this operation. By means of Emmett's currette forceps and Recamier's curette, we should always clean out the uterus when we have reason to know that there are retained membranes or fragments of placenta. You will run no risk by the operation, but the woman will run a very great risk if you neglect to perform it. When the woman continues ill and at intervals fragments of placenta are discharged, you may feel quite sure that operative measures are indicated. Bring the woman to the edge of the bed, have your dilators and your disinfectant solutions ready. First, disinfect the vagina, your instruments, and your hands, and by passing one dilator and then a larger one, and so on, you will, in a few minutes, procure enough dilatation to enable you to introduce your curette. In this case the fragments of the placenta were so broken down that I could not remove them with the curette forceps; it was like trying to eat soup with a fork. So I was obliged to scrape it away, for which purpose you may use Simon's spoon or Recamier's curette. This process may seem like groping in the dark, but it is not: you will pass your instrument up and scrape towards each tube, and with your disengaged hand on the fundus you will have a very good idea of what you are doing. As soon as I dilated this os, there was a discharge of about half an ounce of horribly-offensive matter, though from the period of confinement there had been daily injections of carbolic acid; and in the masses of decayed matter were noted white spots, little islets, as it were, of placental tissue. When you have scraped down to the muscular coat of the uterus, you will hear a creaking, grating noise, and some authorities advise you to continue until you get this; but I would hadly dare to go this far, preferring to stop a little short of the muscular tissue. After I had finished the scraping, the uterus was washed out with a $\frac{1}{3000}$ solution of corrosive sublimate, which I think is strong enough for these cases. I have a notion that this germicide is frequently used in dangerously strong solutions. I was reading recently of the method in which Chiarri, a famous Italian obstetrician, conducts his cases of labor. The first thing done is to thoroughly spray the external genitalia with carbolic acid, which is continued throughout the labor, so that when the hand enters the uterus it passes through a cloud of carbolic acid, and, as the goddess appeared to Æneas through a cloud, so the babe emerges into the world clouded in an atmosphere of carbolic acid. After birth, the parts are disinfected with a solution of corrosive sublimate of the strength of $\frac{1}{1000}$. Well now, this seems to me to be too strong to be safe, and stronger than there is any necessity for using. To go back to our patient, there has been a steady, though slow, improvement ever since the uterus was cleaned out, and she is now getting well. This has been a very chronic case, for the labor occurred in December. Such a case ought to inspire hope for even the most desperate cases.

Three hundred and thirty-two years before the time of Christ, our ancient father, Hippocrates, recognized this form of disease, but

viewing its etiology differently from us of to-day, he ascribed it to a suppression of the lochia, yet it is noteworthy that he has left us record of the fact that he observed the disease. Of course, we know that in many cases of puerperal sepsis there is no suppression of the lochia, though a characteristic of the disease is that the lochia are very offensive. Later on, Galen taught the same doctrine, but in connection with the suppression of the lochia, he taught that there was an inflammation of the womb. So, for two thousand years, the profession held this Hippocratic doctrine of puerperal sepsis. In the seventeenth century, those whom the late Dr. Meigs was fond of derisively calling *milkmen*, advanced the theory that the disease was mainly due to a derangement of the function of lactation. They held that during all the time there is a supply of milk throughout the circulation, and that during pregnancy it became concentrated in the uterus, while after labor it was transferred to the breasts: but that in some women there was too much milk, and it was secreted by the salivary glands, excreted through the umbilicus, etc.; and in some cases it went back to the uterus and played the mischief. The idea of milk fever has passed away, and some to-day call it *puerperal* fever, which is a vague term, with no definite meaning. We might just as well speak of puerperal coryza, or puerperal scarlet fever, or puerperal measles, or indeed it would be quite as sensible to speak of *puerperal tooth ache*, and write a learned essay on the subject.

Medical Societies.

CLINICAL SOCIETY OF MARYLAND.

Stated meeting held January 22, 1886.

After regular order of business, the following papers were read:

Dr. J. Edwin Michael reported

A Case of Wiring of the Fractured Patella.

(*See page* 421.)

Dr. O. J. Coskery thought it would be of interest to show, in connection with Dr. Michael's case, one that had recovered under the old-fashioned adhesive strap treatment. This case was the result of direct violence—a blow from a crank handle.

Dr. N. G. Keirle exhibited an anatomical specimen illustrating the condition of the joint in an old fractured patella. The union was entirely fibrous.

Dr. Randolph Winslow tendered his congratulations to Dr. Michael upon his brilliant success, obtained in the case just exhibited. In opening the discussion of the subject of wiring the patella for fracture, it is necessary to consider separately the method as applied to 1st, recent fractures, and 2d, chronic cases, in which there is marked impairment of function; for whilst there is great unanimity of opinion in regard to the one, there is great diversity in regard to the other. Where an old fracture remains ununited, and the functions of the limb are seriously interfered with, nearly all surgeons agree upon the propriety of attempting to obtain better results by cutting down upon the knee-joint, and bringing the fragments together with wire, and the case of Dr. Michael is an excellent example of what may be done in such conditions; but in regard to recent fractures, many of the most eminent practical surgeons hold diametrically opposite views. Amongst those advocating primary suture of the patella will be found Sir Joseph Lister and Dr. McEwen, in Great Britain, and Dr. Dennis, of New York, whilst equally as good practical men, as Bryant, Holmes, and Heath, condemn the operation in such cases. Let us consider 1st, whether better results are obtained by wiring than by splints, and 2d, what are the dangers of the operation. In regard to the first proposition I will quote the opinion of Bryant, as found in the last edition of his text book, published in 1885. He says: "Within recent times surgeons have advocated the primary treatment by wiring, and successes have been obtained—some excellent, others indifferent, few better than the average obtained by the treatment above described. * * * I cannot recommend this practice to be universally adopted. It is eminently hazardous; and when we know that in the majority of cases of fracture of the patella treated without operation results are obtained which in exceptional cases alone interfere with life's duties, the treatment by operation stands condemned as a rule of practice." He presents also a most interesting table of cases treated at Guy's in the ordinary way. Of 32 cases, 28 resulted in limbs "useful in every way," and in four there was more or less weakness of the limb; of the four in two the separation of the fragments was but ½ inch, in one 1 inch, and in the other 2 inches. Of those who recovered with useful limbs, a large number pursued laborious occupations, being carriers, sailors, porters, and engineers. One man could climb a ladder with two hundred weight on his shoulder. In one man who had a perfectly useful limb, there was a

separation of the fragments to the extent of 3 inches. In another who could walk well both bones had been fractured, and there was a separation of 2 inches on each side. In another who had good use of the limb, there was 4 inches separation. In the majority there was ½ inch separation, and a satisfactory result.

A specimen presented by Dr. Winslow to this Society two years ago showed a separation of three inches, and yet the limb from which it was taken did not show the least atrophy, and had evidently been perfectly useful. Bony union does not necessarily signify good union, and it is indeed doubtful whether close fibrous union is not preferable. This is exemplified by those cases in which there has been a refracture after varying lengths of time, as the one reported by Stimson, in which a refracture occurred after two months. In a number of the cases treated by wiring immediately, some excellent results have been obtained, but frequently complications or accidents of various kinds have occurred, as profuse suppuration, or necrosis of the upper fragment, or anchylosis or impairment of function, erysipelas, and septicæmia. The ordinary treatment by splints, whilst it may possibly not yield as good results in some cases, probably, when an average is struck, will be found equally as satisfactory, and much less dangerous.

Let us see now what is the mortality inherent to the operation. Mr. John Wood, of London, reports four deaths in the first fifty cases operated on, and one additional from carbolic acid poisoning. Dr. Dennis says there have been no deaths in the second fifty cases, and yet one of his own died of erysipelas. Besides the direct mortality, then, we have the other accidents and complications already mentioned. Dr. Dennis formulates three propositions in regard to the advantages to be derived from operation.

1. The absence of danger to life and limb.

2. Superior results as regards the function of the joint.

3. Greater rapidity of repair.

It has been seen that in the first fifty cases four or five died, which shows there is considerable danger to life, even if more favorable results have been obtained since. From the fact that suppuration, necrosis, and anchylosis have occurred in other cases, it is evident that the second proposition cannot be substantiated, and the discussion narrows down to the third proposition, viz., that there is greater rapidity of repair after wiring, than when treated by splints. This is believed to be true, but are we justified in causing the death of one person in twelve in order to diminish the length of the treatment of the other eleven? or even if only one in one hundred dies, is it justifiable to operate when almost the only advantage is the saving of a few weeks of treatment? Greater rapidity of repair goes for very little when compared with greater safety to the patient. Lister said he would advocate the operation on account of his faith in the antiseptic system; even if all that was claimed, it did not hold good. In conclusion Dr. Winslow said recent simple fractures of the patella do well enough without operation, hence he opposed opening the knee-joint and wiring the fragments in such cases. On the contrary, in old fractures with wide separation of the fragments, and marked impairment of function, he thought the operation ought to be performed. Dr. John Chambers does not think the space between the fragments of the fractured patella ever sufficient to materially interfere with the quadriceps extensor muscle.

He thought that in those cases in which the function of the muscle had been impaired, an effort should always be made to rescue it from its atonic condition by massage or electrical stimulation before any operative procedure was attempted on the joint.

It is his opinion that the fragments always become more or less separated after the limb has been liberated from the splint and the joint is brought into action.

Dr. R. B. Morrison wished to direct the attention of those members of the Society who were interested in these matters and had not already seen it, to a report of 60 cases of the operation for fractured patella recently published in the *Vienna Medical Press*.

Dr. J. Edwin Michael did not wish to be understood as being a disciple of any surgeon who recommends wiring together the fragments of a broken patella *as a rule*, but wishes to have it known that he judges his cases individually, and selects only those that he thinks favorable.

A difference should be made between fractures from direct violence and those from muscular contraction. He only advocates wiring in acute cases which present peculiar conditions; as where the fragments are wide apart, or where the fracture is compound.

He has seen a case in which the limb was perfectly useful, and yet there was an interval of three inches between the fragments of the fractured knee cap. This space was oc-

cupied by firm fibrous tissue. He thinks it immaterial whether the union is fibrous or bony.

Dr. G. M. Sternberg made some remarks upon the

Malarial Germ of Laveran.

It was his intention to present a paper on the subject to the Society, but when he had completed it, it was found to be of such length that it would have taken up the whole evening to read it. He reviewed the work so far done on the subject, referring to the early publications of Crudeli and Klebs on the bacillus malariæ, which organism is now denied an existence. At that time Marchiafava claimed to have seen the same microbe. While in Rome, Dr. Sternberg, through the kindness of Drs. Marchiafava and Celli, had seen the malarial germ in the blood of patients sick of malarial fever. This body is identical with the "small round hyaline body" described in a paper on the pathology of malaria by Drs. Councilman and Abbott and read before this Society last winter.

The organism is possessed of amœboid movements; it is constantly changing in shape. At one stage it appears as a simple round disk; in another arms appear: again motile flagella may be seen, which by their lashing movements set into motion the surrounding blood corpuscles. Of course these bodies are only to be detected by the use of special apparatus. Through the kindness of Dr. Nordman, of Bay View Asylum, he has been enabled to examine the blood of malarial patients during the paroxysm, but cannot state positively that he detected the bodies. He has made similar examinations of malarial blood from other sources, but will not commit himself as to their result.

He considers the evidence very strong in favor of this organism being found in the blood of malarial fever patients. It is not, however, a bacterium. Does not think it possible to disinfect the blood by practicable doses of quinine, but does think the drug may be effectual in restraining the amœboid movements, and that they may finally, by arrest of their development, disappear from the circulation.

Dr. Wm. H. Welsh was much interested by Dr. Sternberg's remarks. He agrees in thinking the evidence strongly in favor of these bodies being found in the blood of malarial fever patients. Called attention to an article by Ehrlich, in which he describes a metaphormosis that takes place in the centre of the red blood-corpuscle, and which takes on stain. This caused considerable doubt as to the correctness of Marchiafava and Celli's discovery; but later publications proved that the body described by them is an organism.

The organism is known as plasmodium malariæ; it is not a bacterium. He thinks it important, as has been suggested by Koch, that in examining blood and other tissues for organisms, that we do not confine ourselves to searching for bacteria alone.

Marchiafava and Celli produced the disease by inoculating persons free from malaria with the blood of patients suffering from this malady.

He does not think one justified in drawing conclusions from the results of experiment alone, but is of the opinion that the natural course of events should always be taken into account.

Since Marchiafava and Celli have not isolated and cultivated this organism, and then produced the disease by inoculation from the cultures, he does not think the etiological role of these bodies *absolutely* established.

Dr. Hiram Woods read a paper on

Foreign Bodies in the Vitreous.

Dr. Samuel Theobold thinks it pretty well established that the electro-magnet is superior to the permanent magnet. The so-called permanent magnet soon loses its power.

He related a case seen by him some years since. The patient had blown into his eye a bit of glass, a fragment of a test-tube that exploded in the course of some experimental work. When seen there was detected a small particle of glass hanging from a shred of iris; in a very few minutes it had dropped into the posterior chamber, and with the exception of a slight temporary inflammation the patient has experienced neither discomfort nor inconvenience since. Vision was absolutely unaffected. The body has now been in the eye about 14 years.

The absence of harm he thinks due to the fact that glass undergoes no chemical changes.

BALTIMORE GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY.

Regular meeting held January 12, 1886. The president, George W. Miltenberger, M. D., in the chair; Wm. E. Mosely, M. D., secretary.

Discussion on Distocia.

Dr. H. P. C. Wilson said that in his own practice, in cases of presentation of the breech demanding interference, he always brings down a foot. If the breech is en-

gaged in the superior strait he pushes it up into the uterus, and brings a foot down, even if it is at the fundus uteri. He never exerts traction in the groin, either with his finger or the blunt hook, and never uses forceps in such cases. With greater experience, turning grows more and more in his favor.

He referred to the confinement of the wife of a friend in Copenhagen, in which case the head presented. After prolonged effort and failure with forceps, the child was removed by embryotomy. He felt certain, from the account he received, that, had turning been resorted to early, there would have been very fair prospects of saving the life of the child.

Dr. B. B. Browne had succeeded twice lately in delivering the child with Tarnier's forceps in difficult breech presentations, where the membranes had been ruptured several hours, the vagina hot and dry, and the breech firmly fixed in the superior strait. In all cases where the membranes are unruptured, or where the breech is not firmly wedged in the pelvis, he would prefer bringing down the feet rather than using forceps.

In reply to a question, Dr. B. said he applied the forceps in these cases to the sides of the pelvis of the mother, and without reference to the portion of the breech upon which the blades would press.

Dr. Neale, in reply to a question, said that in the first case reported, the blades of the forceps clasped the child over its hips. He thought, however, that the forceps would have a better hold if one blade was over the sacrum, and the other was over the anterior aspect of the opposite thigh, which is the method recommended by Dr. Lusk.

Dr. Thos. Opie said that he always made due effort to bring down *both* legs in decomposing the impacted breech or in turning the child. The hand grasping both knees, or one knee or thigh, has always a more secure hold than by a foot, or even both feet, and the traction acts more directly and efficiently on the body.

Dr. Neale wished to say, in regard to Dr. Wilson's remark that he "always went for a foot" in breech cases requiring interference, that he believed there were many cases in which it was practically impossible to bring a foot down, as when the breech already occupied the pelvic cavity and could not be pushed up into the uterus so as to free a foot.

Dr. Thos. Opie read the history of three cases.

Case 1. Pregnancy Complicated with Laryngeal Phthisis, with Subsequent Confinement.

Mrs. M., aged thirty, primipara, had suffered from severe pneumonia three months prior to conception. A brother had died of phthisis at about her age. Laryngeal phthisis set in about the middle of pregnancy. At the expiration of her eighth month, there was great dyspnœa—pulse 120, respiration 30, temperature 102°—and severe pain in the lower lobe of the right lung. This latter symptom was imputed to mechanical causes, from the right lateral obliquity of the uterus. So great was the embarrassment of respiration and pain, that the idea of artificially inducing labor was seriously entertained. On the 19th, labor pains set in at 7 p. m. The dilating stage lasted five hours. At 1 a. m., the head was low in the pelvis, the pulse 160, respirations 60; sweating profuse; countenance indicative of great fatigue. The child's movements and pulse showed it to be well and strong. The forceps were applied and the child delivered in excellent condition. There was no laceration of the perineum, and the uterus contracted well. There was no relief to the function of respiration. The pulse continued its same rapid stroke, the dyspnœa was quite as great as ever, and death closed the scene as if from the accumulation of carbonic acid in the blood. The child was well developed and vigorous, having drained the mother for its own support. I presume there are few supporters at present of the theory that pregnancy retards phthisis by derivation and revulsion. This case seemed one in which the disease was aggravated, if not developed under the trials of gestation.

Case 2. A Unique Presentation.

Mrs. R. H. was delivered by me in 1884 of a still-born child at full term. The os was dilated by Taylor's narrow-blade forceps and the traction rod forceps applied above the superior strait. The head not advancing under reasonable force, and the child being dead, cranioclasty was performed. Following her confinement she had severe metritis. In twelve months from her first labor, I was called to her in premature delivery of a dead child at eight months. The presentation was in my experience unique. Both hands and one foot were presenting in the os, above the superior strait, and the funis was prolapsed into the vagina. Inspection and palpation showed the shape of the abdomen as well as the contour of the uterus to be normal. The child was doubled upon its abdominal plane, its dorsal region corresponded with the fundus uteri, the head was on the shelf of the right iliac fossa, the ulnar surfaces of the hands, and the os calcis

of the presenting foot, looked towards the left iliac region. Chloroform was given to complete anæsthesia. The missing foot was found, and this and its fellow seized with my right hand only partially introduced into the cavity of the uterus. The left hand assisted in the act of version through the abdominal wall, as in the combined or bifolar method introduced by Braxton Hicks. The membranes had been ruptured for three days, but no serious difficulty was realized in turning the child. In view of the softened and yielding state of the child's tissues, it became most important that traction should have been made with both legs. The atony of the uterine walls fully compensated in turning for the disadvantage from the loss of expulsive power. When the head was extracted the occiput was pushed up, the chin was flexed, and simultaneously pressure was made by an assistant. The position as at first diagnosed could only have occurred in a dead child. I think it was originally a right occipito-iliac position. The child having lost its resiliency first assumed, under the uterine contractions, an oblique position ; and nature, unequal to the task of delivery by the head, began the work of self-turning by the feet. The patient made rapid convalescence, uninterrupted by a single abnormal symptom.

Case 3. Diagnosis of Twins. Double Battle-door Placenta.

Mrs. B., primipara, delivered January 5 of twin girls at the end of the eighth month of pregnancy. Was called a month before labor to examine what proved to be a hernia in left inguinal region. An opportunity was given for a thorough exploration of the abdominal tumor. Inspection and measurement showed the transverse diameter of the uterine globe to be as long as the vertical. Auscultation revealed on the extreme right a heart sound, and a loud placental murmur at a corresponding site on the left side. A number of small fœtal parts not clearly distinguishable were found, too many and some of them too far removed from the fœtus on the right side to be imputed to that child. Twins were predicted. The placental souffle likely masked the heart-sounds of the child on the left side. The first child was born after a tedious labor of twelve hours, the waters breaking in advance. The second child was born one hour later. The membranes broke when the head was dilating the vulva. The placentas were firmly united and the cords were inserted very near the ridge where they seemed welded together. They were so close together, and so near the line of union, as to give the appearance of a double battle-door placenta. Each fœtus had its own amnion and chorion, but there was a common decidua. The close union of the placentas on the left side of the uterus, coupled with the fact that both children were of the same sex, makes it highly probable that the two ova were deposited in the same fold of the decidua vera, that they came from the left ovary, and were from the same Graefian vesicle.

CHICAGO MEDICAL SOCIETY.

Meeting, February 15, 1886.

Discussion on Digital Exploration of the Bladder in the Male. (*See page* 391.)

Dr. E. Andrews suggested to the members that this subject was more important than has formerly been supposed. The former examinations made in these cases were very imperfect, and though the finger used occasionally to be put in the bladder, it was not dreamed that the whole circumference of it could be reached. He thought it should be impressed upon the members of the profession that the bladder can and ought to be explored.

The President thought this procedure for diseases of the bladder so new that it might be called novel, and it seemed singular that at so late a day the bladder should be explored in this way, when surgeons have so long known that the bladder could be opened in many ways without injury to the patient. He thought the profession greatly indebted to Dr. Belfield for his remarks.

Dr. W. M. Axford thought an incision in the perineum might facilitate a cure in cases of fistula, which at present are very difficult to cure, but did not know that it had ever been tried. We do know that renal fistulæ are very difficult to cure, probably because the urine is continually running over them. The procedure is practically harmless, and may effect a cure.

Dr. W. T. Belfield said in conclusion that this procedure of inserting a drainage-tube through the perineal wound for curing fistula of the urethra is mentioned in Harris's book, and seems to work with entire success. There was one point upon which he congratulated himself, viz., the discovery of cyst of the bladder. So far as he knew, nothing of the kind had been recorded in either the pathological or clinical literature of the bladder. The misery that it can cause is illustrated in the case under discussion, and from its nature it offers every hope of a cure.

Notes on Genito-Urinary Surgery.

Dr. Axford said that he believed gleet is due to a stricture of the urethra, and can be cured by curing the stricture. He believed that dilatation cured a stricture by exciting inflammation at the seat of the stricture, and thus causing the absorption of the exudate. In the treatment of strictures, he believed that perineal section is best in strictures which are deep-seated, narrow, or unyielding, or complicated by fistula or urinary infiltration; internal urethrotomy in all strictures of the meatus or fossa navicularis, for they will not stretch. For other strictures he would advise, as the case demanded, dilitation, divulsion, or internal urethrotomy. If the stricture is resilient, divulsion, or internal urethrotomy, preferably the latter. He believed the dull pain in the back, and at times in the head, during the later stages of gonorrhœa, to be due to urethral reflexes. Cure the gonorrhœa or stricture, and these disappear.

He cited cases in which severe cephalalgia and skin diseases had been cured by curing strictures by internal urethrotomy. Also, cases in which dysuria and vesical discomfort had been allayed by slitting the meatus. In female urinary troubles, after excluding uterine disease, he had given relief by digital dilatation of the urethra.

Dr. E. Andrews referred to the point whether there is any danger or not in urethrotomy. European statistics show a considerable amount of danger in operations for stricture. He did not know the reason for mortality in Europe, for he thought it the general experience in Chicago that men do not die of these operations. Long ago he had left off keeping count of the cases he had operated on, and could not recall an instance in his own practice or that of any one else in this city in which the patient died in consequence of the operation for stricture. As to the question of divulsion or cutting, he had performed the two operations indiscriminately, sometimes both on the same patient. He thought divulsion and cutting produce precisely the same result. Some strictures will stretch out under the divulsor and go back again, and cutting is better for these cases, but neither appears to be dangerous. He has found divulsors from New York instrument-makers repeatedly breaking down under strong strictures. Otis's instrument he thought exceedingly strong, but even that had failed in one instance. He expressed the belief that divulsion, thoroughly carried out, is as safe as cutting.

Dr. F. E. Waxham referred to a unique case coming under his care, of stricture in a child aged four years. He was convinced, however, that stricture is very rare among children. This was the only case that had come under his observation. Otis alludes to two causes—masturbation and gonorrhœa. In this case he found no history of gonorrhœa, and the mother denied the practice of masturbation. The child was put under the influence of ether; the stricture was so closed that he could only enter the bladder by means of a very fine bougie; this was followed by a larger one, this by a small catheter, and this by a steel sound, and the child was then able to pass the urine without difficulty. Before dilatation the child would undergo the greatest suffering every time he passed water, would scream and strain for several minutes, and oftentimes strain so severely as to cause evacuation of the bowels. After the first dilatation the child did nicely for a week, and then was as bad as ever; the second dilatation was three weeks ago, and there has been no further trouble.

Dr. A. B. Strong asked if the cure was permanent after cutting unless constantly followed up with the catheter. He wished to know if there is anything better than simple dilatation. Cutting and divulsion are more rapid, but he thought gradual dilatation offered as good and permanent results.

Dr. W. T. Belfield suggested two points in Dr. Axford's paper that required notice, the value and the safety of cutting. He thought it absolutely imperative that we limit our cutting operations strictly to the pendulous urethra. This was not merely a theoretical and anatomical consideration, but a practical one. He thought Dr. Axford, in speaking of the three methods, stretching, divulsion, and cutting, omitted one of the most important, viz., the use of a constant electric current. Although this had not received a great deal of attention from the profession, he thought anybody who tried it would never give it up. It is said to produce the most permanent results, and is convenient and easy. He had tried it in his own practice, once in the hospital where he had the privilege of cutting, but tried the battery out of curiosity and found it worked nicely, and again in private practice where it was extremely important to the patient that no perineal section should be done. As to stretching the female urethra with the fingers, he thought it dangerous. When house surgeon in the county hospital he had seen a woman die of peritonitis when that was done. He thought the best instrument for this purpose to be Stein's dilator, which has a continuous dilatation.

Dr. W. L. Axford said, in conclusion, that dilatation always has to be followed out by the occasional passage of the sound for an indefinite period of time; all the patient's life. If the stricture is divided clear through, Dr. Otis claims that a perfect cure will be made and no after-treatment will be necessary. Dr. Axford thought that Dr. Otis, although an extremist on this subject, is about right. As to cutting in the membranous urethra, he did not think any one would do that. He had never had experience with the galvanic current, had heard it recommended and also discountenanced. In dilatation of the female urethra he had always used his fingers and succeeded first-rate. Would always prefer to use his own hand, as no instrument equals the human hand.

Dr. H. T. Byford read a paper on the

Production and Prevention of Laceration of the Perineum,

with description of an unrecognized form. Illustrated. For the purpose of illustration the perineum was divided into two parts, the vulval or external, and the vaginal or internal. The former lies external to the muscles and the latter includes all the rest. When the perineum is slightly stretched by the head two rings may be felt by hooking the finger over the fourchette; an external ring marking the edge of the vulva and an internal ring marking the edge of the muscles and fascia about the vaginal orifice. Upon the positions and relations of these rings depends the safety of the perineum. When the occiput engages in them before the forehead passes the coccyx, the fourchette and muscular edge are pressed downwards, and the perineum but little bulged, and not at all endangered. When the occiput does not engage in the rings before the forehead leaves the coccyx, the fourchette is pushed upward before it, the perineum stretched from three to four inches anteroposteriorly, while part of the propelling force and nearly all of the directing force are lost before the head passes the rings and is born. The head in such cases has a greater distance to travel before delivery, involving los of time and strength.

The author described an obscure but not infrequent form of rupture, in which separate muscular fibres and portions of the fascia give way all through the perineum, or through a region of it, without involving skin or mucous membrane. Frequently there were not enough unruptured fibres left of the tissues to insure contraction and involution, and thus prevent displacements of the uterus. A persistent flabbiness is the chief diagnostic sign. To prevent rupture Dr. Byford advised: 1. To gain time for dilatation without injury to the deeper tissues, by favoring a slow advance of the head over the floor of the pelvis. 2. In order to secure sufficient dilatation of the vulval and vaginal rings to make the occiput ride over them instead of hooking under them by keeping the membranous pouch intact, or in its absence early resort to artificial dilatation, rather than wait for the fourchette to be thus hooked up over a bulging perineum, and then resort to the ordinary methods.

Dr. G. H. Randall thought that by directing the head many perineums might be prevented from rupturing. We sometimes fail to direct the head and manipulate the perineum as each case requires, because the woman is not in the proper position. Formerly he had delivered most of his cases in the dorsal position, but not being satisfied with the way he was able to manipulate the perineum and head, he had tried the lateral position, and it seemed a great improvement. He could now support the perineum by directing the head with a great deal more ease and effect than before, and it seemed to him that the lateral position is preferable to the dorsal.

Owing to the lateness of the hour, Dr. R. G. Bogue deferred reading his paper on "A Case of Oöphorectomy and of Nephrectomy," but exhibited specimens, and said: "The specimen that I have here is that of a remarkable cystic ovary in which both ovaries, with a large portion of the fallopian tubes, were removed. I have but one to present, though the whole surface of the ovary, or ovaries, was studded with small cystic tumors. The case was one of long-standing invalidism, and attended with a great deal of suffering. Finally, the question of removal of the ovaries came up, and it was decided to remove them. They were removed, and the patient recovered. The other specimen that I have is a wax model of a calculus which was found in the pelvis of a kidney during an operation for removal of fibro-nephroid kidney. On opening the loin, making the posterior operation, and cutting to the kidney, it was found to be immensely distended and filled with pus, and in the pelvis of the kidney was quite a large calculus. The calculus was claimed by the family and given them, a wax cast of it being retained. The patient from whom this was removed did not recover."

(*To be continued.*)

Editorial Department.

Periscope.

Trephining in Traumatic Epilepsy.

In the *Journal of Mental and Nervous Disease*, Dr. Charles K. Mills relates a case operated upon by himself and Dr. J. W. White, of a farmer, æt. 26, suffering from epilepsy consequent on a gunshot wound.

From the scar of the wound and the patient's account, it is evident that the ball entered the scalp just above the right temple. He has been told that the surgeon introduced a probe "three and a half inches and brought out some of the brain-substance on the end of it."

Examining his head, which had been shaved, *two* scars were found close together in the scalp, and an irregular fracture was felt spreading over a space of about one square inch, at a position about two inches to the right of the median line, and one-half to one inch, in front of the coronal suture. There seemed to be a small depression, surrounded by a slight elevation of the skull, in this locality. The position of these scars and of the fracture beneath the frontal bone corresponded to a point about the junction of the middle portion of the first frontal with the second frontal convolution. The middle of the fracture was at a point about two inches in front of an imaginary line corresponding to the fissure of Rolando; the whole area of fracture was certainly well in advance of the ascending frontal convolution and the entire so-called cortical motor zone.

In the convulsion witnessed just prior to the clinic hour he was completely unconscious; his face and all his limbs, as well as his head and trunk, took part in the spasm; the eyes were distorted; his whole body was twisted somewhat to the right; the spasms were tetanic in character; the limbs were in conditions of tonic spasm in extension. When moved, they were moved as a whole, the rigidity remaining. The spasms were not localized; they were not confined to one limb or to one side of the body.

For several reasons these spasmodic seizures were probably due to irritation of the dura mater, what might be termed dural or meningeal spasms. They were not due to irritation of the cortical motor zone, the form of spasm sometimes spoken of as a Jacksonian epilepsy. The scalp wound and fracture, in the first place, were in a position well in front of this motor or Rolandic region. Lesions of the motor cortex cause disorders on the opposite side of the body; irritative lesions cause monospasm or unilateral spasm of the opposite side. These spasms usually show themselves in a definite manner, both as to localization and mode of action.

The operation was performed by Dr. White.

The patient having been thoroughly etherized, a horse-shoe flap of large size was made by Dr. White. No adhesions or extravasations were found beneath the scalp. The skull was found to be fractured in the position already described; the entire area fractured could be covered by the trephine used by Dr. White, which was one of the largest size. The anterior portion of the trephine very quickly made its way through the skull, and subsequently it was found that at that point the inner table was partially separated from the outer. The button, irregular in shape and thickness on account of the old splintering of the inner table, was removed with great care and without wounding the dura mater, and it was then found that the portion remaining was adherent to that membrane. By careful dissection this fragment of fractured bone was finally removed. Two very small spicules were picked out of the wound with forceps, and an irregular jagged mass of bone about half an inch in its greatest length was found imbedded in the dura mater, one of its points passing through it into the brain substance.

The operation was performed with the most rigid antiseptic precautions.

Safe, Simple, and Effective Mode of Treating Prolapse of the Rectum and Hemorrhoidal Tumors.

Dr. Q. C. Smith thus writes in *Gaillard's Medical Journal:*

By the method here proposed I have treated three cases of prolapse of the rectum and about a dozen cases of hemorrhoidal tumors.

The cases of prolapse of the rectum were all the result of parturition, and two of them were, or appeared to be, complete, *i. e.*, all the coats of the bowel had passed out through the external sphincter.

These cases of rectal prolapse and hemorrhoidal tumors were treated by injecting into

the tissues with the hypodermic syringe an eight-grain solution of muriate of cocaine, plus an equal volume of phenol sodique.

The quantity of this solution injected varied from twenty minims, in small hemorrhoidal tumors, to one ounce in prolapsed rectum.

One injection was sufficient to cure hemorrhoidal tumors in all my cases, while two to four trials were found necessary to cure prolapsed rectum. The syringe point was introduced at the most prominent point of the tumors—large or small—and thrust boldly to the most vascular part of their base, and a liberal portion of the solution deposited, according to the size of the tumor. Then the balance of the tumor was well saturated with the solution. After injecting hemorrhoids no topical treatment was applied, except a daily wash of dilute solution of boric acid, as hot as could be borne. After injecting prolapsed rectum a mild antiseptic healing salve was kept applied. The following formula was found very efficient:

R. Iodoform, in *fine* powder,
Balsam Peru,
Oil of camphor,
Oil of sassafras, āā ʒss.
Pine tar,
Castor oil,
Powdered aloes, āā ʒj.
Subnitrate of bismuth enough to make a stiff salve.

S.—Apply thoroughly twice a day, and cover with a soft cloth.

Before applying the salve each time, the parts were well washed with the syringe, soap suds from Packer's tar soap, as hot as could be borne, being employed for the purpose.

In addition to whatever general internal treatment may be indicated in any given case, I am in the habit of directing, with excellent results, something like the following:

R. Fl. ext. witch-hazel, ʒss.
Sat. tinct. horse-chestnut, ʒj.
Muriate of ammonia, ʒj.
Glycerine, ad ʒiv.
M. ft. sol.
S.—A teaspoonful three times a day, just after meals, on alternate days.

R. Muriate of hydrastin, gr. xxiv.
Ergotin, gr. xij.
Ext. capsicum,
Ext. ipecac.,
Aloin, āā gr. vj.
M. Make 24 pills and silver-coat.
S.—One pill three times a day, just after meals, on alternate days.

These last two prescriptions should be administered regularly, on alternate days, as long as the hemorrhoids or prolapse give trouble, and for several weeks after they have ceased to do so.

For bringing hemorrhoidal tumors to view, O'Neal's rectal speculum was found most convenient, though in some cases Woodward's and Sims' rectal speculums served a good purpose. After operation on hemorrhoids patients were allowed to attend to their ordinary business at pleasure, and a majority of them did so.

The cases of prolapsed rectum were confined to bed until cured, which was in the mildest cases about two weeks, and in the two severe or complete cases about four weeks. They were then allowed to move gently about the room, but the patients being parturients, the horizontal posture and quietude were doubly indicated. No general anæsthetic was found necessary in any of these cases, as the operations produced but little pain or subsequent soreness. No inflammatory reaction followed the injections.

I have used various medicaments for injecting hemorrhoids, all with more or less success, never having met with any deplorable results; but the eight-grain muriate cocaine solution, in connection with an equal volume of French-made phenol sodique, has proved the best that I have tried.

In conclusion, the writer begs to state that he is familiar with what has been published in reference to this subject in standard and periodical literature for the last twenty years, and hence claims no originality in the treatment outlined in this communication.

A Case Illustrating an Unusual Cause of Obscurity in the Detection of a Foreign Body.

Dr. Wm. Barton Hopkins thus writes in the *Southern Clinic:*

Wm. L., aged 25, was admitted to the Episcopal Hospital for shot-wounds and other injuries inflicted upon him during an assault, November 29, 1884. He was found to have sustained numerous incised punctured wounds at various points over his back, and a fracture of a metacarpal bone in his left hand. He was also badly bruised, and showed by his general condition that he had had a very rough handling. None of the wounds appeared to have penetrated the chest; indeed, all seemed to be simple, and were so treated.

Two weeks after his admission, attention was attracted to a reddened prominence over the head of the left humerus. It was hard and unyielding to the touch, though evidently about to suppurate. It resembled somewhat the preternatural prominence of

the acromion after luxation of the humerus, although no luxation or fracture existed. An exploratory incision revealed the presence of a foreign body, which proved to be the blade of the knife, deeply and firmly buried in the head of the humerus. A firm hold of it was taken with sequestrum forceps, and it was withdrawn. It was two and a quarter inches long, and had been driven two-thirds of its length into the bone. The staining produced by the bone upon its polished surface showed with real accuracy the depth and position it had occupied in the bone, and portrayed in a very remarkable manner the cancelli, which resembled the markings on a gun-barrel, and the outline of a portion of the anatomical neck of the humerus.

It was found on questioning the patient more particularly in regard to his posture during the assault, that he had attempted to protect himself, while he was being stabbed, by clasping his hands behind his neck. It therefore became evident that a wound situated over the left scapula, quite three and a half inches posterior to the point occupied by the knife-blade when found, had been the wound of entrance; and that the knife having entered the head of the humerus, while the latter was in a state of extreme rotation, the broken blade, when the arm assumed its natural position by the side of the body, had been carried far forward beneath the skin. Had the patient been directed to clasp his hands behind his neck, the knife would doubtless have presented itself at the wound over the scapula, through which it could have been extracted without necessitating the second incision.

The foreign body in this case narrowly escaped remaining undiscovered; indeed, if it had broken off with only a little less projection from the bone, its presence would never have been discovered, unless it had occasioned subsequent bone or joint disease. The case is therefore of interest as furnishing an almost unique example of movement of a joint causing difficulty in the detection of a foreign body.

The Influence of Operations on Tuberculosis.

At a recent meeting of the Paris Surgical Society, an interesting discussion took place on the effect of surgical operations on the course of tuberculosis. M. Mahon, an army surgeon, forwarded notes of two cases. A soldier aged 24, son of a phthisical father, entered the hospital with a tubercular affection of the fourth and fifth metatarsal bones. Resection of the bones was performed. Fever soon set in, and the synovial membranes of the foot were affected. The leg was amputated. The patient rapidly recovered, and his health continued excellent. The other patient was also a soldier aged 24. He entered the hospital for arthritis of the knee subsequent to a fall. Three punctures were made. The first fluid that escaped was serous; afterwards it was purulent. Arthrotomy was performed, and symptoms of pulmonary tuberculosis were manifested. There was hectic fever, and severe pain in the articulation. The limb was amputated; and, although there was improvement, the patient died. M. Mahon considers that surgical operations do not exercise any influence on visceral lesions, and that the cases above described indicate that the external lesion is the principal factor in the morbid process, and that surgical treatment often results in cure, always ameliorates the condition, and often arrests the visceral lesion. M. Chuvel believed that in similar cases the necessary operations should be performed as early as possible. M. Desprès believed that patients with tuberculous lesions ought not to be operated on. M. Lucas-Championnière counseled operating, and cited M. Ollier's opinion. According to M. Ollier, partial operations are not more favorable to generalization of disease than radical measures. M. Lucas-Championnière believed that resections and all operations that cause suppuration are more dangerous in tuberculous patients than amputations. M. Verneuil counselled operating to remove pain, but always radically, not partially. M. Berger stated that formerly he believed that operations provoked generalization, but subsequently he has seen operations exercise a favorable influence on pulmonary lesions. MM. Pozzi, Richelet, Polaillon, and Le Fort, also counselled surgical operation in the presence of tubercular lesions when called for.

Terpene in Pulmonary Lesions.

Dr. Descroizelles, Physician to the Hospital for Children, in Paris, has successfully treated with terpene a case he describes as pulmonary tuberculosis or chronic bronchitis simulating tuberculosis. The patient was a boy, 8½ years old, small and delicate; he had been previously treated at the same hospital for pleurisy on the right side. He coughed, vomited, and spit blood, had night-sweats, completely lost his appetite, and was too weak to move. Very little could be learned concerning his antecedents. In the right infraclavicular region, there were dull-

ness on percussion, a cavernous *souffle*, and subcrepitant *râles*. The sputa were abundant, both mucous and purulent, and mixed with blood. The axillary temperature rose to 38.6° Cent. (101.5° Fahr.). The pulse was 120, and respirations 40. The chest over the part affected was painted with tincture of iodine, and a gramme of phosphate of soda was given daily. The child grew worse, hæmoptysis occurred several times, and there was alternate diarrhœa and constipation. The dullness on percussion became more and more marked at the apex of both lungs, but especially on the right side, where moist *râles*, almost gurgling sounds, were heard, also a cavernous sound. On the left side moist crackling sounds had replaced dry crackling sounds. The child grew weaker, and refused food; his cheeks were sunken and flushed, and death seemed imminent. Glycerine and creasote were substituted for phosphate of soda, without any good result. Dr. Descroizelles then decided to administer terpene. Two grammes of this substance were dissolved in 40 grammes of alcohol and 20 of distilled water, and the child took three or four teaspoonfuls of this mixture daily. A marked improvement followed; less sputa was expelled, and they were free from blood; the appetite increased, the general condition improved, and the patient became convalescent. Lime-phosphate and gentian wine were given instead of terpene. In the interval between the beginning of September and the middle of November, the pulmonary symptoms disappeared, and the auscultatory sounds were normal. The child was sent into the country, apparently re-established in health.

Symmetrical Synovitis of the Knee in Hereditary Syphilis.

Dr. W. H. Clutton thus concludes an article in the *Lancet*, February 27, 1886:

To recapitulate in a few words the principal features of the condition which was demonstrated by these few cases, one would say that the synovitis was symmetrical, affecting only the knees; that it was of a chronic and painless character, and that all the patients were the subjects of hereditary syphilis. I can offer no satisfactory explanation of the facts here recorded, but must content myself with drawing attention to a few clinical symptoms. At the same time I would like to point out that if the condition which is now under consideration be really due to hereditary syphilis, the similarity between interstitial keratitis and this symmetrical synovitis is so marked as scarcely to require any lengthened explanation. Both knees, like the eyes, are, in my experience, sooner or later affected, and often with an interval between the commencement of the symptoms in each joint. Both diseases are exceedingly chronic, and produce little or no destructive changes in the tissues involved, neither suppuration nor adhesions having occurred in any of the cases that came under my observation. They are also both liable to relapses, and not very amenable to treatment. The age of the patients is another and striking point of similarity, for seven out of the eleven were between eight and twelve years of age. In two cases the symptoms arose at much later date, but this also occurs in interstitial keratitis, so that even in its rarer forms it corresponds with that disease in this particular—that of the age of the patient. I am at a loss to explain why the knees should be affected in preference to other joints. It is probable that, with further observation, the knees will not be found to occupy this solitary distinction, and that other joints will be seen to be affected in a similar manner. But up to the present time I have not seen this chronic symmetrical synovitis, which appears to be associated with hereditary syphilis, in any other joints beside the knees. That it should be symmetrical is only what one expects from our knowledge of the similar manifestations of the disease at this period of life.

Electrolysis in the Treatment of Port Wine Mark.

As a sample of the success which Dr. W. A. Hardaway claims from this method of treatment, we append the following case which he reports in the *St. Louis Courier of Medicine* for March:

This was a dark-skinned young man, who had a triangular mark extending, as regards its base, from one angle of the eye to the other, and running to an apex at the junction of the nose and lip. When he first came to me five years ago, I made a little operation on a small outlying portion about the size of a dime. I then advised him to wait several months to see how matters would turn out. He did not return to me for eight months for further work, but he was induced to come back by the fact that the operation had been successful. From this time on he would come into the city about every six months and stay two months at a time. The result has been very gratifying. The patch is but little visible, whereas formerly the young man had a most forbidding aspect. I have noticed that even on the most completely

worked-over places now and then a little pin-head-sized red spot will appear, which I again destroy. There has been nothing like an attempt at a general return, however. A letter which I have received from this patient will give a good idea of his estimate of the results, and in such cases, the patient is as well qualified to judge as any one else. Under date of July 25, 1885, he writes as follows: "Everybody agrees that the work so far has been a success. The lower part and on the nose is almost clear, but immediately under the eye, where it used to swell so, it is a little red yet, but not a dark red as at first. I am well satisfied that if the mark had been a little distance from the eye, it would have been gone by this time."

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. C. W. Dulles, of Philadelphia, has reprinted his strictures on Pasteur's method of treating hydrophobia. He considers that it is wholly illusive.

——In a reprint before us, Dr. W. R. Whitehead, of Denver, Col., describes a new apparatus for making extension and counter-extension at the ankle-joint.

——An instructive article on "Southern Florida as a Winter Sanitarium," appears as a reprint from the pen of Dr. Wm. A. Edwards, of this city.

——A series of biographical sketches of early physicians in Philadelphia, in the form of an address by Dr. J. J. Levick, has considerable local interest.

——The most complete summary of our knowledge about the therapeutic properties of cocaine is a work of over a hundred pages entitled "Coca Erythroxylon and Its Derivatives," published by Parke, Davis & Co., Detroit, for gratuitous distribution to the medical profession. We advise our readers to apply for a copy of it.

——The Society "for the Restriction of Vivisection" maintains a lively activity in pamphleteering. Three of its recent publications are before us—its third annual report, an answer to Dr. Keen, and another answer to the published statements of Drs. Mitchell and Wood. Those who would obtain these can do so by addressing the Society at its office, 1002 Walnut street, Philadelphia.

BOOK NOTICES.

Materia Medica and Therapeutics. By John B. Biddle, M. D. Tenth edition. Edited by Clement Biddle, M. D., and Henry Morris, M. D. Illustrated. 8vo., pp. 524. Price, cloth, $4.00. Philadelphia: P. Blakiston, Son & Co., 1886.

This popular treatise has received at the hands of the editors a thorough and careful revision, which included not only the rewriting of a number of articles, but the introduction of an equally large number, treating of the therapeutic novelties which have been brought to the notice of the profession since the preparation of the previous edition. This labor has been judiciously performed so as to give all the necessary information without unduly augmenting the bulk of the volume. We have no doubt the treatise will continue to enjoy the favor of the profession, both students and practitioners.

The Year-Book of Treatment for 1885. 8vo. Pp. 316. Philadelphia: Lea Brothers & Co.

The plan of presenting all the therapeutic advances of a past year in the compendious form of a year-book has been repeatedly tried in this country, but we believe no such endeavor has survived its second or third year. They have been meritorious enough, but not popular. The present compilation, by a number of different hands, is good of its kind, though not superior to some of its predecessors. It supplies the reader with a sufficiently full account of all the conquests, real or supposed, within the domain of therapeutics during the year 1885. The collations have been judiciously made, and from a wide range of authorities. As in these respects it deserves success, we wish for it a longer life than its predecessors in the same field.

The Adirondacks as a Health Resort. By Joseph W. Stickler, M. D. 12mo., pp. 198. New York: G. P. Putnam's Sons. 1886.

This is a timely volume, and from personal observation in numerous cases we can heartily endorse the author's high opinion of the climate of the Adirondack region in phthisis, acute and chronic bronchitis, asthma, hay fever, neurasthenia, and other affections. Indeed, we go so far as to believe that weighing all advantages and disadvantages, this is the most eligible locality within the area of the United States, both as a summer and a winter resort, in the class of diseases named.

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A METHOD OF DIAGNOSIS IN CHRONIC KIDNEY DISEASE.

It is well known that there are many cases of serious organic disease of the kidney wherein it is incapacitated from properly doing its work, yet where we fail to find either albumen or casts. In such cases we will have many of the obvious symptoms of chronic renal degeneration, but failing to find either of these important conditions, it is difficult to reach a diagnosis. In such cases, Dr. Morris Longstreth, of this city, suggests a means that will prove valuable. He selects some particular ingredient of the urine, say, for example, the chlorides: To a certain bulk of urine he adds, drop by drop, a solution of nitrate of silver of a known strength. This precipitates the chlorides as a white cloud. When the addition of a drop of this solution fails to produce any cloudiness we know that the chlorides are all precipitated. The amount of the chlorides is then estimated and the relation of this amount to the whole bulk of urine passed in twenty-four hours, as compared with the relation it ought to hold in health, will tell us whether the kidneys are secreting or excreting as much of the chlorides as they should normally. If the chlorides are deficient, then the assumption is that all the other solid elements of the urine are deficient and the renal function is faulty. This is a much simpler method of analysis than that for urea, and promises to be very satisfactory in these doubtful cases.

EMBOLI IN PREGNANCY.

Professor Parvin calls our attention to the very important fact that during pregnancy, when a woman has varicose veins, her danger is not only from the rupture thereof, but a thrombus may form in one of these dilated veins, it may become detached, and being carried to the lungs form a pulmonary embolism, with rapidly fatal results. Such a danger is a very real one, and its importance should not be underestimated. We are induced to utter this word of warning because we believe that it is usual among physicians to make very light of a varicose condition of the veins during pregnancy. But when we realize the dual danger of rupture and embolism, we should thoroughly appreciate the importance of prophylactic measures, which, according to Dr. Parvin, should consist in placing a pledget of soft linen over the varicosities, over which a flannel bandage, from the toes to above the varicose veins, is to be worn during the day and removed at bedtime.

THE PREVENTION OF POISONOUS INFECTION.

Physicians are not rarely affected by poisonous ulcerations, or by the virus coming from the dead body. Whenever an infection of this kind occurs, there first appears a small vesicle containing a serous fluid. Dr. Ullmann (*Ver. Bl. d. Pf. Ærzte*, 1, '86) had occasion to observe recently several such cases, and he found, on testing these vesicles with a ten per cent. watery solution of carbolic acid, which is applied every three or four hours, that the vesicle dries up, and no further infection occurs.

A careful observation will show that most smaller and larger boils, if not all, as also furuncles, commence with the formation of a minute vesicle, about the size of a pin's head, and in the centre of which usually a hair grows. These vesicles, if left to themselves, end in the formation of pustules, small abscesses, or furuncles. It might, therefore, be well to try in all these cases Ullmann's treatment as an abortive method. The poison in such cases has probably been carried there either by an insect or by the prick of a needle or pin which had been in contact with some obnoxious substance. In others again the disease germs may have been derived from the blood, and the microorganisms may find an exit from the body through the channels mentioned. This especially occurs, perhaps, when a number of pustules or of small abscesses break out at one and the same time. As they all cause a great deal of inconvenience, and some of them, as, for instance furuncles, often bring about the death of the patient, Ullmann's procedure merits a more extensive trial.

Notes and Comments.

Injections of Osmium Acid in Neuralgia.

In a meeting of the Petersburg Medical Society, Dr. B. M. Schapiro recently delivered a lecture on the treatment of neuralgia by subcutaneous injections of osmium acid (*St. Petersburg Med. Weekly Journal*, 26, 27, 1885). He first mentioned the observation of Fränkel, that the acid exerts a disturbing influence on the substance of the nerves and muscles, and greatly diminishes their activity. In nerves an epineuritis develops, which compresses the fibres, while in muscles an interstitial inflammation soon leads to atrophy of the muscular tissue. Living nerve-fibres assume under the influence of the drug a black tint, while the neighboring tissue becomes denser, and motor nerves situated near occasionally suffer decidedly in consequence of these injections, a fact to be well noted.

Dr. Schapiro studied the effect of the acid in eight cases of neuralgia of the fifth nerve. The pains attacked all branches of the nerve, and all cases were obstinate and of long duration. The result was a complete cure in five cases (62.5 per cent.), in two cases a decided improvement, and in one case no effect whatever. The two greatly improved cases were of the most violent and obstinate nature, and the want of success of the most severe therapeutical procedures warranted the belief that the nerves had undergone an incurable morbid change at their origin.

The following solution was employed by Schapiro for the purposes of the hypodermic medication:

R.	Acidi osmici,	gr. $1\frac{2}{3}$.
	Aquæ destill.,	ʒjss.
	Glycerin. pur.,	ʒj.
M.	In vitro nigro.	

This solution, according to Schapiro, can be kept in a good condition from two to three weeks, a fact of importance if one takes into consideration the high price of the drug, while the simple watery solution is decomposed within a day or two. The number of injections in each individual case varied from one to twelve; in the beginning five drops, and later a slightly increased quantity were employed. In every case where the injection was made into the tissues directly over the seat of the pain perfect analgesia developed, but the pain occasionally then attacked neighboring branches of the same nerve, which before had not been painful. Other deleterious effects were never observed by Schapiro, only one lady, highly nervous and subject to epileptic fits, fainted immediately after the injection.

In cases where all other therapeutical procedures seem to be without effect, or where the intensity of the pain necessitates immediate relief, the hypodermic application of osmium acid may, therefore, well be worth a trial.

Healing by Faith.

We all know the power of imagination over bodily ailments, and in reference thereto we quote the following readable paragraph from *The Gentleman's Magazine:*

"There is the story of the French criminal who died because he believed he was being bled to death, while in reality his arm was only pricked, and a sound of trickling water made to imitate the noise of the blood flowing forth. In the same way it is recorded

how Mr. Loutherbourg cured large numbers of patients by attacking the imagination. Among those who had visited him was a man who had been troubled with great pains and swellings, particularly about the loins, so that he could not walk across the room. On entering, Mr. Loutherbourg looked steadfastly at him and said: 'I know your complaint: look at me.' They continued looking at each other some minutes; then Mr. Loutherbourg asked if he did not feel some warmth at his loins, whereupon the man replied that he did. 'Then you will feel in a few minutes much greater warmth.' After a short pause the man said: 'I feel as if a person were pouring boiling water over me.' Still looking in his face, Mr. Loutherbourg said: 'How did you come here, sir?' 'In a coach.' 'Then go and discharge your coach, and walk back to town.' The coach was discharged, and the patient walked back to town, and next day he walked five miles about town without fatigue. Similarly, Sydney Smith relates how the banker-poet Rogers caught a bad cold simply from imagining a window to be open, but which all the time was shut. It was at a dinner party, and the great sheet of plate-glass had deceived Rogers, who was sitting in what he thought to be a dangerous draught. To quote a further case: Dr. Sigmond relates how a poor woman, having applied to a physician for a cure of an affection of the breast, he gave her a prescription, which he directed should be applied to the breast. She returned at the end of a few days to offer her grateful thanks for the cure which he had effected; but on making inquiry as to the mode of action, he ascertained that his patient had very carefully tied the prescription round her neck. Faith cures of this kind are of constant occurrence, and we know how many persons, when suffering from maladies connected with the brain or nervous system, have been restored to their normal state of health by simple faith. Thus, startling effects have occasionally followed the swallowing of such make-believe remedies as pills composed of bread or sugar. This accounts, therefore, for the cures which were wrought in days gone by, even when medicine was in a backward state, and the most absurd prescriptions were often given to patients suffering from nervous diseases."

Treatment of Morphine Habit with Cocaine.

Against the morphine habit every known remedy has probably been recommended and turned out useless. But during the last six months a number of reliable observers have published the records of cases in which muriate of cocaine really seems to have had a very decided effect in subduing that intense restlessness, and that great increase of reflex excitabilty, which both are such characteristic symptoms in cases of withdrawal of the morphine in those accustomed to its use.

Dr. Jaeckel is the latest of these authors (*Deutsch. Med. Zeit.*, October 15, 1885). This article makes the impression of truth. He, like others recommending it, employs the muriate of cocaine by subcutaneous injection, but instead of using this remedy alone, he advises what to us appears a very judicious procedure, to add a small quantity of morphia to it. For instance, for every decigramme the patient was in the habit of using of the opium alkaloid daily, he employs a gramme of the cocaine during the whole treatment, and in the beginning he adds to it half the usual dose of morphia. Then day by day he slightly increases the dose of the cocaine, and lessens very materially that of the morphia. If a patient injected four times daily 10 grains of morphia (40 grains a day), 40 grains must suffice for the whole treatment. As a rule J. makes in such a case his injections also four times daily. He begins with about half a grain of the cocaine and 5 grains of the morphia the first day. The second day the dose of the cocaine is increased by ½ of a grain, but that of the morphia is diminished to 3 grains. By the tenth day the morphia has been omitted, while about one grain of the cocaine is injected four times daily.

J. has not seen any specially agreeable sensation set in after a hypodermic of cocaine, but great rapidity of the pulse he has frequently observed as the direct consequence of it. He also insists that the patient must not only be treated at an institution, but that he should remain there for a considerable time after the total withdrawal of the drug. In his experience relapses are to be feared the less, the longer the patient was kept in the hospital.

Peculiar Case of Lead-poisoning.

Dr. Roberts Bartholow thus writes in the *New Orleans Med. and Surg. Jour.:*

When I looked at this man's swollen hand, outside, a few minutes ago, I was struck with the resemblance it presented to a case of plumbic rheumatism. For several weeks his hands have been swollen, as you see them, commencing in the right and extending to the left. The joints very much resemble the condition seen in lead-poisoning,

but when we inquire about his trade we learn that he is a shoemaker; now how could a shoemaker become poisoned by lead? When we inquire critically about the tools of his trade, we learn that the tacks which he uses are coated with lead, and that he is in the habit of keeping them in his mouth. When I look at the gums, I cannot say that I see a positive blue line, but they possess a bluish grey tint. These two facts and the absence of signs of any other diseased condition, incline me to the view that he is suffering from plumbism. In these doubtful cases, the correctness of the diagnosis can be determined by the results of treatment. The iodide and bromide of sodium both form soluble combinations with lead, while the bromide will also afford some relief to the uneasiness occasioned by the swelling. He will also take sulphuric acid lemonade, and the contents of his bowels will be kept soluble by sulphate of magnesia. The joints will be kept at rest, and, if he can afford it, he will take sulphur baths. If our diagnosis be correct, he will feel worse for a day or two, when he will commence to improve. In these doubtful cases we can often settle the question by urinary analysis, when if it be lead-poisoning we will find the salts of lead.

Extirpation of the Ovaries.

Duplay, in the *Arch. Gén. de Méd.*, Dec., 1885, gives his views concerning the removal of the ovaries for the cure of female complaints. He considers the operation indicated only in those cases where, in consequence of fibromyoma of the uterus, a continuous hemorrhage developed, which cannot be influenced by any other method of treatment. He reminds us of the well-known physiological fact, that menstruation is not possible without ovaries, and of the clinical observation that fibromyoma completely disappear, and the hemorrhage caused by them totally ceases as soon as the climacteric period has passed, and with it the menopause commenced, and contends that these facts justify the conclusion that cessation of the functions of the ovaries, induced by the removal of the latter, would bring about the same result.

In conclusion, Duplay reports two cases where, after the operation, which was performed for the purpose above-mentioned, all hemorrhage stopped. Regarding the statistics of this operation, as collected by Tissier, they show that of 170 women, in whom the ovaries were removed, 25 died in consequence of the operation—14.6 per cent. Of the 145 remaining 10 had no favorable result, the hemorrhages continuing with the same (in 10) or with less (in 3) intensity; in all the others (135) the hemorrhages did not return and the menopause set in. Although the influence of the operation upon the tumor is not mentioned in every case, in those where reference is made to it, the tumor had greatly diminished in size soon after the extirpation of the ovaries.

Duplay believes the operation to be indicated in all cases where other therapeutical procedures have been in vain, and where hysterectomy is either impossible or too dangerous. But for all fibromyoma, which are very large or in a state of cystic degeneration, he considers myomotomy the only operation promising any success and suitable for such cases.

Dry Dressings.

Before the Glasgow Medical Society, Mr. Maylard read a paper on this subject. After some observations on the value of bichloride of mercury as an antiseptic, the kinds of dressings employed were described. The ordinary requirements for any suitable case consisted of absorbent cotton-wool and Gamgee's tissue, both first saturated in a 1 to 1,000 solution of mercury, then dried, and a coarse muslin bandage. The cases suitable for the dressing were those where operation had been performed, in whom the wound would be aseptic from the first. The principles to be attended to referred both to the operation and to the after-treatment; in the former, it was needful to secure every bleeding point, to wash the wound well with a 1 to 1,000 bichloride, and then dry it as much as possible. The edges of the wound must be brought accurately together (where possible), and drainage effected by some easily-absorbed material; strands of carbolized gut in superficial wounds; Macewen's decalcified chicken-bone tubes in deep. In the latter dressing, iodoform was to be first dusted over, then a small pad of the prepared absorbent wool directly applied, and over this two layers of the impregnated Gamgee tissue. In applying the bandage, the edges of the dressing must be firmly secured, but only slight pressure produced upon the wound. In this method of dressing, air could freely permeate the bandage, tissue, and wool, so drying up the serous and bloody discharge, and keeping the part at a temperature equal to that of the other covered regions of the body. The dressing

should not be removed (supposing no untoward symptoms manifest themselves, which were unlikely if proper care were taken to render the wound perfectly aseptic from the first), until healing was supposed to have taken place. Cases were given illustrating the successful results of the treatment. Roughly compared with the ordinary Listerian dressing, it was calculated to be five or six times as cheap.

A Plea for Weighing Infants.

Dr. D. J. Viura y Carreras, medical officer of the children's department of a Barcelona hospital, has published some remarks on the importance of periodically weighing infants, by which observations it can be determined whether the mother's or nurse's milk is satisfactory in quantity and quality, and the desirability of a change is easily and early recognized. In the main, Dr. Viura agrees with the statements of Bouchut—viz., that an infant loses from 100 to 200 grammes in the first four to six days, regaining its original weight in seven days, from which time to five months it gains 25 grammes daily, being then double its original weight, and this is again doubled at sixteen months. He made a series of observations on his own child, and concurrently with them tested the mother's milk by Donné's lactoscope. The child was born on December 16, and on the seventh day weighed 3300 grammes. On January 15 it had gained 900 grammes; on February 2 there was a further rise of 800 grammes; but on March 1 the gain was only 500 grammes, the explanation being that the milk, which up to February 10 had had a density of from 23° to 28°, had in consequence of the appearance of the menses decreased in quality, having a density of from 30° to 35°. It afterwards recovered its former quality, and during March and April the child increased respectively 850 grammes and 800 grammes. It is of course necessary to take into account any pathological condition which may be present, and not to attribute to the nurse what may be due to syphilis or tuberculosis in the child.

Pleurisy with Effusion; Failure to Detect the Presence of Fluid; Death from Dyspnœa.

A man entered the Charity Hospital, New York, suffering from marked dyspnœa. Temperature 104°, pulse 120. The chest was examined in regard to the presence of fluid by auscultation and by means of an hypodermic needle, but no positive indication could be arrived at. The case continued for two days without much change, when death took place. To the surprise of all who had seen the case, both sides of the chest contained an abundance of fluid. There was also croupous pneumonia of the left upper lobe.

The critical reader of this report might feel disposed to reflect on the treatment of the case. If, however, he was at the bedside and found respiratory sounds over both sides of the chest, together with a pulse and temperature indicative of pneumonia (there was, as has been stated, pneumonia of the left upper lobe), and if he had inserted a hypodermic needle without result, it is quite possible that he would modify his original view.

In this connection it might be stated that some years ago a patient in one of the leading New York hospitals was under the diagnosis of pneumonia for a week, when he died. The chest in that case was filled with fluid. During life the patient was seen by a number of leading men. This latter case is referred to not for its novelty, but merely to indicate that the diagnosis of fluid is by no means easy.

The case that forms the subject of this report might be classed as one in which, from an error in diagnosis, the patient was permitted to suffer from extreme dyspnœa, and the lesson it teaches is that in cases of suspected pneumonia, with severe dyspnœa, extraordinary care should be taken in eliminating compression of the lung by fluid as a cause of dyspnœa. Reference has been made to the use of the hypodermic needle. The case reported here, as well as many other cases, conclusively prove that unless the hypodermic needle is of extra large size its use is very misleading and liable to favor an unfortunate error in diagnosis, as it did in the sad case here presented.

Sanitary Condition of Cairo.

From a foreign exchange we learn that scandalous as may be the administration of the Cairo Water Company, the disposal of the sewage is no better. The introduction of the luxury of water-closets, which always follows that of a public water-supply, has here as elsewhere greatly aggravated the evils of cess-pools in a loose sandy soil and in the midst of a crowded population. For those who more wisely adhere to a sort of pail-system, there is supposed to be a regular service of scavengers; but the sili set apart

for the reception of the excreta and their conversion into poudretti, is so difficult of access that the men employed by the sanitary authorities prefer to shoot the contents of the pails on an open piece of ground more conveniently situated within the city, or refuse to remove them at all, in which case the householders are driven to empty them into the roadway, where an absurd system of sweeping and watering carried on all day, instead of in the night, renders the streets almost unendurable, and the pedestrians are alternately blinded with dust or ankle-deep in mud. Ignorance and mismanagement characterize the present state of the medical and sanitary administration of Egypt; and we fear that nothing short of a dictatorship wielded by a man with the will and administrative power of a Bismarck would suffice to cleanse the Augean stable.

Case of Diabetes Insipidus (Specific Cerebral Disease).

Before the Manchester Medical Society, Mr. Coates showed a patient who had recovered from diabetes insipidus. The patient, a male, gave no history or previous symptom of syphilis, but he had an obstinate gonorrhœa(?) five years before. His illness began six months before he came under observation, with the passage of large quantities of urine (as much as two and a half gallons in the twenty-four hours), great thirst, severe headache, vomiting, and defective vision with the left eye. When first seen, the great headache confined him to his bed; he was passing between eight and ten pints of urine daily, and drinking an equal quantity of fluid, and he was almost blind with the left eye, without any obvious or ophthalmoscopic cause. The urine, which contained neither albumen nor sugar, had a specific gravity of 1002. The case was regarded as one of specific cerebral disease, and was treated with gradually increasing doses of iodide of potassium, and with mercurial inunctions. At the end of four months he was free from headache, the polyuria had disappeared, the specific gravity of his urine was 1012, the defective sight was gradually improving, he could walk about quite comfortably, and he felt as well as ever he had done before.

A Case of Chylous Urine.

In the *Indian Medical Gazette*, Dr. R. Temple reports the case of a man aged 37, who had made a journey of three days' march and upwards. The day after his arival he found "that his urine had turned to milk." The urine, of which a specimen was seen by the author half an hour after it had been passed, was normally acid, specific gravity 1017, color opaque, white, somewhat dirty-looking, odor natural. It had already become feebly coagulated throughout its mass. Urates, phosphates, and carbonates were present in normal amount, but no sugar. On boiling, three-fourths of the contents of the test tube became solid, and, besides albumen, there was some fat present. Under the microscope no filaria, no casts, were found; no blood corpuscles, and very few epithelium cells. There were numerous minute granular corpuscles, which seemed to be chyle corpuscles, as they were exactly like those in the molecular base of the chyle. The patient was allowed the diet which he preferred, and received 16 oz. bread, 12 oz. rice, 1 oz. sugar, ½ lb. mutton, ½ pint mutton soup, 1 oz. oil for cooking, 4 oz. vegetables, ½ oz. salt, and ½ oz. condiments daily, with water *ad libitum*. He was put on tr. ferri perchloridi, 20 minims in 2 oz. of water three times a day. The urine gradually returned to its natural appearance, and in three weeks he was discharged to duty, having gained three pounds in weight.

Case of Perforation of the Vermiform Appendix, followed by Acute Fæcal Abscess; Diffuse Peritonitis; Operation; Death.

In the *Brit. Med. Jour.*, February 27, Mr. Coates relates the case of a young woman who was suddenly seized with acute abdominal pains. These subsided, and she was able to resume her duties for twenty-four hours. The pain returned, being very severe on the right side of the abdomen; and, as she was constipated, powerful purgatives were freely administered by her friends. On the fifth day she was seen by Mr. Coates, who found her suffering from acute peritonitis, with tympanites and exaggerated pain over the cæcal region; she was very ill, and gradually became worse. The tympanitic bowel obscured any swelling in the right iliac region; but, a deeply-seated sense of resistance in that neighborhood daily becoming more marked, chloroform was administered on the ninth day. The existence of fæcal pus having been demonstrated by the aspirating cannula deep down underneath the distended bowel, a dissection was made, and about five ounces of fæcal pus were evacuated from a cavity around the cæcum, from the anterior of which a small stone was removed. The cavity had an opening into the peritoneum. It was thoroughly cleansed, and drainage-

tubes were inserted. After the operation, the acute symptoms were relieved; but the patient gradually sank, and died in twenty-four hours.

Case of Dystrophy of the Thumb-Joints.

Before the Medical Society of London, Dr. Maguire showed a patient, a young woman, who had lost the use to a great extent of the muscles of the thumbs in both hands, accompanied by grating, etc., in the metacarpo-phalangeal joints of those digits. She has never suffered from acute or chronic rheumatism, and the only other symptoms complained of were occasional headache, and pains of a vague character in the lower limbs. There had been no uterine troubles. All varieties of treatment had been tried, including the use of splints, without any manifest improvement.

Mr. Adams thought that the affection was probably not neurotic, inasmuch as there was little or no wasting; and advocated treatment by rest.

The President (Dr. Ord) said that this class of cases had interested him very much. His own opinion had been that this peculiar condition was caused not so much by direct nervous trouble as by irritation reflected from some part, such as the genital system.

A Case of Prolapse of the Rectum Treated with Sulph. Strychniæ Hypodermatically; Recovery.

Dr. S. A. Scott thus writes in the *New Orleans M. and S. Journal*:

In the summer of 1876 I was called to a child, aged 18 months, suffering with complete prolapse of the rectum. The bowel was swollen and looked as if it were bruised. I replaced it immediately, but found that the child could protrude it with almost as much force as it could extend the leg. I again replaced the gut, and, while an assistant held it in place, I injected $\frac{1}{16}$ grain sulph. strychnia into the sphincter ani; I then applied a wet compress.

After this the child had no further trouble, although it suffered with constipation several months after the above treatment.

I have had no opportunity of trying the remedy again, and publish this to the profession to see if the practice has been employed by other physicians, and with what success.

Inoculation of Tubercle.

From the *Medical Chronicle* we learn that at the Société Medicale des Hôpitaux, Paris, M. Merklen reported the case of a woman, aged 26, who, he believes, incurred a tubercular inoculation in the fingers from the clothes and sputum of her husband, whom she nursed assiduously for six months when he was suffering from phthisis. She had been previously healthy, and had no family history of tuberculosis. Two months after the death of her husband, small nodules appeared upon the index and middle fingers of her right hand. These were shortly followed by similar growths upon the anterior surface of the forearm. Lesions of the same character then appeared upon the backs of the hand and forearm. She suffered no pain, but began to emaciate. The lesions soon showed the characteristic appearance of cutaneous tubercle, and the bacillus of tubercle was found in them. Auscultation of the lungs revealed signs of infiltration, which M. Merklen believes to be due to a secondary tuberculosis arising from the inoculated parts.

Power of Infection of Old Gonorrhœa.

Neisser (German Medical Congress, in Strassburg) investigated 143 cases of gonorrhœa, which had existed for more than a year, in respect to their contagiousness. In more than half of these, the urethra had been irritated by repeated injections of 1:20,000 sublimate solutions. Quadrate heaps of gonococci were found in the pus, on staining with methyl blue; sometimes they were absent at several different examinations. Such cases as these would present but slight danger for an odd coitus, but would certainly be dangerous in marriage. Neisser can give no hard and fast rule about the infectiousness of chronic gonorrhœa; each case must be judged separately by special examination.

The most effectual treatment consists in the constant and regular injection, through a soft, thin catheter with multi-perforated head, of such solutions as arg. nit. 1:2,000—3,000, or sod. salicyl. five per cent. solution, with copaiva balsam internally to prevent cystitis.

Antiseptic Mouth-Wash.

Dr. Miller (*Deutsch. Med. Woch.*) found that, by using the following mixture, he could completely sterilize the mouth, cavities in carious teeth, etc.

R.	Thymol,	4 gr.
	Benzoic acid,	45 gr.
	Tincture of eucalyptus,	3½ fl. dr.
	Water,	25 fl. oz.

The mouth is to be well rinsed with this

mixture, especially just before going to bed, since most of the damage by fermentative and putrefactive processes in the mouth is done at night, during sleep, unless the exciting cause be previously removed or rendered inert.

Primitive Endocarditis in Soldiers.

In a paper thus entitled, in the *Revue Médicale*, Fournier presents the following conclusions:

1. Primitive endocarditis, a very rare affection in the ordinary conditions of life, tends to become frequent in the military profession.

2. It is developed in this class under the influence of cold or of the fatigue of long marches.

3. It should be immediately opposed by energetic treatment in order to obviate the formation of fibrinous deposits.

4. The most advisable treatment consists in the application of wet cups to the cardiac region, followed by flying blisters. This treatment is followed by a very rapid amelioration of the condition.

Curious Position of a Supernumerary Tooth.

Dr. N. E. Foote thus writes to the *Dental Cosmos*: "A young lady of about sixteen years consulted me in January, complaining of her upper lip projecting, and being at times very sore. Upon examination I found the lip protruding considerably near the roots of the incisors, and apparently attached to the gum about their necks. Introducing a probe between the lip and gum, it came in contact with a hard substance. After separating the attachment between the lip and gum, I found a supernumerary tooth directly between the roots of the central incisors, and lying horizontally to them; the crown imbedded in the patient's lip. After pressing the lip up firmly, I removed the tooth. All her other teeth are in proper position."

Reward for the Discovery of a Substitute for Gum Senegal.

The Société Industrielle of Muhlhausen has announced a large number of rewards, in the shape of various medals and sums of money, for the discovery of industrial improvements, chiefly relating to the textile industry. Among them is one which may possibly interest some of our readers.

A medal of honor and a prize of 5,000 francs is offered for the discovery of a substance suitable as a substitute for gum senegal in all of its applications, and costing less than the latter, which is now worth about 100 francs per 100 kilos.

Tubercular Infection Through Sexual Intercourse.

In the *Medical Times* Fernet points out the probability of tubercle being thus conveyed. Indolent blenorrhagic discharges in men, and certain forms of leucorrhœa in women, should be looked on with suspicion, and searched for the bacillus tuberculosis. Sexual intercourse with the subjects of genital tuberculosis should be avoided. In individuals affected with genital tuberculosis there is a risk of general auto-infection, and the tuberculous matter should be removed.

Relief of Gangrenous Breath by Means of an Inhaler.

At the Charity Hospital, New York, a case of phthisis, with gangrenous breath, was given an ordinary inhaler on which was placed a few drops of carbolic acid. Within a short time the breath ceased to be offensive, and much relief to the irritant cough was experienced. The inhaler here referred to was made of tin and covered. It was sufficiently large to include both mouth and nose.

News and Miscellany.

The "Royal Operation."

The *Cinn. Lancet and Clinic* tells us that Louis XIV. of France was the friend and patron of physicians; especially well did he support Dr. Francois Felix. Louis started in young with numerous doses of clap, then he had small-pox, measles, pneumonia, dyspepsia, finally to cap the climax, a perineal abscess and beautiful fistula in ano; then a carbuncle in the back of his neck, and chronic gout, then gravel, and finally died of a gangrene. All these evil afflictions kept his favorite doctor, Felix, busy. On November 18, 1686, at Fontainbleau, Dr. Felix operated on the king for fistula, in the presence of Madame de Maintenon and a few other friends. The cure was marvelous, and so was the pay, for Louis XIV. presented his physician with a fee of $750,000 and a farm. During various illnesses he paid Dr. Felix over five millions of dollars. The king having set the fashion of being operated on for fistula, most of the French nobility and the Parisian *demi monde* followed suit, and a brilliant historical writer of the period states that

"the nobility, male and female, flocked to Doctor Felix at Versailles, and no matter whether suffering from fissures or from hemorrhoids, presented their backsides to the surgeon, begging him to make a neat incision of the sphincter ani. More than thirty court ladies left in tears when they discovered they owned no real fistula." The operation in those days was called the "royal operation," and Doctor Felix reaped a harvest.

Hydrophobia in Paris.

There were, according to Dr. Dujardin-Beaumetz, nineteen deaths from hydrophobia in Paris last year, a number higher than in previous years; and the number of stray dogs destroyed was also higher, namely, 5,060. Of the 19 persons who died, 15 were males and 4 females. The youngest was a little girl aged 5½ years, the oldest a man aged 63. The time of incubation varied from 19 months (in the case of a young man aged 26) to 29 days (a child aged 11). In only one case was the time of the bite unknown. Excluding that, and the exceptional case of 19 months, an average of about two months is arrived at for the time of incubation. As to duration of the disease, the extreme limits were 1 day and 8 days, average 3¾ days. In no case were the lower limbs bitten. In 12 cases out of 18, the upper members were bitten, especially the hand (9 times out of 13), the wrist 2. In the 6 other cases, it was the face (5 times) and the skull (1) that were attacked. Lastly, in 17 cases out of the 18, the bite was that of a dog; in the remaining 1, it was that of a cat.

Pimples on the Nose.

A correspondent of the *American Analyst* asks: "What is the cause of redness and pimples on the nose?" and receives the following answer: "Judging from the liquor saloon heading of your note and the *nom de plume* you have chosen, it is fair to presume that in your case rum is the cause, and medical men would call your disease dipsomania, and the skin disease acne, while in common parlance it is called 'rum blossoms.' The explanation is very simple. The circulation is through two sets of blood vessels, arteries and veins, both obtaining their motive power from the heart acting as a force-pump. Alcohol increases the pulsations, and as the blood is sent from the heart to the extremities faster than the veins can take it up again to return it, congestion results, and the nose, being at a remote portion of the circulation, reddens and finally becomes diseased. This, however, is not different from other organs of the body; all are congested and similarly diseased by alcohol. The best remedy is to discontinue the alcohol, and stimulate the absorption of the blood by the frequent application of cloths wrung out of hot water."

Amusing the Insane.

From the *Med. Record* we learn that praiseworthy efforts are being made at the Hudson River State Hospital for the Insane, to carry out the modern idea of keeping the insane patients occupied and amused. Statistics show that a very large majority are kept employed more or less of the time in work or amusement. One of the novel features is the establishment of a day-school which about sixty men and forty women attend. The efforts to secure musical entertainment have their humorous side. Dr. Atwood, one of the Assistant Physicians, in his report says: "An attempt was made to organize a band or orchestra, and six meetings of all patients and attendants possessing any musical ability were held in the amusement hall for rehearsal. The leader of the proposed band, however, having by this time run away, and the B-flat cornet becoming unusually disturbed, the drum and bass-horn were considered scarcely adequate in themselves to please the public, and the idea was postponed until our corps of employees is increased and we have our accommodations for the chronic insane."

Effect of 280,000 Pounds of Explosives 190 Miles Away.

A Boston special to the *Tribune* says: The jocose assertion of the first director of Harvard College Observatory, Professor William Bond, that the ponderous foundation stone on which the great refractor is poised could not be moved even by an earthquake has at last been disproved by observations taken there on the occasion of the recent explosion at Hell Gate. The method used by Prof. W. A. Rogers to develop the distance of vibration was the placing of a saucer of mercury on the solid cellar floor. In this mercury was a speck or flaw. Upon this point was brought to bear a microscope of 750 magnifying power, the spider line being in exact coincidence with the flaw. The first vibration perceived was about a thousandth of an inch, and recurred at intervals for nearly two minutes, the greatest

swaying of the mercury being over a space of one five-hundredth of an inch.

The air line distance between the Observatory and Hell Gate is nearly 190 miles. Accurate time was kept at both points. This explosion of 140 tons of the most powerful explosives, with the estimated lifting power of two and a quarter trillion pounds, is one of the greatest triumphs of science the world has ever known.

The Origin of the Montreal Epidemic of Small-pox.

The sub-committee appointed by the Civic Health Board to inquire into the origin of the late small-pox epidemic have submitted their report. From this we learn that previous to the beginning of 1885 there had been no small-pox in Montreal for several years. There is some disagreement as to the origin of the epidemic, but it seems probable that the disease was brought to Montreal from Chicago by an infected Pullman car conductor; that this man was admitted as a patient to the Hôtel Dieu, and not being carefully isolated, he communicated the disease to attendants and other patients, causing an epidemic in the hospital. The hospital was then closed, and the inmates leaving, distributed the disease through the city. The local health authorities are severely blamed by the Canada *Medical Record* for not having any provision for receiving and isolating small-pox patients.

The Decline in Cocaine.

The *Druggists' Circular* for March says that notwithstanding the fact that the consumption of cocaine is steadily on the increase, and that new uses for it are found every day, prices have declined rapidly, and even now there is a perceptible weakness about the market which forebodes lower values. The recent decline of nearly one-half, is owing principally to competition in its manufacture and the lower price of leaves. Cocaine has enemies, like other new articles, but in spite of them it has had an unprecedented growth. The market at present is quoted at about fifteen dollars by the ounce. Manufacturers are surprised, and characterize its sale as "something wonderful," as the demand is steadily increasing.

Artificial Eggs.

According to the daily papers a number of produce dealers in Paterson, N. J., were recently sold some artificial eggs. The fraud was discovered in time to have the man arrested under the adulterated food act. He pleaded guilty and was fined $50 and costs. He admitted to several dealers that the eggs were artificial, and were manufactured by a firm in New York, whose names he declined to disclose. The shells were made of a clear, translucent composition, and the shape was perfectly modeled. The portion surrounding the yolk was made of albumen, and the yolk itself of ground carrot and saffron. The eggs were tested and found to scramble well, and in an omelette there was no perceptible difference between the real and artificial eggs; but when boiled they are easily detected, as the yolk and surrounding white portion do not harden separately, as in the real egg.

The Charlatan's Advance Agent.

From the *Iowa State Medical Reporter* we learn that a prince among quacks recently hired a preacher, broken down physically and morally, to act as advance agent, under the guise of a horse-doctor. He learned all the symptoms of each chronic case in the section visited, and upon taking leave, wrote down the symptoms in the sufferer's own words. These records were given to his employer. When the patient came, he was only asked his name, and the impostor retired to consult the immortal gods about his patient. Upon re-entering, he heard, as if in his own words, the history and nature of his case. This was remarkable and mysterious, and showed the great physician to belong to a superior order of beings. This scheme was very successful, until the advance agent, failing to receive his share of the spoils, disclosed the plot.

Be Clean.

Professor Meandra is quoted by the New York *Medical Abstract* as follows: "Perhaps we do not understand the bacillus; he is the mighty leader of innumerable hosts, giving the law of cleanliness to all the world, and he stands ready with his inexorable hands to avenge his outraged rules. He laughs at the man who, hearing the distant rumble of the microbian drum, hastens to clean up his streets and prepare for a siege; but the bacillus wars not with streets, but with man, and man may have been for the previous ten years preparing in himself the soil, the battle-field, the NIDUS for his implacable foe. Banish each bacillus with the proper antizymotic, but if you would exterminate his race, be clean, *continually* clean."

Manual Training in the United States.

We are glad to note from an article in *Harper's Magazine* for February, 1886, by Mr. Charles H. Ham, that the progress of manual training in the United States during the last few years has been very great, whether it be considered from the standpoint of the growth of public sentiment on the subject, or from that of its introduction into existing schools, public and private, and the establishment of independent schools. It is in some form in certain of the schools in twenty-five States of the Union, and there are at least forty educational institutions in the country where it is made part of the course of instruction. The character of the schools into which manual training has been introduced is varied. The range is from the most noted colleges and universities in the land to the public schools of small cities.

To Distinguish Artificial Honey.

Artificial or adulterated honey, according to the *Industrie Blaetter*, is most easily detected by mixing with alcohol. A solution of 20 parts of honey in 60 parts of water when mixed with alcohol gives a heavy white precipitate of dextrin if glucose has been added, while natural honey under the same treatment only becomes milky. The safest way is to determine the grape sugar directly in a weighed quantity, boil an equal quantity in 2 per cent. sulphuric acid and determine sugar by inversion, and determine dextrin in third portion by precipitation with alcohol. The difference in amount of sugar found before and after inversion is so great as to afford a sure way of distinguishing natural from artificial honey.

Disinfectant Value of Stannous Chloride.

A. C. Abbott, M. D., of Baltimore, in the *Med. News*, reports experiments which show that stannous chloride, when in contact with spores in decomposing organic matter, kills them when it is present in the proportion of 1 per cent. after an exposure of two hours, but that it fails to disinfect the mass in the same time when the strength of the solution is reduced to 0.8 per cent. Zinc chloride was found to be active in 5 per cent., and inactive in 2.5 per cent. solution, while the sulphates of copper, zinc, and iron (ferric) were found to be inefficient respectively in 20 per cent., 40 per cent., and saturated solutions. Stannous chloride has the advantage over mercuric chloride in not attacking lead pipes, and in being much less poisonous.

Two Large Libraries.

The *National Druggist* informs us that the largest library in the world is the Bibliothèque National in Paris, founded by Louis XIV. It contains 1,400,000 volumes, 300,000 pamphlets, 175,000 manuscripts, 300,000 maps and charts, 150,000 coins and medals. The collection of engravings exceeds 1,300,000, contained in some 10,000 volumes. The portraits number about 100,000. The building which contains these treasures is situated on the Rue Richelieu. Its length is 540 feet, its breadth 130 feet. The largest library in New York is, in respect of separate works, the Astor. About 190,000 volumes are on the shelves.

Poisonous Honey.

At the last meeting of the Bee-keepers' Society in Dresden, Henry Bley, a pharmacist, brought forward the subject of poisonous honey, some, he claimed, having been imported from Trebizond (*Pharm Zeit.*, November 25, *Pharm. Jour.*, November 28). He attributed the noxious property to the growth of Datura Stramonium in the locality in which the honey was produced, and said that cases of sickness, in one instance followed by death, had been officially established. He also alleged, with what reason it does not appear, that some American honey has been found to contain poison derived especially from gelsemium.

Fraudulent Medicines.

Certain New York and Brooklyn druggists, according to recent reports, have been victimized by clever sharpers who offered for sale imitations of Wyeth's beef, wine, and iron, and other popular patent medicines. The goods were sold for less than schedule price, and upon examination the labels were discovered to contain numerous typographical errors, and, although the same in size, color, and type with those of the imitated preparation, were printed on inferior paper. Through the clever work of an amateur detective the fraudulent scheme was exposed. For more than eight months has this swindle been in successful operation.

Cleaning Powder for Windows.

A good cleaning powder for show-windows, which leaves no dirt in the joints, is prepared by moistening calcined magnesia with pure benzin, so that a mass is formed sufficiently moist to let a drop form when pressed. The mixture has to be preserved

in glass bottles with ground stoppers, in order to retain the easily volatile benzin. A little of the mixture is placed on a wad of cotton and applied to the glass plate. It may also be used for cleaning mirrors.

Cheaper Chloroform.

The manufacture of this article by a somewhat new process, in which alcohol is not employed, has very materially reduced the cost of production. Competition has consequently resulted in recent sales for export at 40 cents, and for home use at 45 cents per pound for one hundred pound lots. Lower prices are probable, unless the courts should decide that one manufacturer has a right to monopolize the process, in which event higher prices should be expected.

To Increase the Adhesive Properties of Plaster.

Dr. H. R. Kelly, of Galion, O., writes to the Cincinnati *Lancet-Clinic*, that a sponge, saturated with stronger ether, passed lightly over the surface of adhesive plaster, will cause it to stick firmly to the skin. No heat is necessary, and the plaster will adhere closely over the whole extent. Spirit of turpentine will act in the same way.

The Minister who Advertises Quacks.

Minister's wife (looking over the paper): "You are referred to in this morning's paper, my dear, as a distinguished clergyman."

Minister: "H'm! I thought that my sermon yesterday would attract attention. Is it published in full, or only a synopsis given?"

Wife: "Neither; you are spoken of as a 'distinguished clergyman' in connection with that patent medicine testimonial you sent Dr. Quack."

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE WEEK ENDED MARCH 20, 1886.

Bailhache, P. H., surgeon. Detailed as Chairman Board of Examiners, March 15, 1886.

Fessenden, C. S. D., Surgeon. Detailed as member Board of Examiners, March 15, 1886.

Purviance, George, surgeon. Detailed as Recorder Board of Examiners, March 15, 1886.

Items.

—The preparation *Bromidia* has been introduced to the profession in England. Dr. W. W. Day, of Manchester, praises it as a tranquilizer of the nervous system.

—The Penna. R. R. will issue excursion tickets from Philadelphia to St. Louis and return for the American Medical Association, at the rate of one regular fare and a third, good for ten days from date of issue, $30.25.

—The Philadelphia Polyclinic and College for graduates in Medicine has established a hospital for operative and other cases at the college building, Broad and Lombard street, Philadelphia.

—A scientific society at Haarlem has offered a gold medal and 400 florins for the best treatise on the researches of M. Pasteur. The works, which may be in English, are to be sent in before April, 1887.

Dr. J. S. Jewell, of Chicago, is about to issue a monthly journal entitled *The Neurological Review*. Under his efficient management, it will undoubtedly take a position among the first-class periodicals devoted to that important specialty.

—Dr. G. S. Hill, of Wilmington, Ohio, reports in the *Lancet and Clinic* that he has employed Listerine hypodermically in malarial diseases with what appeared to be favorable effects. No unpleasant symptoms followed its use.

—It is reported that proceedings are about to be instituted in Germany against a number of persons styling themselves "doctor" on the strength of diplomas purchased from America *in absentiâ*. In Berlin alone there are said to be 3,400 of these "doctors," either of medicine, philosophy, or law.

A medical man who has lived a long time among the Chinese writes that they treat cholera by acupuncture and cauterization. They believe that the poison accumulates in certain parts of the body, and can be discovered by an adroit physician and extracted; it is of practical value, as the pains accompanying the cramps are immediately relieved by acupuncture.

QUERIES AND REPLIES.

Dr. W. C. E., of Minn., asks suggestions for the treatment of two obstinate cases of pruritus around the anus. No hemorrhoids or other complications. The subjects are healthy men in the prime of life.

Dr. K., of Mo.—Several hotels remain open in the Adirondack mountains during the winter for the accommodation of invalids, but we do not know their addresses.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1519.] PHILADELPHIA, APRIL 10, 1886. [Vol. LIV.—No. 15.

Original Department.

Lecture.

EPITHELIOMA OF THE TONGUE—CAPITAL OPERATION NECESSITATED BY AN APPARENTLY SLIGHT INJURY.*

BY WILLIAM HUNT, M. D.,

Of Philadelphia.

Clinical experience often destroys theoretical teachings. Here is a case that I think admirably illustrates that the original sore in cancer is not a purely local lesion.

The patient is a man aged 50 years, from whom one year ago we removed an epithelioma of the lip, only three months after the trouble began.

To-day he presents himself with extensive carcinomatous disease of the tongue, which involves the submaxillary glands as well as the inferior maxilla, rendering it impossible to operate. The patient says that for years he has smoked clay pipes. This is undoubtedly an irritant, but if it were in itself a *cause* of this disease, we would have arrayed before us an unending line of cancer patients, while observation proves the disease is as prevalent among those who never use tobacco as among old smokers. This man complains of no pain in the tongue, but the act of swallowing is becoming difficult and painful; it is only a question of time with him. There was in this case no history of hereditary taint, and the initial sore was promptly removed; yet he returns in one year with a reappearance of the disease, showing by the condition of the neighboring lymphatic gland that the disease is constitutional.

I repeat that the case serves to illustrate the fact that this disease (of which the *mildest* form is epithelioma) is primarily something more than a local lesion.

CAPITAL OPERATION NECESSITATED BY AN APPARENTLY SLIGHT INJURY.

The patient is a young man, who three weeks ago lost the little finger of his left hand in consequence of a heavy weight falling upon it. The finger was immediately amputated by the surgeon who was called in at the time, and the injury seemed a comparatively trivial one to both the doctor and patient.

Owing to the peculiar anatomy of the extensor tendons of the fingers, any severe injury done to the ring or little fingers is more apt to be followed by destructive inflammation of the hand from cellulitis, and the formation of abscess, than if either of the other fingers or thumb be so injured. Here is a good illustration. This man's injuries were thought slight, yet to-day—only three weeks after the accident—he comes before us in a half-dead condition. His arm is frightfully swollen and fairly riddled with abscesses; but this is not all, he is almost exsanguineous from the severe secondary hemorrhages he has suffered. His one only chance is in removal of the disorganized member, and yet he is almost lifeless from loss of blood, rendering the administration of an anæsthetic exceedingly dangerous.

Before beginning with ether, we gave him to drink one-half ounce of brandy, and the assistant watched his condition very carefully. During the operation his pulse rose to 140,

* Abstract of Lecture delivered at the Pennsylvania Hospital.

and at intervals of ten minutes we administered hypodermically small quantities of brandy. The arm was removed a little below the elbow-joint. Every means of restoration was resorted to, and the patient carefully watched; toward the afternoon he showed signs of sinking, and for twenty-four hours succeeding the operation his condition was a very critical one, but we had the pleasure of seeing him make a complete recovery after this, what we call, prime operation. The patient is doing well in every respect.

Communications.

THE SIGNIFICANCE OF SPECKS OR OPACITIES BEFORE THE EYES.

BY T. C. RILEY, M. D.,

Of New York.

Any and all subjective symptoms denoting ocular disturbance are naturally alarming to even the most callous nature, for upon the integrity of the eyes depends in great measure the ability to perform the daily requirements of life in whatsoever sphere an individual may move.

The impairment of sight, though even temporarily, necessitates an abridgment of routine occupation, whatever its nature.

The child at school is thereby prevented from the pursuance of studies, to the possible detriment of future mental advancement. To the active man of business visual defects, be they functional or organic, are of sufficient import to cause him a sense of uneasiness at least, if not considerable alarm. The relative import of specks or opacities floating before the eyes may be regarded as dependent upon their nature, their situation, and their persistency. Provided the nature of the speck is such that its removal can be readily accomplished, the significance of its presence consequently is not of serious import.

On the other hand, in case the foreign body or speck is beyond easy reach, then its removal comes within the domain of surgical or operative interference, and its disestablishment is fraught with greater danger, and its significance, therefore, considerably augmented.

The existence of specks before the eyes may assume a temporarily recurrent or a permanent character. Either of these conditions may also be of a benign or serious nature, depending upon their cause and the amount of injury done to the structures with which they come in contact.

SPECKS BEFORE THE EYES NOT ADHERENT TO THE EYEBALL.

Such may consist of eye-lashes or the longer hairs of the brow hanging over the palpebral opening and coming more or less frequently within the field of vision. Again, particles of woolen fibre from the clothing or bits of extraneous matter of any kind floating in the atmosphere may adhere to the lashes or become mingled with the conjunctival secretions, and as they are moved by the closing and opening of the lids over the pupillary space, produce the sensation of a foreign body flitting before the eye. Shreds of mucus, the product of an inflammation of the lining membrane of the lids (conjunctivitis) are often productive of much annoyance, and in a similar manner.

Some years since a lady whom the writer was attending became most intensely alarmed under similar provocation as above described. As she expressed it, she seemed to see what appeared to be worms constantly passing and repassing before her eyes. Some appeared quite large and occupied considerable time in transit, while others, apparently smaller, proceeded more rapidly across the visual field.

The same patient, retiring one night after having knitted with red-colored wool during the evening, found upon awakening the next morning and looking in the mirror, that her face in the immediate vicinity of the affected eye was evidently smeared with blood. The latter condition was due not to nocturnal hemorrhage, as both she and her husband supposed, but to particles of wool fibre which had been carried to the eye on the fingers in the endeavor to appease, by rubbing, the itching experienced during the night. It required considerable effort, however, to satisfy her that such was the case; but I was ultimately successful, as a close inspection of the inner surfaces of the eye-lids revealed small masses of colored fibre which, upon being transferred to the microscopic slide, demonstrated beyond peradventure the correctness of my diagnosis as to the ætiology of the supposed hemorrhage. Thus it is that many curious and perhaps startling phenomena are capable of easy solution.

FOREIGN BODIES UPON THE CORNEA ACTING AS OPACITIES.

Such must be adherent to the cornea at a point sufficiently near its centre to extend with entirety or in part over the margin of the pupil, in order to be seen by the eye on whose

surface they lie. Under such circumstances the annoyance is commonly constant, unless it be of recent occurrence, when the pain and lachrymation consequent upon its presence practically necessitates a suspension of the visual functions. Inspection with or without oblique illumination is ordinarily sufficient to determine the existence of such specks, and their speedy removal will terminate the consequent annoyance their presence engendered.

A foreign particle, as a piece of stone or steel, may lodge upon the cornea at a point sufficiently near its margin to be to the outside of the pupillary circle under ordinary circumstances, while in a duller illumination, with the consequent dilatation of the pupil, it becomes, in part at least, situated within the margin of the same, and is, therefore, liable to be noticed and to constitute itself a source of annoyance under such conditions. Opacities of the cornea, the result of previous inflammatory action, are not unlikely to prove annoying, as they produce a sense of a film before the eyes. Their presence is discoverable by inspection, and when found they should be treated according to circumstances, depending upon their cause, duration, and present appearance.

OPACITIES OF THE LENS APPEARING AS SPECKS.

Opacities of the lens, if not confined to its periphery, are certain to appear in the line of direct vision at times if not constantly, and necessarily move with the movements of the eye-ball. They may appear as single or as multiple opacities, and possibly involve the whole lenticular substance eventualiy, which condition is known as cataract. Vision under such circumstances is reduced to a minimum.

The consideration of the significance of such specks, belonging as it does to the subject of cataract, is purposely omitted here. Particles that are adherent to a certain point, either upon the surface of the eye-ball or within its substance, move with the movement of the eye, and will, therefore, always appear in the same relative position, whereas free or non-adherent particles assume different phases as to size, shape, and location under various circumstances.

FREE OR FLOATING SPECKS THAT EXIST WITHIN THE EYEBALL.

Free or non-adherent specks, or floating opacities, as they are generally designated, are of quite common occurrence, and depend for their causation and existence upon various conditions. Particles entering the eye by force from without commonly become imbedded and are held in position by the stroma of the tissue upon which they rest, and remain so unless enticed out by mechanical means, such for instance as steel chips by the aid of the magnet. Various conditions of the system permit of the formation of floating specks, especially the inflammatory processes which the different component structures of the eye are liable to undergo, singly or collectively.

IRITIS (AN INFLAMMATION OF THE MUSCLE SURROUNDING THE PUPIL) AS A FACTOR IN THE PRODUCTION OF SPECKS.

During an inflammatory condition of the iris deposits of fibrin may occur upon the posterior surface of the cornea, provided the iris bulges forward sufficiently to come in contact with this membrane; or upon the anterior capsule of the lens, if the inflamed muscle happen to fall upon this structure; and these deposits, until removed by absorption, produce the sensation of specks before the eyes. Again, slight hemorrhages from the blood-vessels of the affected structure flowing into the watery fluid contained in the front part of the eye-ball (aqueous humor) give rise to a similar condition, which, under favorable circumstances, disintegrate and are carried off by the absorbents after a short period.

An apoplexy of any vessel that permits of an extravasation of blood into either the anterior or posterior chamber of the eye will produce the same effect as the foregoing, the significance of the anomaly depending entirely upon the nature and cause of the hemorrhage, the prospect of its repetition and the facility with which it becomes removed by absorption. The more serious lesions manifesting the subjective symptom under consideration with which we are called upon to deal are only determined by ophthalmoscopic examination, and involve the deeper structures of the globe of the eye.

Apoplexies of the ciliary body, the retina, and choroid coats are prolific causes of specks floating before the sight; and, in consequence of the delicacy of these structures and the facility with which they may become destroyed, the significance of such phenomena due to these causes becomes at times a matter of considerable gravity. The appearance of specks thus originated often assumes an infinite variety of shapes and phases, and may be either temporarily recurrent or quite permanent. If due to an hemorrhage within the eye, provided no *serious* injury is done to

the internal coats of the structure, the opacities are ordinarily removed by absorption within a short period, when the sight regains its normal acuity. However, hemorrhages of the retinal and choroidal vessels are exceptionally recovered from without some, though in some instances slight, organic changes resulting, which, provided the lesion occurred at a point sufficiently near to or upon the macula, may preclude the possibility of complete restoration of visual perception. The point of origin and location of specks, such as has been referred to as existing within the interior of the eye, can only be determined by careful ophthalmoscopic investigation, which will lead to the application of proper therapeutic measures for their removal, as well as for the prevention of subsequent developments of a similar nature.

Certain conditions, notably gout and rheumatism, are frequently productive of opacities within the eye, as by fulfilling the necessities of the nature of such diseases they develop within the structure of the walls of the blood-vessels a condition of friability quite conducive to an hemorrhagic tendency. Opacities existing in conjunction with either or both of these diseases often evince a disposition to resist ordinary treatment for their removal, and the patience of the physician is greatly taxed, perhaps before his efforts are crowned with success. Knowing that with such patients the absorbing powers of the system are impaired as well as the excretory functions generally, it is frequently necessary to resort to active stimulation of the latter in order to prepare the former for the demands to be made upon them. The urine of such patients should be very carefully examined, and frequently, to enable us to ascertain with the utmost precision the exact conditions with which we have to deal. Attention of an hygienic and dietary nature is also of importance, as a proper regimen diligently pursued under these heads will often lead to most happy results after the continuous exhibition of drugs has proven inefficacious. Therapeutic measures of a medicinal nature may be resorted to according to existing circumstances for as the eye trouble in most cases of this nature depends upon the general systemic disturbance it is best remedied by combating the individual diathetic tendencies, at their inception if possible, while at the same time endeavoring to dethrone and overcome them when found to be established. The relation that the general system bears to the eye and other organs of special sense should not be lost sight of, for by such neglect on the part of the physician, the best reparative results desired cannot be expected to attend on our efforts no matter how excellent the special therapy resorted to.

105 *Madison Ave.*

MEMBRANOUS CROUP.

BY J. A. De ARMOND, M. D.,

Of Le Claire, Iowa.

In the Reporter of Feb. 27, Dr. Cowell reports two cases of the above-named disease which are exceptionally interesting, since the treatment followed, although unsuccessful, was energetic and rigid, and it seems to me established some tangible points in the treatment of this dread disease. In the first of the cases recorded the facts briefly stated are these: An eleven-year-old patient was attacked with croup. Vigorous treatment was begun on the 12th of the month, and continued until the 18th of the same month. During this time about six hundred grains of calomel were given. At the end of the time the membrane was finally cast off, having re-formed several times. Then follow some complications which we at present will not examine.

The great mortality of all known treatments of membranous croup has stimulated medical men the world over to desperate endeavor to discover, if possible, some line of treatment that would in some measure abridge the fearful mortality of the disease. Almost uniform failure has not disheartened nor discouraged the anxious inquirers after knowledge, and the reports that find place from time to time in the multitudinous medical journals of the day show that if a specific is not finally found it will not be for want of patient and faithful effort.

Among the remedies that have for many generations stood the criticism of failure and the praise of occasional success, calomel certainly stands at the head. In the years that are long since but memories, when calomel was the cure-all, it found its claimants for success in the treatment of croup. Now when it has been supplanted by more modern drugs in the treatment of many affections for which it was once regarded as next to a specific, it still has its able defenders as the most powerful of our armament in croup. Physiologically considered, it increases the secretions and exerts very marked control over serous inflammations. Large doses, however, lower the nutrition and destroy the crasis of the blood. The large doses that were once the common rule

in the use of this drug found favor probably in the popular belief that you can't get too much of a good thing. Whatever foundation this belief may have in the financial world is no argument that any measure of truth attaches to it in the world of medicine. The fact that a certain effect is produced by a certain dose is not any reason for believing that a very greatly increased effect for good will be secured by the exhibition of a dose fifty times as large. The enormous doses that once formed and occasionally still form the domestic panacea have made and are making dentistry a paying lead, while the amount of the remedy that has been utilized only in the imagination of the taker is certainly enormous. To take only the amount of a remedy which will in the shortest space of time bring the system under its influence and at the same time not derange the system, is certainly the correct plan. To overpower the system is not the best way to test a remedy's curative effects. It is always poor therapeutics that will necessitate the correcting of treatment, or rather the treating of treatment, if I may be allowed the expression.

To intelligently approach a case of croup means more than appears on the surface. Croup is a disease that takes life in two ways. First, and generally, it chokes the child to death. That is, it prevents the proper æration of the blood. The accumulated impurities which can not be got out of the blood finally poison the system, and death comes, preceded by the general muscular relaxation which is incident to a partial loss of nervous control over the muscular system. Second, the child is worn out by labored respiration, the loss of strength incident to the dislodgment of repeated forming of membrane. Then the treatment of croup means three things:

1. The dislodgment of the membrane.
2. The prevention of its re-formation.
3. The husbanding of the strength.

These three requisites are rounds in the ladder that lead to success in the treatment of croup. To omit or neglect any one is to drop out a round, and so weaken the ladder and thereby lessen the chances of recovery. In no treatment with which I am familiar is there an omission of emetics. Emetics, I am well satisfied, very often do harm, and the reader can easily see how and why this may be. Nevertheless, the judicious and careful employment of emetics is a powerful factor in the successful treatment of this disease. A rule to which I have never seen an exception is that depressing emetics are never to be used. By the timely use of emetics an amount of relaxation and an increased secretion of mucus are obtained that are at once surprising and gratifying. A remedy that secures the latter effect, to a remarkable extent, is the muriate of pilocarpine. It is a drug that has hardly been tested sufficiently yet to warrant its being assigned to a fixed place among the remedies for the treatment of croup; but I am well satisfied that it will not disappoint those who give it a fair trial. In the limited number of cases in which I have used it, I found it of most excellent service. Tonics, preferably quinia, are always indicated sooner or later, and generally at the outset. The disease always tests the strength, and to apprehend an enemy is to thwart his designs. It frequently happens that a troublesome cough is present, due to a hyperæsthesia of the laryngeal surface. Nothing relieves this so thoroughly as opium, and a fine combination is Dover's powder, and with it may be combined a small dose of calomel. Inhalations of lime-water, iodine, vinegar, and other substances, vaporized by an atomizer or by means of hot water, hold a place that none would care to dispute. It is not much wonder that when the question of pathology, not to say morbid anatomy of the disease, is not a matter of settled conviction, there should be so much dispute as to lines of treatment.

To my mind, Dr. Carrell has demonstrated beyond a reasonable doubt, that croup cannot be cured by the heroic use of calomel. Despite the fact that both his cases lived long enough to thoroughly test the efficacy of the drug, yet in neither was its use followed by the symptoms that should encourage a repetition of the trial. The fact that no diarrhœa followed the exhibition of such doses, would rather indicate that little of it was absorbed, and that the great bulk was simply lost. All in all, I regard the doctor's cases as most interesting—interesting despite the fact that he failed, and because he tested a remedy faithfully, and in the end found it not sterling.

The tendency, finally, in all cases, without exception, is to throw off the membrane if life be sufficiently prolonged. The membrane is not so formed as to live as a growth lives, but sooner or later a line of demarcation separates it from the inflamed mucous membrane, and then is the time that dislodgment is possible and easy. It doubtless frequently happens that the particular drug used at the time of separation, and not deserving nature, gets the credit. If life can be maintained for three to six days, I am

satisfied that nature will displace the membrane; but it may at once re-form.

I would not detract in the least from Dr. Carrell's credit, for he is entitled to all the credit that can belong to honest endeavor, but I think the day for the heroic use of calomel is past.

NOTE ON THE USE OF LANOLIN IN THE OPHTHALMIC PRACTICE.

BY M. LANDESBERG, A. M., M. D.,

Of New York.

Lanolin, a compound of cholesterin-fat and water (30 per cent.), which has lately been recommended by Liebreich as a new base for ointments, is the product of the natural sheep's wool fat, and presents a perfectly neutral substance, which will neither decompose nor ever become rancid. It far surpasses all other fatty matters and cosmoline preparations by its high capacity of being absorbed by the skin, which gives it at once the preëminence of all other vehicles for ointments, which have been used until now. The superiority over cosmoline as a base for eye ointments I can attest by my own experiments, having exclusively used lanolin for the last two months in all instances in which I had formerly resorted to cosmoline. The lanolin ointment being more consistent than the cosmoline ointment does not melt so easily when applied to the eyeball, and is for this very reason more pronounced in its topical action. It can be rubbed in so completely that hardly any fatty gloss remains to show the application, without irritating in the least even the most sensitive eye. As the capacity of lanolin for water is very great, any residue or surplus of the ointment can easily be removed from the eye by subsequent irrigation. Druggists highly praise lanolin for its property to combine more thoroughly than any other vehicle with the medicaments by which they are enabled to compound an ointment which for homogeneity will answer the most idealistic expectations. Besides for eye ointments, I have used lanolin as a vehicle for ointments with zinc, belladonna, aconite, veratria, and oleate of mercury, the latter of which I almost exclusively use in my private practice instead of the mercurial ointment for inunctions. The superiority of lanolin over all other vehicles in these instances has also been proved in these experiments. The only caution we have to take is to prescribe smaller doses of heroic remedies for ointments with lanolin, as the latter, as it had been stated above, is so readily and completely absorbed by the skin.

MEDICO-LEGAL CASES.

BY HENRY A. RILEY, ESQ.,

Of New York City.

The Supreme Court of New York, sitting at the city of Brooklyn, has recently been trying with great vigor a tomato case. It was brought by Miss Theodora Kalyer against the large provision firm of Thurber & Co., for $50,000 damages for injuries claimed to have been suffered by eating canned tomatoes sold by the defendants to a grocer in Brooklyn, who sold them to the plaintiff. It was alleged that the plaintiff was poisoned by the use of muriate of zinc in the tops of the cans. Both sides had many experts present, and the case occupied the attention of the court for about two weeks.

It appeared that the tomatoes were not canned by Thurber & Co., but by Shade & Johnson, a Maryland firm, and the question was whether Thurber & Co. were liable for any improper packing of the tomatoes by them. There was some little evidence which might be claimed, the judge said, to throw upon Thurber & Co. a knowledge of the use of the muriate of zinc by the original packers. Otherwise, if any harm happened, the firm of Thurber & Co. would have no knowledge at all of the improper packing, and would not be liable.

The evidence was not considered by the jury as strong enough to impose any liability upon the defendants, and a verdict was given in their favor. It is said that no other instance of harm from the use of this brand of canned tomatoes has been made public.

The perils of the physician who honestly tries to do his duty by his patients, from blackmailing suits, are well known to our readers from the frequent mention made of such actions in the daily papers. That the volunteer nurse who, from friendship, offers to sit up at night with a sick man, should run the same risks, is a decidedly new experience. Such a suit has, however, been brought in the New York Supreme Court by a widow, who claims that the death of her husband was caused by the careless and negligent treatment of a friend who watched one night by the sick man's bedside.

The defendant naturally denies the liability, and says that the sick man expressed himself as well satisfied with the treatment given.

One of the recent cremations at the Fresh Pond Crematory, near New York, was that of Charles Cohn, a writer connected with the German press of New York. He stated in his will that he wanted his "body cremated without ceremonies, and in the simplest and least expensive way. The ashes I wish either to be sprinkled around a tree or on a garden spot, where the rains may mix my remains with the soil, or the winds disperse them." The executor, Dr. Rudolph Frankel, carried out the wishes of the deceased, so far as the cremation was concerned, but declined to scatter the ashes. He will send them to the sister of the dead man, who lives in Breslau, Germany. Mr. Cohn left the income of his property to his sister, and after her death it was to be divided into 100 shares, most of which are given to charitable institutions. On the envelope containing the will were the words, "My congratulations to my heirs."

The Lord Chancellor of England has presented to Parliament two important bills relating to lunacy proceedings. The first is said to be one of the bulkiest bills ever introduced into Parliament, and consists of 355 different sections, besides forms and schedules. It is in fact a codification of all the existing English statutes into one comprehensive and intelligent law.

The second bill, called the Lunacy Acts Amendment Bill, is an important one, and aims to place further safeguards around the commitment of lunatics. The medical certificate of any "interested person" is particularly forbidden to be used.

Lunacy legislation is becoming everywhere more favorable to the unfortunate patient, and it is to be hoped that instances of injustice will soon become impossible when the law is properly enforced.

In a recent French case, a dentist was sued for damages resulting from the death of a patient through the use of an anæsthetic. The court held that the dentist was neither a physician nor a health officer, and could not legally administer the anæsthetic. He was adjudged guilty of manslaughter, but the punishment imposed was only a fine of 3600 francs.

Medical Societies.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, Thursday, February 4, 1886. The President, B. F. Baer, M. D., in the chair.

Cases of Laceration of the Cervix Uteri, with Unique Symptoms.

By Dr. Chas. Meigs Wilson.

The histories of the following cases are brought before the Society in order, first, to record what the writer believes to be unique symptoms of the lesion, and secondly, to elicit discussion in reference to the reflex nervous symptoms of the lesion, and, if possible, to draw the line of demarcation between them and the nervous phenomena of alienation. But a few years back we were given the doctrine, *ex cathedra*, that lack of contour of the cervix uteri was the principal cause of that train of nervous symptoms, of which histories here cited contain unique examples. Prior to this the clitoris was supposed to be the source of all the trouble. And now that spraying has become the fashionable surgical procedure, the ovaries have been given the precedence in the causation of the grave reflex nervous symptoms attendant upon pathological conditions of the pelvic viscera. Statistics have pretty well proven that in a large majority of cases destruction of the natural contour of the cervix has been the starting-point of pelvic distress in a large number of such cases. The subinvolution, with the subsequent conditions of prolapsus, hyperemia, hypergenesis of tissue, ectropion of the cervical mucosa, and the inflammation set up by friction of the everted cervical mucous membrane against the posterior vaginal wall, which frequently occurs in neglected cases of laceration of the cervix, are undoubtedly the primary factors of pelvic irritation in many cases, and it is easy to see how this condition may set up pathological conditions of uterus, fallopian tubes, and ovaries secondarily. To say precisely what is to blame is a very difficult matter. The following cases are selected from a large number operated upon by Dr. E. Wilson in private practice, and by the author in the surgical wards of the Philadelphia Lying-in Hospital:

Case 1. Mrs. McF., æt. 32, married, mother of three children, presented herself at the clinic of the Lying-in Charity with the following symptoms: For the past year she had noticed a tumor about the size of a small fœtal head in the right lumbar and the right half of the umbilical region. The tumor was perfectly smooth, non-nodulated, and freely movable in the abdomen. She had had obstinate constipation, a good deal of vesical irritation; at one time had had a sanguined purulent discharge from the vagina; this had entirely ceased for the last seven months. She complained of deep-

seated, darting pains in the lower part of the abdomen, backache, intense cephalalgia, and photophobia. Her last child had been delivered fourteen months previously with instruments. She had been under the care of a prominent gynecologist, who had diagnosticated floating kidney and recommended extirpation. After a careful examination, in which I was aided by several professional friends, the diagnosis previously made was concurred in. A careful chemical and microscopical examination of the urine failed to detect any abnormal constituent. It was then determined that laparotomy for removal of the kidney, or cutting down upon it and stitching in proper situ, would be alike unjustifiable. Upon making a more careful examination, including the uterus, the patient was found to have an extensive bilateral laceration of the cervix. The contour of the cervix was restored; and, although the patient still has her floating kidney, all her distressing symptoms have ceased.

Case 2. Mrs. S., æt. 32, married, mother of two children; pelvis slightly contracted antero-posteriorly. Both children were delivered alive by forceps. This patient was sent me by her regular attendant, with the diagnosis of cancer of the rectum. She suffered greatly from backache and headache, was constipated, passed ribbon stools, and had agonizing pain upon defecation. She had slight vaginal discharge, and a coffee-colored, foul-smelling, muco-purulent discharge from the rectum. Rectal examination revealed an ulcerated surface extending apparently for about an inch and a half in length completely around the rectum, about three inches above the anus. Small portions of the granular surfaces of the ulcer revealed under the microscope no evidence of malignant growth. Specular examination of the vagina showed extensive bilateral laceration with acute retroflexion. This woman presented no evidence of cachexia. The uterus, though closely bound down by adhesions, was finally restored to its proper axis. After several weeks the contour of the cervix was reformed. Simple astringent applications were made four or five times to the rectal ulcer. The patient made a complete recovery, and has had no return of symptoms since the operation.

Case 3. Mrs. C., æt. 22, mother of one child, with history of tedious instrumental labor. This patient suffered from violent ovarian neuralgia, augmented at the catamenial periods. She had a profuse leucorrhœa, engorged uterus, and enlargement of the right ovary. She also suffered at times from suicidal dementia, which was sometimes so violent that she required restraint. Her case had been diagnosticated pyo-salpinx and oöphorectomy advised. Examination revealed an extensive bilateral laceration of the cervix, extending on the left side to the vaginal junction. The cervix was restored, with complete cessation of all symptoms. Examination six months after the operation failed to find tenderness or enlargement of the right ovary.

Case 4. Mrs. S., æt. 37, married, mother of five children. This patient had been incarcerated in a private asylum for fourteen months, suffering with violent dementia. She had the typical appearance of alienation. No clear history could be obtained of her symptoms excepting that she had distressing pelvic pain and profuse leucorrhœa. Examination showed extensive laceration of the cervix. Trachelorraphy was performed, with immediate amelioration of the symptoms. Two months after the operation she was restored to her family completely well. A year or more has elapsed since the operation, in each of the cases, and the relief afforded has thus far been permanent. These cases appear to the author to have had unique symptoms, following and consequent upon the lesion, though doubtless those with more extended chances of observation have met with cases presenting analogous symptoms.

Dr. Joseph Price made some remarks upon the effects of cicatricial tissue in the edges and at the apex of the laceration, of the effect of the laceration in inducing local engorgement and hypertrophy, and thus a long series of consequential symptoms. He spoke of the value of rest and local treatment for the relief of these symptoms, but the relief so obtained is temporary; it will last but a few months, and sooner or later, after the patient is discharged as cured, the same symptoms recur. If the cicatricial tissue is not all removed and complete union secured throughout the entire thickess of the cervical tissue, the symptoms will return or even be aggravated by the operation. In his experience, conception results after operation in young women.

Dr. Howard A. Kelly remarked that he was glad to hear of the good results in Dr. Wilson's cases, as a year or more had elapsed. He thought cases of laceration of the cervix might be arranged in three classes:

1. When the cervix, although lacerated, remains soft and flaccid, there will be no consequent symptoms.

2. When cicatricial tissue is developed or ectropion is present, marked reflex symptoms will ensue.

3. When there has been natural repair, but with inclusion or formation of hard or scar tissue, there will also be marked reflex symptoms.

To this latter class belong those cases with hypertrophied glands and everted lips, of so-called erosion. The second and third classes must be relieved by rest and local treatment, and then operated upon to keep them well. Complete removal of the hard tissue and perfect union of the coaptated edges must be secured. Failure in either of these points will cause a return of the symptoms.

Dr. Baer remarked that the symptoms were not due to the laceration, but to its inflammatory consequences. To secure a good result the inflammatory condition must first be subdued, and then the operation of closing the laceration will be in order. It may take a long course of treatment to secure this necessary condition, but operation will probably fail to secure the desired relief without the preparatory treatment. I have found in some of these unsuccessful cases union of the external surface only, and in others fistulous tracts between the suture points. Cicatricial tissue seems to be sometimes formed after operation when union occurs by granulation. Simple laceration without ectropion is very rare, and he would advise repair of the laceration in all cases, to prevent future resultant inflammatory conditions. It is desirable to have union by first intention to avoid formation of cicatricial tissue and suture track fistules.

Dr. Wilson spoke of the choice of method in preparatory treatment. Local treatment once a week will often fail to have a good effect, when a week or ten days in bed, with douches of hot water and glycerole of tannin, on pledgets of cotton applied daily, will accomplish rapid relief of the local condition. Great care should be exercised in the removal of tissue, as complete closure of the cervical canal may happen. He has seen two such cases, which were detected at the next menstrual period after the operation. The passage of a spear-pointed probe gave vent to dark grumous material.

Dr. Howard H. Kelly exhibited a specimen of

Hæmatoma of the Ovary with Adherent Fallopian Tube.

This specimen is an example of a class of cases which stand peculiarly by themselves—cases of aggravated tubal and ovarian disease, on a small scale as compared with ovarian cyst, and yet in which there is enough change in the size and consistency in one or more of the structures of the appendages to afford most satisfactory ground for diagnostic precision under skilled bi-manual examination. These cases occupy a middle ground between the larger tumors, where disease is so palpable, and those haphazard attempts, the present reproach of gynecological surgery, in which the operation upon appendical structures is undertaken to relieve a *symptom*, and the diagnosis of pathological ovarian or tubal change is made after removal or not at all.

This is the right ovary of a patient 21 years of age. It is about the size and shape of a large Spanish chestnut. I was able to handle it freely by bi-manual examination, and determined exactly its size, shape, consistence, and relations, before operating. The indications for operative interference, after I had made my diagnosis, were greater than in the case of any large ovarian cyst I have ever seen, and the prospects and result of any form of palliation were futile. Almost the whole of this large ovary is filled with a blood-clot, soft and jelly-like in part, and in part firm, fibrous, and apparently intimately united to the ovarian stroma. This clot is surrounded by a shell of apparently normal ovarian tissue, throughout which are seen a number of follicles and old corpora lutea. A remarkable feature is the way in which the fimbriated extremity of the tube is spread out like a sucker over the surface of the ovary and glued fast by adhesions, so that the line of demarcation between tube and ovary is but faintly indicated. From the line of junction numerous vessels course in a radiating manner down over the ovary. The left ovary is below normal size, but contains many pea-sized black clots.

The second specimens which I now exhibit were removed this afternoon. The case is an example of the third class, in which the operator has nothing but a symptom to guide him. My patient, 35 years of age, suffered from an increasing menorrhagia for 14 years. Lately she has been bleeding half the time. She has had recourse to every possible plan of treatment, with but slight and temporary relief. The only thing I could do was to perform oöphorectomy and stop her menstruation. One ovary weighs 139 grains, the other 103 grains. A beautiful corpus luteum of menstruation, about two and a half weeks old, shows that the hemorrhages, which retained all along a menstrual periodicity, were in reality menstrual. The tubes are free from disease. In one ovary a globular pellucid cyst lies between the layers of the broad ligament in close proximity to the fimbriæ, the tubo-ovarian ligament being spread out over its surface.

Dr. Wilson called attention to the fact that in the first specimen the tube had been occluded by a torsion or twist upon itself.

Dr. Baer remarked that it would be interesting to know the results in Dr. Kelly's last case. In such a case there is of necessity a cause for the hemorrhage; there is no apparent diseased condition of ovary or tubes sufficient to account for it. Hemorrhages from the uterus are often associated with vegetations upon its lining surface, but these are not always present. He alluded to one case in which hemorrhage continued to be profuse after the removal of the tubes and ovaries, which had been very much diseased.

Dr. Price remarked that in this last instance the continued hemorrhage might be the result of body-habit, although the original cause might be removed.

Dr. Harris spoke of a case of fibroid tumor of the uterus with menorrhagia, in which removal of the tubes and ovaries gave complete relief.

Dr. Kelly had, eight months ago, removed both ovaries and tubes, and the menorrhagia still continues. In the case operated upon to-day the curette had been used, but no vegetations had been found. A strong tincture of iodine applied thoroughly to the inside of the uterus and vaginal packing would quickly stop the hemorrhage for the time, but it would soon recur. Operation was performed to relieve the symptom of hemorrhage by bringing on the menopause, and not because the ovaries were supposed to be diseased.

Dr. J. Price exhibited specimens from a case of

Pyosalpinx.

The tube was large as the finger and cheesy in consistence, and was easily broken, even by the bite of the hemostatic forceps. The patient was in a typhoid condition, with high evening temperature, emaciation, quick pulse, pain in locomotion. There certainly had been leakage of pus before, but two ounces escaped at the time of removal. Adhesions were numerous, but were cheesy and broke down readily. After the operation there was rapid subsidence of the pulse, and temperature with the other symptoms. Free washings of the abdominal cavity through a drainage-tube were practiced for a few days. There was a clear history of gonorrhœa. The other tube and ovary were not enlarged.

Dr. Beates remarked that in one case upon which he had operated, repeated attacks of peritonitis had caused large deposits of flaky lymph in Douglas's cul-de-sac. These were nicely removed by sponging.

Dr. Baer raised the question of the gonorrhœal origin of the salpingitis in Dr. Price's case, which was unilateral, while gonorrhœa usually causes both tubes to become diseased.

Dr. Price stated that Dr. Tait's new book reported a gonorrhœal case of unilateral salpingitis. Comparing with the male analogue epididymitis, which is usually unilateral, would support the idea of such an origin. A free leakage of secretion from the tube, and absence of constriction, may prevent the accumulation of pus on one side.

Dr. Beates exhibited specimens from a case of

Diffused Sarcoma Uteri with Metastasis to Liver and Lungs.

The patient from whom the specimens were obtained was in excellent health until the development of this affection, æt. 59. Catamenia established during her sixteenth year without undue disturbance. She has had four children and no miscarriages or pelvic disease during her sexual life. There is no evidence of heredity toward myoplastic disease. Menopause at age of 48, without incident. About five years later a hemorrhage occurred, lasting a few days. It recurred with decided regularity, and the patient, believing it to be menstrual, did not have recourse to treatment until an intermenstrual sero-sanguinolent discharge appeared. Later this assumed a purulent type, and was accompanied by constant pain. The condition was now regarded carcinomatous. In June, '85, I found the patient emaciated, cachectic, and weak; digestion was impaired, and the stomach irritable. Local pain was intense, with nocturnal exacerbations. There was also incontinence of urine and its consequent intertrigo. The vagina was so occluded with numerous neoplasms, varying in size from mere nodules to the size of an olive, that an examination of the uterus was impracticable. Some of these were pedunculated. There was an offensive ichorous discharge; bleeding occurred upon the slightest touch. The history was one of progressive asthenia.

The autopsy by Dr. Formad disclosed the pulmonary apices and the inferior-posterior margins to be the seats of nodular masses. The surface of the left hepatic lobe was the seat of two deposits which simulated encephaloid carcinoma. The lymphatic glands were perfectly normal. The uterus was enlarged about one-fourth, and its attenuated walls were easily torn. Upon opening it, it was found to be almost entirely destroyed by ulcerative processes which were most marked near the fundus. The cavity of the pelvis

was occupied by the morbid mass and the vagina entirely destroyed. The bladder was not involved, but the urethra was sloughed through. Rectum free. The microscope showed a small-cell sarcoma. The pathological laws of which this is an illustration possess especial interest regarding treatment. It is now well known that neoplasms originating in areas that have developed from either the epi, meso, or hypo-blast possess certain specific life histories, and while all may closely resemble each other in their incipiency, differ widely not only in their course but ultimate results as they continue to exist. Thus epithelioma of epi-blastic structures is local and not subject to metastasis, while the hypo-blastic epitheliomata are preëminently metastatic. Meso-blastic neoplasms are of connective tissue type, and in large cell forms, local, while in small cell varieties metastatic. Epitheliomata undergo metastasis through the lymph channels; sarcomata, by means of the blood-vessels. Either of these diseases, when first becoming active, there is good reason to believe, is local, and before retrograde changes occur can, by total removal of the organ involved, be radically cured. As sarcoma, and especially its small-cell variety, is especially prone to metastasis, its early recognition is a matter of paramount import. In this case its early evidence was mistaken for carcinoma, and from a clinical standpoint alone such an error is unavoidable; but as the discharges contain portions of the neoplasm readily recognized by the microscope at a time when metastasis has not occurred, its diagnosis and treatment are a matter of simplicity. The later symptoms, absence of lymphatic involvement and comparatively slow course, enable one to know that he is palliating the sufferings of a sarcoma.

W. H. H. Githens, *Secretary.*
2033 *Spruce street, Philadelphia.*

CHICAGO MEDICAL SOCIETY.

(*Continued from page* 431.)

Exhibition of Pathological Specimens from Battey's Operation, and Specimens of Ovarian Tumor with Twisted Pedicle,

By Dr. C. T. Parkes, who said:

"The specimens which I have to present to you on this plate are two ovaries and forty gall-stones. The two ovaries were removed from a lady who had suffered for over ten years from a great deal of trouble in the pelvis. They are noticeable in that the left one is very small and the right one very large. In this box are forty-three gall-stones, which I removed from a gall-bladder yesterday. In reference to the oöphorectomy, I desire to call attention to the knot used in securing the pedicle, and which has been rendered famous by Mr. Tait; he calls it the Staffordshire knot. Its use got me into trouble. It does not secure the pedicle by merely tying the knot. It must be drawn sufficiently tight to cut off circulation in the pedicle before the final knot is secured, otherwise the pedicle is very feebly constricted. I used it in this case in securing the left ovary, and passed on to the removal of the right ovary, during which operation I noticed that a good deal of bleeding was going on. Having removed the right ovary, I then looked for the point of hemorrhage, and found a spurting artery in the unsecured left pedicle. I was astonished, because I thought I had tied the knot very tightly. It is necessary that the constriction should be made by the string, and the circulation must be entirely cut off before any attempt at tying is made. The other specimen is a large tumor, the weight of which was estimated at twenty-three pounds. Eight days before the operation, the patient having been in a previous condition of apparent good health, was suddenly taken sick, temperature 102°, pulse very fast and feeble, abdomen tender from peritonitis, urine suppressed. I diagnosed a twisted pedicle, and advised immediate operation. The operation was done as soon as possible, and although she was in a very feeble condition at the time, the operation apparently made very little impression upon her. As soon as the abdominal incision was made a black tumor presented, and instead of the cyst portion being uppermost, as is almost invariably found, the solid portion was in front. When the trocar was pulled out, there was scarcely any hemorrhage from the opening made by it; usually there is considerable hemorrhage, especially when introduced into a solid tumor. When it was removed from the abdomen there was found to be a turn and a half in the pedicle. The temperature fell after the operation, and did not again come up to one hundred. On the seventh day all the stitches were removed, and the patient is practically well to-day. These tumors sometimes have pedicles twisted completely off, so that they are in a sloughing condition; in other cases the twisting goes on so slowly that the pedicle is finally destroyed entirely. Spencer Wells says that he has found tumors with no pedicles. The three points that seem to me to indicate this

diagnosis are the rapid occurrence of distention, the commencement of peritonitis, and the suppression of urine."

The President said in answer to a question that because a patient has symptoms of gall-stones, and the evidences are pretty positive of their presence, no one must imagine that thereby he is going to have an easy time of the operation. The case from which these gall-stones were removed was a very difficult one for operation. The patient was a woman of considerable adipose tissue on the surface of the body, and it was difficult to expose the gall-bladder at all. The liver, instead of being distended and projecting below the ribs, was contracted and high above them.

It was difficult to find the gall-bladder at first, and it was found to be about the size of a finger, elongated, and lying in its natural position and adherent to the liver. The fundus was contracted and hardened or thickened, so that the finger had to be passed well down along its surface before any evidence of the stones could be found at all; it was separated from its attachments to the under surface of the liver, and then by carrying a thread through its fundus it was lifted to the top part of the incision and the finger introduced into the cavity of the gall-bladder and the stones removed. Of these stones the largest was found in the gall-duct. It was forced from the gall-duct into the gall-bladder.

Dr. H. P. Merriman asked the President if any cause was known for the twisting of the pedicle in ovarian tumor.

The President said that he made very close inquiry on that point; the night previous to the occurrence of the trouble the patient felt something move in the abdomen from the left to the right side. She was lying in bed at the time. In reply to Dr. Strong, the President said he did not think that rupture of the cyst would not be followed by an increase in the size of the abdomen, nor by any change in the function of the kidney.

Dr. W. Franklin Coleman read a paper on

A Report of Three Cases of Ossification of the Choroid, and the Report of One Case of Ossification of the Lens, with Specimens.

In cases one, two, three, and four the eye had been lost five, twelve, fourteen, and thirty-four years respectively, before medical advice was sought on account of sympathetic trouble in the fellow eye. In cases one, two, and four the lost eye had occasionally been painful. In cases one, two, three, and four, sympathetic disease did not occur after the loss of the eye until five, twelve, eleven, and eighteen years respectively. The sympathetic disease excited in case one was serous kerato-iritis; case two, cyclitis; case three, irido-cyclitis and cataract; case four, optic neuritis and mild iritis. Dr. Coleman advised the immediate enucleation of a bony eye on the same ground that the enucleation of an eye lost from injury in the ciliary region would be advised. Neither the ossification nor the injury is in itself the immediate cause of the sympathetic disease, but either may be the indirect cause by exciting an irido-cyclitis.

Dr. R. Tilley said the term ossification of the lens might lead to a misunderstanding that there is actually ever an ossification of the lens. Becker, of Heidelberg, claims that ossification of the lens cannot and does not take place, and that there is no case of it on record. He says that in the case of a ruptured capsule a membrane may be developed from the ciliary region, and from the developing blood-vessels an ossification may take place in the region of the lens, but that it should not be called an ossification of the lens. He gives an interesting case showing how readily a mistake may be made and ossification supposed: A boy was struck in the eye with a hay-fork, and came under his care about ten hours after the accident. Forty-three hours after the accident the eye was enucleated, and he thought from a macroscopic examination that the lens was intact, but on microscopic examination what he supposed to be the lens was found to be an extravasation of blood, and the lens had escaped. He remarked that it is easy to see that an ossification might have occurred under these circumstances, and the same been taken for the lens.

Dr. Coleman said, in conclusion, that he was well aware that literally and truly the lens fibres do not become ossified, but wherever connective tissue exists ossification may occur, and connective tissue may occupy the site of the lens. Dr. Voorhies cites a case in his own practice of an ossific mass occupying the normal position of the lens, which an expert microscopist, upon examination, pronounced ossification of the lens. Dr. Knapp does not say he denies the possibility of such ossification.

CLINICAL SOCIETY OF MARYLAND.

Stated meeting held February 15, 1886.

Dr. Samuel Theobald read a paper entitled

Notes of a Series of Cataract Extractions by Von Grafe's Method.

Reference was made to the fact that the original operation of Grafe had undergone many slight modifications at the hands of different surgeons, especially as regards the character of the external incision, and the manner of making the iridectomy and of opening the lens capsule. In the cases reported, the operations had been done with a dilated pupil, the external incision had been made throughout in the sclero-corneal junction (a conjunctival flap being the exception rather than the rule), and the iridectomy (except in one instance) had been made by a single cut of the scissors, giving a comparatively small coloboma. In the character of the iridectomy the cases departed from the usual rule, and it was on this account they were thought of sufficient interest to be reported. Besides the optical and cosmetic advantages which it is generally admitted the small coloboma possesses, it was claimed that the excision of the iris in this manner is less apt to cause entanglement of the edges of the coloboma in the angles of the external incision than when a large iridectomy is made by several cuts of the scissors. Of the seventeen cases reported, fourteen were uncomplicated, and in all of these the operations were successful, V varying from $\frac{20}{xxx}$ to $\frac{15}{c}$.

Of the three remaining cases the cataracts were secondary to syphilitic irido-choroiditis in two, and to myopia in one. In one of the former $V = \frac{15}{cc}$ was obtained; in the other, the eye recovered well from the operation, but, owing to extensive pathological change in the deeper structures of the globe from former disease, no improvement in sight resulted.

In the case complicated by myopia (though the operation was a smooth one) the eye did badly from the first, and, suppurative panophthalmitis having supervened, it was enucleated.

Some of the operations were performed without anæsthesia, some with chloroform, and some with cocaine, the number in each category being about the same. Four of the patients were over 80 years of age. In all of them the operation was successful, and the healing process rapid and uninterrupted. In none of the cases was there loss of vitreous humor or other evidence of rupture of the hyaloid membrane.

DISCUSSION.

Dr. E. Mierhof listened to the paper with much interest. Especially was there one point that had impressed him, the fact that Dr. Theobald had used atropia in all of his cases before operating. Many writers recommend the use of eserine; they claim that it is much easier to make a clean iridectomy with a contracted than with a dilated pupil.

Dr. Theobald said his experience had been just the reverse.

Dr. Harlan gets a clean coloboma by trimming off all ragged edges at the extremity of the primary incision.

Dr. Mierhof gets the ragged edges back into the eye by stroking lightly over the corneal wound.

Dr. Hiram Wood says it is Dr. Chisolm's practice to pull them into position by inducing contractions of the pupil by the use of eserine.

Dr. Harlan asked Dr. Theobald if drops were used in the eye after each operation.

Dr. Theobald said if there is no reason for doing otherwise, he does not remove the bandage for three days, then he instills atropia drops into the eye. He thinks efforts to release the shreds of iris from the corneal wound by stroking, have a tendency to bruise. He don't approve of pushing them into position by small instruments. He avoids ragged edges by making one single clean cut into the iris.

Dr. Frank Donaldson, Jr., then read a paper on

Pneumatic Differentiation.*

Dr. H. Clinton McSherry thought the greatest therapeutic value of the Pneumatic Cabinet, as pointed out by Dr. Donaldson, was in the application of a medicated spray directly to the diseased tissues. He does not consider it an apparatus that should be placed in the hands of every one, as unless used with extreme care it is capable of doing extreme mischief.

He would like to hear from a series of cases treated by this method alone. Most, if not all, of those referred to by Dr. Donaldson, were under other treatment at the same time.

Dr. I. E. Atkinson read a paper on

Scarlatinal Nephritis.

Dr. Wm. H. Welsch thought Dr. Atkinson's paper contained many points of interest, especially the conditions found in these kidneys, and agrees with Dr. Atkinson in looking upon this form of renal affection as being of a specific nature. It is the only form of nephritis that has been thoroughly investigated. He considers the form of the affection to be a glomerulo-nephritis.

*See Maryland Medical Journal, February 18, 1886.

The tufts are swollen and contain cell infiltration due to proliferation of the epithelium, being Bowman's capsule and that covering the tuft. These cells accumulate in the space between the tuft and the capsule, and give rise to a *crescent-shaped* accumulation, that seems to be typical of this form of nephritis. Again there is a small cell infiltration around the afferent arterioles of the glomeruli which cause a narrowing of the lumen, hence a lessening of the amount of blood going to the tuft and a consequent decrease in the amount of urine passed in this disease. He finds these conditions very constantly occurring.

The micrococci found in the kidney, he takes it, are the same as those found in the other acute infectious diseases that give rise to suppurative nephritis. They are in all probability the common organism of pus.

He thinks that in dropsies without nephritis the trouble resides more in the vessel walls than in any derangement with the kidneys.

Dr. W. Winsey reported a

Case in which the Placenta was Adherent in Successive Labors.

Dr. W. H. Norris has seen a number of cases of adherent placenta, and in all of them was he able to trace the cause to some traumatism.

Dr. Wm. A. Moale showed a cast of a knee-joint which illustrated the position taken by the limb when fracture of the internal condyle of the femur takes place, as was the case in the patient from whom the cast was taken. He reported the case because of its rarity. Agnew knew of but 15 cases ever reported.

Editorial Department.

Periscope.

Antipyretic Treatment.

Dr. M. A. Veeder, of Lyons, N. Y., sends the following to the *Med. Record*:

The use of certain drugs for the purpose of reducing the temperature is very liable to become a mere matter of routine. The ease and certainty with which fever is detected by means of the clinical thermometer, leads to the habitual use of this instrument, with the effect of concentrating the attention upon changes of temperature to the neglect of other symptoms. The obvious consequence of this tendency is an undue reliance upon fever mixtures of one sort or another. In regions where this therapeutic fashion holds full sway, but few patients escape being dosed with quinine, aconite, the salicylates, antipyrin, or some other wonderful antiphlogistic. Unquestionably such drugs have their proper uses, but they should not, therefore, be employed hap-hazard in every case of elevation of temperature. In fact, their routine use does harm by preventing the adoption of measures having real efficiency. In typhoid fever, for instance, it should not be forgotten that healing the ulcerated bowel moderates the fever most effectually. It has been the fortune of the writer to see an extremely severe case of typhoid fever recover without the use of any of the ordinary antipyretics, the high temperature as well as the other symptoms yielding under treatment directed almost entirely to remedying the condition of the bowel. Thorough digestion of the nourishment given, and the use of turpentine, bismuth, and opium, in accordance with their well-known effects, were the means employed. The principle involved in this method of treatment is to attend first to the primary lesions of the disease rather than to its symptoms. Fever will cease if the disorder upon which it depends has been remedied. Thus fever dependent upon indigestion can be relieved, not by aconite or quinine, but by clearing out the bowels. A stimulating expectorant like carbonate of ammonia, liquefying and removing foul accumulations, will often have a more decided effect upon the temperature than any of the regular antipyretics. In case of sore throat with bad breath, chlorine water, attacking the disorder in its very seat, may relieve all the symptoms, feverishness included. Certain malarial fevers may have their power broken by methods that do not involve the swallowing of any drugs whatever; only clean out the filthy cellar of the nasty drain, or trap the sewer on the premises, and fever takes its departure like a whipped cur. Improper splints or bandages may cause feverishness after surgical operations. In such cases, instead of dosing with quinine, smooth out the wrinkles, and put the wounded part in as comfortable a condition as possible, and the

patient becomes as serene as a morning in May. Puerperal fever not unfrequently disappears, as if by magic, when the uterus has simply been freed from malodorous materials and thoroughly disinfected. In dealing with wounds and sores generally, absolute cleanliness is the best antipyretic. In fact, the whole subject of antiseptic treatment, which looms up so largely in these days, may properly be regarded as but a phase of the subject of antipyretic treatment. As a result of modern researches into the nature of disease-germs and wound-infection, it is evident that the physicians are fast becoming better able to deal with the causes as well as the symptoms of disease. It is safe to say that the time is approaching when Medicus will no longer thrust a fever thermometer beneath his hapless patient's tongue, and then with an air of vast scientific superiority prescribe a fever mixture hap-hazard.

The Treatment of Chronic Ulcers.

Dr. William Stuart Low thus writes in the *Brit. Med. Jour.*, February 20th: So much doubt has been expressed, diffidence entertained, and practitioners so frequently stigmatized as rash or timorous, according as they attempt or not to heal chronic ulcers, that a clearer understanding of their treatment and its effects is much to be desired. That there is no danger in the perfect cure of long-standing and much discharging ulcerated surfaces, I maintain; and I cite the following case in evidence.

R. S., male, aged 48, had suffered for twelve years from a very extensive ulceration of the right leg. During this time, a great variety of treatment had been tried—rest, bandaging, baths, and numerous internal medicines. I found the case one of extensive serpiginous ulcer, almost one mass of broken surface on each side of the knee, back of the calf, and popliteal surface, and even extending to the posterior surface of the thigh, at some points granulating, and at others sloughing, bleeding on the slightest injury. The surfaces were deep, and the edges raised and hard, with much surrounding induration. The discharge was very offensive, and this especially so from the grumous pus expressed from numerous sinuous channels ramifying about the limb.

My patient being in easy circumstances, I had full liberty as regards any expense I might incur, and determined to make one last endeavor. I attacked the whole surface by means of a thorough ablution with a lotion of the solution of bichloride of mercury, of the strength of one drachm to eight ounces of water; this was practised daily, syringing most carefully every part of the wound, and with speedy benefit. The discharge rapidly lessened, the fetor diminished, and the sloughing ceased. New granulations sprang up all over, although not without considerable loss of blood from recurrent attacks of hæmorrhage as the dead tissues separated and the feeble granulations gave way. The dressing consisted simply of lint wrung out in the bichloride lotion of similar strength, and applied directly to the wounds.

The second feature in the treatment that I am anxious to emphasize is the utility of iodoform as a local anæsthetic. This was very marked, relieving the pain sorely complained of in many irritable spots, contributing greatly to the comfort of the patient, and facilitating exceedingly the daily dressing. The iodoform was used freely in the form of a fine powder, dusted upon the painful spots. It proved valuable also in quickly inducing healthy action in the indolent portions of the ulcer, and, as an antiseptic and deodorant, maintained a perfect sweetness of the discharges.

I observed, in the local employment of powdered iodoform, however, that its use must not be persisted in too long, or the healthy action obtained is soon undone, the granulations breaking down under its continued action, and much bloody discharge staining the dressings; indeed, a blood-stained dressing, where iodoform had been applied, became the indication to cease its employment there. While preparing the wound for cicatrization, by stimulating the surface, it rather retarded the growth of the cuticle, and simple dressing with bichloride lotion proved more efficacious. Lastly, its application to an inflamed surface should be studiously avoided, as it tends greatly to aggravate it.

The beneficial effect of these remedies is more remarkable, when I state that this patient rested his leg but little. Rest was a part of my prescription that he stoutly resisted, daily walking short distances, driving out, and going up stairs. It was here that the third important point in the treatment proved invaluable; the use of resilient pressure, in the form of a Martin's elastic bandage; this was daily applied over the other dressings, from toes to thigh.

During the interval of six weeks since commencing these measures, the progress has been uninterrupted, and the cure is now complete; and I trust such encouraging results

will animate many to essay the successful therapeutics of chronic ulceration.

Epilepsy Cured by Removal of Nasal Polypi.

The following case, which Fincke reports in the *Deutsche Med. Woch.*, January, 1885, is interesting, as contrasting with the obscurity which usually characterizes the etiology of epilepsy. N., a powerfully-built man, apparently in good health, was returning from a visit to some friends, when he suddenly fell to the ground with a loud cry. He was raised, and carried to the house of a bystander, where he soon regained consciousness. He recollected nothing of the attack, and felt no pain, though he had by the fall on the curbstone sustained extensive contused wounds of the scalp. On the following day his intellect was clearer; still, there was no recollection of the fit. On the third day after the attack the temperature rose to 38.5° C., the scalp commenced to swell, the face became œdematous, and slight delirium set in. Suppuration followed, and patient continued in a critical condition for a month. Ten weeks after the attack he was able to read and understand as before the fit. The wounds of the head slowly healed one after the other. All seemed going on well, when a hurried message was brought to the effect that N. had had another attack, and lay dying. He was in bed, his face cyanotic, eyes closed, and breathing with difficulty. Suddenly the eyes opened, and with a cry the patient became violently convulsed, and frothed at the mouth. The attack lasted from six to eight minutes, then a pause of ten minutes, when another fit occurred, then an intermission, and so on for six or eight hours, an intermission of about fifteen minutes occurring between each attack. Four weeks elapsed before N. recovered from the effects of this group of attacks, during which time he took bromide of potassium, fifteen grains thrice daily. Shortly after this, patient complained of what he thought was a cold in the head, together with difficulty in swallowing. On examination a polypus was seen, blocking up the right nasal cavity. With the hope that this might be the cause of the epileptic seizures, a mass of mucous polypi was removed, which had completely obstructed the nasal passage. From the time of the operation, in order to render the result more decisive, the bromide of potassium was discontinued. Two years have now elapsed since the operation, and N. has not experienced the slightest indication of an epileptic attack. Dr. Fincke, in conclusion, remarks that there was no spot of the nasal mucous membrane specially irritable, and no trace of swelling of the erectile tissue of the turbinated bodies. The pharynx was healthy. He therefore feels justified in believing that in the above case the stoppage of the nose by the mucous polypi interfered with breathing, more especially during sleep, and that thus the return of the blood from the brain was impeded, causing an accumulation of carbonic acid, and so producing the cerebral symptoms noticed before the last attacks, and culminating in the epileptic fits.

The Administration of Chloroform.

Dr. John C. Kerr thus writes to the *Southern California Practitioner:*

Medical men are well aware (some painfully so) of the fact that the administration of chloroform is a dangerous procedure, excepting, perhaps, in obstetrical cases, and are very reluctant in giving it in general surgical practice, because of its paralyzing action upon the heart. Probably every medical student in America has been warned, emphatically, during his college course, about the danger of administering chloroform; indeed, so great stress is put upon it that many enter practice with the determination never to try it, and I have met with physicians who have been in active practice for a number of years, and who have told me they had never yet dared to give chloroform. I, myself, started out with the same determination, but I soon found that time was too precious and the effects of ether too disgusting to hold me to the old resolution; therefore, I began anew the reading of therapeutics and physiology, with the view of finding some drug which might counteract the effects of chloroform or be antagonistic to it. I began to experiment practically, by trying spirits of ammonia aromat., brandy, and all the cardiac stimulants; but in many cases (the usual percentage) the lips and nose were as blue as though I had used no stimulant, and the pulse as small and weak. I investigated thoroughly the physiological action of nearly all the prominent drugs in the materia medica and studied their action upon the different structures, especially the brain and spinal cord, and the result was a choice of belladonna.

Now, this drug is physiologically antagonistic to chloroform, it paralyzes the termination of the pneumogastric nerve in both heart and lungs—as proven by Drs. Ringer, H. C. Wood and others—and stimulates the sym-

pathetic, which is exactly the reverse action of chloroform. I therefore concluded to try the hypodermic injection of one-twentieth of a gr. of atropia at the next opportunity and watch the result. The subject was a lady, having already a weak heart and in a run down condition from the effects of malignant disease of the breast (the skin being considerably involved). I gave her the above dose of atropia hypodermically, and then began the administration of the anæsthetic. She took it without a murmur; there was no trouble in breathing, no blue lips or nose, and the heart's beat was regular and even stronger than usual, and I completed the operation without a single bad symptom.

This was the first encouragement, and I concluded to try it in every case where an anæsthetic was needed, which I did, with similar results.

Care must be exercised, however, against giving too large doses of belladonna, lest the sympathetic nerve force become exhausted by over-stimulation.

The Causes and Treatment of Quinsy.

Dr. F. P. Atkinson thus writes in *The Practitioner:*

Having been in years past a frequent sufferer from quinsy, I have taken special interest in determining its cause or causes and the best methods of treatment, and I believe I can, after twenty years of experience, speak with confidence as to the correctness of my present views. First of all, then, I would say, it is essentially a disease of debility, and is more or less associated with *adolescence* and a strumous habit. The exciting causes are sexual excesses, bodily fatigue, irregularity of meals, long-continued fasts—or, in other words, excessive nervous or muscular exhaustion. Cold and rheumatism play little or no part in its production—nervous and muscular exhaustion, as I have said, are the immediate causes of quinsy, and both these make the person also liable to take a chill and so rheumatic fever. However, I have rarely, if ever, in the whole course of my experience, seen those two coëxisting in the same person. Again, it cannot be the result of cold acting directly on the throat, because laryngitis would then be a much more frequent accompaniment than it now is, and a second attack rarely follows till after the lapse of some months, no matter what the amount of exposure. The *treatment* I have to advise can scarcely be termed otherwise than a specific one, since I can with perfect truth affirm that very few, if any, of the cases have gone on to suppuration which have come to me at a early period.

The effervescing citrates will be found useful in allaying not only this, but all other kinds of glandular inflammations, and I order twenty grains of bicarbonate of potassium to be taken with fifteen grains of citric acid every four hours, in a state of effervescence. Guaiacum, which has long been known to be beneficial in throat cases, is best given in the form of lozenges made up with black-currant jam, in accordance with the directions of the pharmacopœia of the Throat Hospital, Golden Square. One of these lozenges should be sucked frequently. Iodine, when applied locally in cases of glandular inflammation, is known either to reduce the enlargement or to hasten suppuration, according to the stage in which it exists; and a gargle, containing from twenty to twenty-five minims of the tincture to the ounce of water, will be found particularly useful. This may be used by taking a little in the mouth, and shaking the head from side to side. Port-wine is an essential part of the treatment, and it is necessary for the patient to take from four to six ounces in the course of the day, besides plenty of beef-tea and milk. By this method resolution is almost always brought about, and the patients are, with scarcely a single exception, able to resume their usual duties about the fourth day. The usual duration under the old methods of treatment was almost always from nine to ten days. I would particularly urge upon those who are willing to give the above-mentioned method of treatment a trial, not to be discouraged if the patients complain of feeling no better, or even worse, for the first two days, but to persist with it all the same, and they will be certain to meet with the success they and their patients desire. Though the bowels are almost always confined, it is not advisable to administer aperients, since as soon as recovery takes place they are moved as regularly as possible, without any extraneous assistance. When suppuration has commenced in the tonsils (which may be looked for about the sixth day, and made out by great throbbing in the ear on the affected side), it is best to omit the effervescing citrates and guaiacum lozenges, and depend upon the iodine gargle, together with the port-wine and beef-tea. Suppuration is by this means hastened and suffering curtailed. In conclusion, I would ask those who put this method of treatment on trial to keep a record of their cases, and after a time make a report both of the successful and unsuccessful ones, so that we may

arrive at really truthful conclusions concerning this disease.

Intussusception of the Upper Part of the Jejunum, of Twenty-one Months' Standing.

Before the Clinical Society of London, Dr. Goodhart read notes of this case. Its clinical interest depended upon its long duration, and upon the resemblance of the abdominal tumors during life to a floating kidney. The case occurred in the practice of Mr. Sandford Arnott, of Brixton. The patient, a girl, æt. 19, had been first seen a year and three-quarters before her death, and was then suffering periodical attacks of vomiting and abdominal pain, with progressive wasting. A knotty, irregular tumor was felt in the lower part of the abdomen above the uterus. She then attended the out-patient department at King's College for eight months, and subsequently at University College, with obstinate constipation, fæcal tumors, and what was thought to be a floating kidney. She was relieved by enemata of sulphate of magnesia, but notwithstanding her attacks recurred, and in these she was frequently seen by Mr. Arnott. The abdominal tumor never disappeared, but latterly it altered its position, and came to correspond with the situation of the left kidney. It varied in size and shape, some days being decidedly kidney-shaped, and generally it had a curve in its length, the concavity being towards the umbilicus. She was seen by Dr. Goodhart in her last attack because the vomiting had been more severe and continuous than before. She was then pale and very thin, although not giving the appearance of any extreme emaciation; her mother described her as hardly ever free from sickness for more than a week, the actual attack lasting generally 24 to 36 hours. Lately she had been sick almost daily. The abdomen being exposed, the existence of a dilated stomach was at once apparent: it occupied the upper half of the abdomen, and its muscular contractions were plainly visible; but below this, in the left inferior quarter of the abdomen, was a second tumor, running from the flank obliquely downwards towards the pubes. This was the mass that had been felt throughout the progress of the case. It was an elongated tumor that underwent slow rhythmic alterations, becoming alternately hard and soft, and was obviously some part of the intestine in labor. Vaginal and rectal examination gave no additional information. However, it was clear that there was some intestinal obstruction, although there was no sufficient material for determining its exact nature. She had never passed any blood, the evacuations being always of a light brown color, and although she suffered from constipation it was never such as to resist the action of an aperient. It was arranged that she should be admitted to Guy's Hospital, but before this was accomplished she died, apparently from the exhaustion of the continued vomiting. Mr. Arnott and I made an inspection. The dilated stomach occupied the greater part of the abdomen; below, and to its left, in the inguinal region, were two or three coils of small intestine, small, but prominent, as if something pushed them up from behind, and on turning them aside a large intussusception was seen; it ran from near the spine into the pelvis, and looked more like rectum in thickness and size, but it proved to be small intestine, the neck of the intussusception being at the commencement of the jejunum. It was about eighteen inches in length, and when further examined was found to be associated with, and no doubt caused by, the existence of large polypoid masses of growth which sprang from the mucous membrane of the small intestine in several parts.

Aneurism Occurring in a Stump.

Before the Clinical Society of London, Mr. Symonds read a paper on this case. A man, æt. 46, sustained a compound fracture of both bones of the leg in the site of an old syphilitic ulcer, on the floor of which the tibia was exposed; and was admitted into Guy's Hospital, August 7, 1883. Gritti's amputation was performed under full antiseptic precautions. The man was cachectic, and had lost a good deal of blood. Suppuration, with a foul discharge, occurred, and, later, two abscesses were opened on the outer side, and one on the inner side of the stump. Healing took place very slowly, and when discharged, nine weeks after the operation, the stump was somewhat swollen and hard, especially on the inner side. Five days later he returned with blood oozing from a pen-like opening in the original cicatrix; and two days later, when admitted, the bleeding was severe, and a large pulsating swelling was observed on the inner side. The skin over it was red and œdematous. There was thought to be an abscess communicating with the femoral artery. Before laying open the swelling, the superficial femoral was ligatured, the whole thigh being œdematous. When cut into, blood alone escaped. The incision was enlarged, the clots turned out,

when alarming hemorrhage occurred from the femoral. This was found to come from a small aneurism, which had ruptured. This was laid open, and the vessel tied above and below. The artery was isolated by passing a catheter into it. The man ultimately recovered, though slowly, and had a sound and useful stump. In his remarks, Mr. Symonds said the aneurism had formed on the vessel, two inches above the amputation site, and existed previous to the man's first discharge, and had ruptured soon afterwards. He referred to the rarity of the case, and to the general belief that aneurism does not follow ligature of a healthy vessel from pressure, nor embolism of an artery unless the embolus be in a state of active change and sets up a similar inflammatory and softening process in the wall of the vessel itself, which then yields to the ordinary blood-pressure. Admitting these facts, Mr. Symonds thought that a condition similar to that found in embolism must be looked for to explain the present case. It was suggested that the explanation of the cause of the aneurism lay in the inflammatory state of the stump, and Mr. Symonds thought it best explained by supposing the vessel to have been involved in the acute inflammatory process which ended in other parts in the formation of pus, but in the vessel in softening only. He supposed that a periostitis existed, reducing the vessel wall to an embryonic state, just as was seen occurring in the floor of ulcers, and in inflamed connective tissue. The localization was explained by supposing that at the point affected the vessel formed part of the wall of an abscess or sinus. In support of this suggestion, the condition of the vessels in the walls of phthisical cavities, from which hemorrhage occurred, was cited. Here, either an aperture in the wall of the vessel was found, or an aneurism. The latter change, he believed, was not uncommon in phthisis, and Mr. Symonds suggested that aneurismal dilatation will be found to precede secondary hemorrhage in stumps more frequently than is now supposed.

The Causation of Pleurisy.

The *Boston M. and S. Jour.* says that Germain Sée in his most recent work on "Simple Diseases of the Lungs," arranges the numerous varieties of pleurisy into two great categories: (1) Pleurisies by propagation; (2) Pleurisies by infection. The group of pleurisies from cold (pleurisy *à frigore*, or idiopathic pleurisy) he divides up, apportioning a part to the first category and a part to the second. He denies that cold is, properly speaking, a *cause* of pleurisy, and thinks that it can only favor the development of pleural inflammation by permitting the real cause to act more rapidly or more efficaciously.

Pleurisies by propagation take their origin from lesions of the thoracic walls, thoracic organs, or neighboring viscera. Among the parietal lesions are osteo-periostitis, costal caries, parietal phlegmon, and even cancer of the mamma. Other propagating lesions are broncho-pulmonary inflammations (pleurisy is a constant accompaniment of acute fibrinous pneumonia); pericarditis (especially when the latter is due to rheumatism); hepatic affections, such as acute hepatitis, hydatid cysts of the convex surface of the liver, atrophic or hypertrophic cirrhosis: here the pleurisy is generally right-sided and the propagation takes place by the lymphatics.

Among the pleurisies by infection, first in the order of importance and frequency is tuberculous pleurisy. Tuberculosis is a very common etiological condition of pleurisy, being the determining cause in three-fourths of the cases, according to Professor Sée. Fiedler's statistics in this regard are very instructive; out of 112 cases of pleurisy treated by thoracentesis, only 21 recovered —of the 91 other patients, 25 died of phthisis at the hospital or at their homes, 66 got well of their pleurisy but were found to be victims of confirmed phthisis or other tubercular affections. Pleurisy has also been known to supervene in the course of diseases unquestionably rheumatic, and hence in these cases might properly be ascribed to the rheumatic virus, which Sée considers of an infectious (microbiotic) nature. Lastly, all the infectious diseases properly so called —scarlet fever, measles, surgical or puerperal pyæmia, typhoid fever, small-pox, blenorrhagia, etc., may be attended with pleurisy as a part of their manifestations.

As for the pleurisy which so often accompanies chronic Bright's disease, two explanations may be given. Either the pleurisy is the result of the pulmonary lesions which are so frequently a concomitant with Bright's disease, or else it develops in consequence of the general hæmic alterations of that disease, which provoke pleurisy as they do inflammations of other serous membranes. If the latter explanation be the correct one, the pleural inflammation would belong to Sée's second category.

The views of the French professor will not probably be generally accepted, as there doubtless do occur cases of simple acute pleurisy which are more easily referred for their origin to exposure to cold than to any

other cause. Yet it is quite possible that such cases are fewer than one would suppose, and that pleurisy in this respect resembles peritonitis, which is rarely idiopathic, and rarely *à frigore*.

A Case of Co-existence of Scarlet Fever and Measles.

Dr. Francis F. Brown thus writes in the Boston *Med. and Surg. Jour.*: Gertrude F., aged thirteen, was taken Thursday evening, January 28, with an attack of scarlatina anginosa. It was ushered in with vomiting and delirium. The vomiting persisted three or four days, but after the first, seemed to be kept up by the irritation of the fauces produced by the swelling of the throat. The eruption was out on Saturday, the 30th. The attack was severe, the throat badly swollen, the breath at first foul; pulse, 125 to 130; temperature, 103° to 103.9° in the axilla up to the following Thursday.

On Monday, February 1st, there was some cough, and for the two days following, and her face had a peculiar spotty look; this and the next were her sickest days. On Tuesday, her face was covered, mingled with the scarlet fever rash, with an unmistakable eruption of measles; none were seen on the body. Just ten days previously, her younger brother first broke out with the measles. The respiration was hurried also, somewhat, but less so the next day. Wednesday, the eruption of measles had extended over her body and limbs, mingled with the scarlet rash, while on her face neither could be distinguished; but the skin of it, with the exception of here and there a whitish spot, was of a uniform dark-red color, and elevated, giving it a peculiar look, as if covered with a red mask.

On Thursday, February 4th, the fever had abated, and from this time she convalesced. The general redness and elevated appearance of the face was gone, leaving the eruption of measles again distinct, and it could be faintly seen here up to the 6th and 7th. Both eruptions were fading on the body, and after that day none of the appearances of measles were seen there, while the redness from the scarlet fever remained a little longer.

This case is reported on account of its infrequency. The case of varicella occurring simultaneously with scarlatina, reported by Dr. Ayer in the *Journal*, February 4th, 1886, shows that such distinguished authorities as John Hunter and Hebra were too sweeping in their assertions that the eruptions of two exanthema never co-exist. The appearances in this patient were closely watched and noted at the time, and I do not think I could be mistaken. There has certainly been no lack of opportunity in this vicinity, of studying the characteristic features of measles the present winter.

A little reflection will show that the variety of this combination of the two diseases does not by any means prove their incompatibility. The chances that any patient will be so exposed as to bring on both at the same time are extremely small, and this may in part, at least, account for its infrequent occurrence. A few cases of scarlet fever known to have been fully exposed to measles from ten to fourteen days before, and failing to get it, would tend more to show their incompatibility than the bare fact of the infrequency of their simultaneous appearance.

Reviews and Book Notices.

BOOK NOTICES.

A System of Practical Medicine by American authors. Edited by Wm. Pepper, M. D., LL. D., etc. Vol. iv. Philadelphia: Lea Brothers & Co.

No testimony to the value of this work could be given higher than the general satisfaction which is expressed by those who have received the volumes already issued. We are in a position to say that this is widespread, and, indeed, we have not heard yet expressed an unfavorable criticism of the work as a whole.

The present volume contains monographs on the diseases of the genito-urinary and cutaneous systems, and on medical ophthalmology and otology. The contributors are twenty-one in number, all well known in the special departments to which they have been requested to write. More than two-thirds of the pages devoted to diseases of the genito-urinary system are occupied with diseases of women, ovarian, uterine and vaginal. In this portion we have a series of excellent treatises by such authorities as Byford, Goodell, Jaggard, Skene, Baer, Thomas, and others. Diseases of the skin are discussed by Duhring, medical ophthalmology by Norris, and medical otology by Strawbridge. The authors on diseases of the male urinary tract are Edes, Delafield, Tyson, Cross, and Keyes. Such names as these are guarantee enough of the character of the work done.

THE

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OF

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COFFEE AS A DISINFECTANT.

Years ago some studious German made the observation, the correctness of which he endeavored and to a great extent also succeeded to establish by statistical data, that coffee, if taken early in the morning on the empty stomach, acted as a preventive against infections and mainly acute epidemic diseases. He quoted a great number of cases where individuals accustomed to drink a cup of hot coffee for breakfast, had either escaped an epidemic of typhoid then ravaging the part of Germany in which the observer lived, or if attacked by the disease, contracted it in a much milder form; while all those who died from the disease had not been in the habit of taking coffee in the morning. This was a good number of years ago, at a time when in many parts of Germany coffee was still either an unknown or so costly a beverage as to be looked upon as a luxury that only the rich could enjoy. We have forgotten the name of the physician, but remember that the medical profession did not take kindly to the idea of coffee being a disinfectant, or as they then said, an anti-zymotic, and those who could not deny the correctness of the observation itself, ascribed the apparent immunity to other causes, many to the hot water with which the coffee was prepared.

That the physician, however, has not been so wrong, has been but recently proved. During the last meeting of the Prussian army surgeons in Berlin, Medical Director Oppler reported that after extensive investigations, which he related in detail, he had discovered that we possess in coffee an antiseptic remedy of no mean value, but one which could well serve for the purposes of a first dressing of a wound received in a battle. If employed at once it totally prevented suppuration, but if used after pus has already accumulated in the wound, it leads to the formation of a scab, beneath which the wound heals with complete asepsis. The coffee should be employed in the form of powder, and as it might entail the loss of valuable time to have to grind first the roasted coffee bean, which in Prussia every soldier is bound to carry about him, O. recommends the use of coffee-tablets, which have been recently discovered by a Hamburg firm, and which answer their purpose admirably well, as it is only necessary to rub these tablets a little, when they at once assume a powder form.

Dr. Oppler presented two cases at the meeting, where an injury of the head, accompanied by a great deal of laceration of the

soft tissues, had been treated with powdered coffee alone, and when the wounds had healed as well and as quickly as under strict aseptic treatment. He applies the coffee in a similar manner as gypsum is used in bandaging, viz.: he takes a gauze-bandage and partly spreads the powdered coffee over it, partly presses it into the bandage, with which the wound is to be covered.

He also made some experiments with urine, blood, glue and meat, which under the aseptic influence of coffee he managed to preserve for a long time in an unaltered condition. A colleague of his employed a salve, to which coffee had been added, in two cases of eczema, connected with a great deal of moisture, and in both cases a rapid cure resulted.

The aseptic action of coffee seems to be less due to the caffein than to the aromatic constituents, which are set free when coffee is roasted. Considering the cheapness of coffee and its easy procurement, Oppler's discovery may yet prove of great value.

CATARRHAL ICTERUS TREATED BY THE "KRULL'S INJECTION."

The tedious improvement in this purely functional affection, following the use of the accepted treatments, makes us turn with interest to any simple method which promises more rapid and radical results. Such an one is that described by Krull, in the *Berliner Klinische Wochenschrift* for 1877, No. 12; "an injection, per anum, of *cold water*, is made by means of an irrigator once in each 24 hours." He proved the value of his plan on eleven separate cases, and now Löwenthal comes forward, in the March 1st, 1866, issue of the same journal, with a report of its action in forty-one cases—there being but one (partial) failure. One litre of fluid sufficed for a child, and from one to two litres for an adult. Four days generally sufficed for treatment; six were rarely necessary. As for exact temperature, from 59° on the first day it was raised to 72.5° on the fourth. A passage invariably followed the first injection; sometimes there was even diarrhœa, which latter always ceased after the second lavement of rather warmer water. The first operation always consisted of gray, colorless or clay-colored masses; after the third, almost always yellow; after the fourth, the usual normal brown appearance. With the first enema there followed a cessation of abdominal pain, of pressure upon the stomach and liver, and of headache. Only after the second or third day was there improvement in appetite, relief from the general aching usually felt, and the lassitude present. Then, too, although the jaundice began to improve after the first day, some yet remained even after the stools had regained their normal color; the same may be said of the disappearance of bile from the urine. "Gelbsehen," or seeing all objects in a yellow color, was noticed in two of the cases, and disappeared after the first and second injection.

Pruritus of the skin, occurring in seven patients, was cured after the second and fourth enema.

Dr. Löwenthal cites five of the more interesting of the cases at length, and adds sundry remarks upon the probable cause of the affection, all of which goes to explain his text.

A MARTYR OF SCIENCE.

From our exchanges we learn that Carrion, one of the most eminent physicians of Lima, for the purpose of determining the real pathogenic cause of the verruga peruana, a virulent fever of low type, then epidemic in Lima, inoculated himself with the blood of a child suffering from the disease. Exactly twenty-two hours later the first symptoms characteristic of verruga broke out in him, and on the seventh day he died, while the child completely recovered. The fever is also known by the names of fiebre de la oroga and of fiebre anemigante. It greatly resembles the low fever endemic in the marshy districts of Central America, especially in Panama and in the neighborhood of the Amazon river; but it has besides one very peculiar symptom, viz., the rapidly-increasing anæmia, so that strong and robust persons, if the victims of the fever, seem to have no blood left on the second or third day.

Carrion's name adds one more to the many who have fallen victims to science. The world is apt to speak of heroes only on the battle-field, or when they died, faithful to their convictions, at the stake; but he who dies while trying, by sacrificing his own life, to relieve humanity from suffering, surely is a greater hero than any other, for there is no egotistical thought whatever connected with his martyrdom. The medical profession of the coming ages will reverently preserve the memory of Carrion. Requiescat in pace!

—The Prince of Oldenburg, commander of the Russian Imperial Guards, intends to found an establishment at St. Petersburg for the treatment of hydrophobia by inoculation, and preliminary experiments are now being made.

Notes and Comments.

Perfection of Ophthalmic Surgery.

Dr. Galezowsky (*Deutsch. Med. Zeit.*, January 4, 1886), has discovered the last step necessary to make the operation for cataract really complete, and if the observations of others confirm his statements, his discovery can really be called a valuable and important one. The cause why in many cases where an incision had to be made into the eyeball, the otherwise successful operation was not quite a success, or the result not quite as expected, has to be ascribed to the fact, that surgeons could not prevent the wound in the bulbus from coming in contact with the conjunctiva palpebrarum and the conjunctival secretion. Naturally, of the occlusion of the wound by a bandage, as usually practiced in surgery, nobody could think in case of the eyeball. Galezowsky conceived the idea to employ gelatine for this purpose, and after many unsuccessful trials he has at last succeeded in making a so-called gelatine-taffet, which, while well borne by the eye, tightly adheres to the wound, is slowly dissolved and gradually absorbed. This taffet consists of very smooth and thin gelatine-plates, which are now manufactured by the apothecary M. Wurtz, in Paris. They contain some corrosive sublimate and some cocaine, which are both set free during the slow melting of the tablets, and exert, therefore, their special antiseptic and anæsthetic influence. Besides, one side of the tablet is covered with glue, which causes it to adhere tightly to the eye, and the glue is so prepared that, while containing nothing whatever irritating to the eyeball, it is dissolved much slower than the gelatine, and remains, therefore, to the last, and always a sufficiently long period to prevent any contact between the wound and the palpebral conjunctiva until after perfect closure of the incision.

According to Galezowsky's own statement, "the results cannot possibly be more satisfactory." In a case which was complicated with lachrymal blennorrhœa, complete re-establishment of normal vision occurred under this treatment—a result thus far never obtained so perfectly under the same circumstances.

New Treatment of Diphtheria.

The application of the galvano-cautery in diphtheria seems to be followed by better results than any other treatment brings about. Especially in those very grave cases where the larger part of the roof of the mouth, the whole soft palate, and most of the pharynx, are covered by the pseudo-membranes, and where, if relief cannot be obtained, the enormous adenoma of the neck, which often develops within twenty-four hours, foretells the inevitable fatal issue, the application of the candescent platina wire appears to do especial good.

Dr. Bloebaum, in Coblenz on the Rhine, has tried this procedure on a considerable number of cases, and communicated the result of his observation to the *Deutsche Medicinal Zeit.*, January 4, 1886. From his article we glean that he endeavors to encircle the false membrane with the platina wire, and the circuit is then closed, while the wire is gradually drawn tighter and tighter until finally the whole deposit is removed. The most remarkable phenomenon about this method is, that whenever the galvano-cautery has destroyed the false membranes, the mucous membrane continues in a healthy condition and no further deposits occur. In all cases where this mode of treatment was carefully carried out, before the great enlargement of the glands of the neck, which is always noted in fatal cases of pharyngeal and buccal diphtheria, had fully developed, the result was a favorable one; no new deposits occurred, and convalescence at once began.

Considering that even the most heroic doses of mercurials and the continuous application of disinfectants, besides systematic feeding and a tonic regimen, are in vain in most cases of the kind referred to, it may well be worth while to give the method in question a more extensive trial; for in all these cases, where death seems but a question of a few hours more or less, every treatment should be resorted to that promises the least aid.

Perityphlitis—Death—Cause—Incarceration of a Melon Seed in the Appendix Vermiformis.

A woman, 30 years of age, entered the Charity Hospital, New York, saying that she had suffered for some time from pain in the cæco-iliac region, and that shortly before admission there was swelling over the gluteal region on the right side.

An examination showed a puffy condition of the gluteal region, but no pus could be found on the introduction of a needle. Within a few days the evidences of pus were so pronounced that an incision was made, when a large amount of fecal and purulent matter came away, carrying with it some grape-pits. There was no longer any doubt in regard to

the diagnosis. A number of sinuses were found in the gluteal region, and it was the intention to make an opening as near as possible to the perforation of the intestine. The patient was very timorous and declined operative interference. She gradually sank and died in about a month after pus was discovered. The autopsy showed a number of sinuses in the vicinity of the caecum. The appendix was nearly destroyed, but lodged in it was a partly eroded melon seed. The caecum was perforated on its posterior surface. The course of the channel of pus was directly backward, passing over and eroding the crest of the ilium. Had the patient permitted operative interference, this condition might have been discovered, and if so it would have been found that if an opening had been made at the eroded portion of the crest of the ilium, the finger could have been carried down to the caecum and an exploration made. Beyond this, the history of the case and the post-mortem condition did not suggest any operative treatment that would have benefited the patient.

Abscess in the Course of the Spermatic Cord, Simulating Hernia.

It is not always an easy matter to be sure that we have to do with a hernia in a given case, so that we should be prepared to differentiate all conditions that may simulate this trouble. For this reason we reproduce the following case, which Mr. Turner records in the *Lancet*, March 6:

Arthur H., aged 3, was admitted on June 5, 1885, with a tense, hard, non-fluctuating swelling in the inguinal region, not extending into the scrotum. There was no impulse on coughing. Both testes were present in the scrotum. The child was very restless, continually crying; any examination of the tumor apparently gave much pain. The mother had first noticed the swelling the day before admission, and the child was said to have vomited during the night; the bowels were confined; tongue slightly coated. Temperature between 101° and 102°. The child was carefully watched, but after admission there was nothing like sickness. Ice was applied to the swelling, which on June 9 (the fourth day) presented at one spot well-marked fluctuation. The bowels acted naturally on this day. On the following day (June 10) the signs of abscess were well marked. A small incision was made with antiseptic precautions, and about half an ounce of laudable pus was evacuated. The wound had quite healed two days afterwards, and the patient was discharged on June 13. It was discovered after his admission that he had struck himself in the scrotum with a sharp stick about a fortnight previously, and that he had again injured himself by a fall on the day before—*i. e.*, on the day his mother first noticed the swelling. There was no trace of any injury of the scrotum.

Transplantation of the Eye.

A few months ago Dr. Chibret published a plastic operation, which he had performed, which at the time caused a great deal of comment in the secular papers, and which was also described in the MEDICAL AND SURGICAL REPORTER, viz., the transplantation of a rabbit eye into the orbital socket of a human being—a girl æt. 16—whose eye had been extirpated.

Chibret now reports the further progress of the case in the *Revue Gén. d'Ophth.*, iv., 9. For about three weeks the patient suffered from severe pains in the transplanted eye and neighboring parts, the abnormal eye became inflamed and suppuration developed, and finally only a small part of the stump remained. Chibret admits that more than once he was ready to enucleate the eye again, as he feared a sympathetic affection of the other healthy eye.

As a resumé of the whole, he says that he shall never try the experiment on the human being again, first, because the result is nihil; then because the transplantation causes a great deal of inflammation and suppuration; next, because the parts are in a worse condition after this procedure than they were before as regards the wearing of an artificial eye; and, finally, because it endangers the other eye. He is, therefore, at least honest enough to admit his mistake, but we cannot comprehend why he recommends further experiments of the same kind (!?) on animals. We mention the whole only to let our readers know the result.

A Tooth Growing in the Nose.

In the *Med. Record*, Dr. E. Hanson Griffin, of New York City, reports the following case:

"Patient, G. I——, aged thirty-two, applied to the Bellevue Throat Clinic, complaining of a sore throat and a pain in the back of the head of two days' duration.

"An examination of his throat showed that there was a cleft of both the soft and hard palate. In examining the upper gum I noticed the root of the second incisor tooth

in the tissue, while an examination of the nose showed the tooth in a perfect state of development projecting from the floor of the nostril upward into the nasal cavity. He said the tooth had been there for years, and gave him no trouble. He never remembered suffering any particular pain when it was growing, in fact did not know anything was the matter with his nose till one day while putting his finger into it he noticed something hard, and looking into a mirror found it to be a tooth. As it gave him no trouble, he did not apply to a physician. He does not think the tooth has grown any of late years. He was a twin, but his sister's throat was in perfect condition, and her nose free from any defect. The patient was opposed to any operation for the removal of the tooth, and as his sore throat was of a trivial character and not dependent upon this trouble, I did not urge a destruction of one of nature's whims."

Spasmodic Contraction of Abdominal Muscles.

Dr. T. M. Rotch reports the following rather curious case in the Boston *Med. and Surg. Jour.*: J. M., a man twenty-eight years of age, presented himself for treatment at the City Hospital, January 12th, 1886. He has always been strong and well, but since beginning to work as a barber last spring, has been very nervous. In April, 1885, he began to have attacks of spasm of the abdominal muscles. The contractions are irregular in force and interval of rest, but have been continuous and have incapacitated him from work: at first he had some control over the attacks, now he has none. The spasms occur nearly every day, and he feels that they are coming on a short time before they begin. The intervals are usually about half a minute. When he has succeeded in controlling one or two spasms, the next one is increased greatly in severity.

He is slightly constipated, and since the attacks began has lost in strength somewhat and had a poor appetite. On physical examination nothing abnormal was discovered. He behaves, when observed during an attack, as though some one had struck him in the epigastrium.

He was treated with Fowler's solution, and on January 21st reported himself as improving.

Case in which Diagnosis was Complicated by a Coincidence.

Dr. Joseph Bell thus writes in the *Edinburgh Med. Journal* for January:

J. M., an ostler, was admitted to Infirmary under my care on 10th November. He had received a severe blow on the forehead, and the side of his head had struck the curbstone. He was insensible; breathed stertorously; blood was oozing from his left ear. He had a severe bruise with much effusion over left parietal eminence, and a distinct deeply depressed fracture of temporal and parietal bones in a line running from the left ear to the bruise described above. I was sent for to trephine him. However, after a careful examination, I came to the conclusion that the sopor was chiefly due to alcohol, and that while the bruise and the ear injury were recent, *the fracture was an old one.* This was received by all present with considerable incredulity, so I put the following case. Use the stomach-pump and shave the head. If the patient is not intelligent in two hours, and you find no old scars on head, send for me again, and I will cut down on the fracture.

The stomach was emptied, and he soon became quite sensible. The head was shaved, and two very large old scars were found, and the patient has made an uninterrupted recovery.

Bromide of Arsenic in Acne.

Dr. Henry G. Piffard, writing in *Journal of Cutaneous and Venereal Diseases*, says:

Conceiving, from purely theoretical considerations, that it might be useful in certain cases, I first tried it in the spring of 1878, in a case of pustular acne vulgaris of moderate severity, and gave it in doses of one milligramme (gr. $\frac{1}{60}$) three times a day. Within a week the patient, a young lady, returned, complaining that her face was much worse. On examination, I found on each side of the face a crop of miliary pustules in addition to the acne. The arsenic was discontinued, and a placebo was prescribed. This was followed by improvement for a week, when the arsenic was resumed in much smaller doses, and in three or four weeks the case was substantially well. In a second case I had a similar experience, and in a third case I prescribed an alcoholic solution, containing one grain to the ounce, and directed that two drops should be taken night and morning. This patient I did not again see for nearly six months, when she informed me that the medicine had, in a few weeks, accomplished all that she desired. Since then I have used bromide of arsenic with much satisfaction in pustular acne, but have not used it in other varieties of this affection, nor in other cutaneous diseases.

An Instance of Remarkable Fecundity.

Dr. Joseph N. Steedy, of Cambridge City, Ind., reports the following rare case in the *Med. Record*:

On May 3, 1884, he delivered Mrs. S., aged sixteen, of a healthy female child, weighing nine pounds. On February 2, 1886, he delivered the same woman, then eighteen years of age, of three female children. All were born alive, and weighed respectively four and three-fourths, four and one-fourth, and five and a half pounds. The first presented by the vertex, the second by the face, and the third by the foot; each in a separate sac. There was one large placenta, the three cords being attached to the margin at about equal distance from each other. There was about thirty minutes' interval between each birth. These children were born under the most unfavorable circumstances, and with a temperature outdoors of from 10° to 18° below zero. They were all alive at the time of Dr. Steedy's report, and seemed as strong and vigorous as children of their weight usually are when born singly.

Poisoned by Tea.

Dr. Bernstein had under his medical care a whole family suffering from saturnine intoxication. On investigation, he discovered that the poison had been contained in the tea which the family was in the habit of drinking. Prof. Werigo made a chemical analysis, and found not only very considerable quantities of oxide of lead as a result of his tests, but he also detected larger particles, which were visible to the naked eye. The tea had been bought in Odessa from a firm by the name of J. Ssobel. Prof. Werigo purchased two more packages of tea, each of a half a pound, from the same firm, and found in them two large masses of oxide of lead. He is of the opinion that the presence of the poison in the tea is due to the fact that in China the tea is packed directly into lead boxes, and sometimes in consequence of some peculiar quality of the tea (it perhaps being moist), oxide of lead develops in the form of carbonate of oxide of lead, which, partly as white powder, partly in the form of small leaf-like pieces, becomes mixed with the tea, and it is thus that the poisoning occurs.

Large Bursal Tumors.

The patient, aged fifty-two, blind for the last twenty years, had made his living by letting lodgings. He had done all the scrubbing of the floors himself. He first noticed a swelling on his right knee seven years ago, and a second one formed in front of the left two years ago. Both swellings gradually increased in size; that in front of the right knee had been discharging matter for two years. On admission to the Seamen's Hospital (London) the patient was a healthy-looking man. From the front of the right leg, immediately below the patella, projected a hard rounded tumor eleven inches and a half in circumference. On its outer side was a sinus discharging thin pus. Over the left patella was a fibrous tumor rather more than two inches in diameter. The tumors were removed with antiseptic precautions, and the wounds healed by first intention, with no constitutional symptoms. The tumors consisted of fibrous tisssue concentrically arranged round a small central cavity, and were evidently bursal in their origin.

Chloride of Calcium as a Glandular Deobstruent.

Dr. Arthur Davis thinks that this old and formerly much-used drug, is not sufficiently resorted to in cases of enlargement of the lymphatic glands, and he relates two cases wherein the results were very satisfactory. He utters the caution that the drug must be given in solution in doses of from three to ten grains thrice daily, according to age, and he concludes that in the application of this drug, therefore, three points should be borne in mind:

(1) The necessity of a cautious but gradual increase in the strength of the dose taken.

(2) The steady persistence in its use for a lengthened period.

(3) Its uselessness in cases where suppuration has already commenced.

Absence of One Testicle; Imperfect Development of the Other.

To the New York Pathological Society, March 10, 1886, Dr. Hodenpyl presented specimens from a body in which, on careful search, the left testicle could not be found. The right testicle was of the size of a small almond, and nodular. The epididymis was small. The tunica vaginalis was present on each side, as was also the spermatic cord, terminating on the right side in the rudimentary testicle, and on the left side growing smaller after leaving the abdominal ring, and finally becoming lost. All the elements of the cord were manifest under the microscope. The penis was unusually small, and there was marked phimosis.

Habitual Abortion in Connection with Disease of the Heart and Kidneys.

Dr. Frank H. Murdock, of Bradford, Pa., thus writes to the *Med. Record:*

On February 9, 1886, Mrs. K——, aged forty-one, came into my office complaining of great weakness, and shortness of breath on making any exertion. She menstruated at fifteen, and has always been regular. She married at twenty, and had six living children at term, all healthy. Then followed four premature births, the fœtus dying about the seventh month of pregnancy, and being expelled four weeks later. Next in order came a healthy living child at term, which was succeeded by five premature births of dead children at the eighth month of pregnancy, the last miscarriage occurring three months ago. Examination of the patient revealed a slight laceration of the cervix, a well-marked aortic systolic murmur, and the urine contained albumen a quarter, and an abundance of granular and epithelial casts. There is no history of syphilis, and there is now no tenderness over the sternum or tibiæ, and no changes in the retinæ can be detected.

Prophylactic Measures against Cold.

At a recent meeting of the Société de Biologie, Professor Brown-Séquard read a paper on the prophylactic means to be adopted against accidents resulting from cold, which he founded on the following theory: "The neck is one of the regions of the body the most sensitive to cold; there is no doubt that a great number of accidents, such as coryza, laryngitis, bronchitis, cystitis, enteritis, etc., which are reflex phenomena, result from the impression of cold on the nerves of the skin of the neck." To avoid these accidents, M. Brown-Séquard recommends the blowing on the neck with the bellows of warm air, which should be gradually cooled, by which means the neck is rendered less sensitive to the action of cold. The Professor found that ten sittings were sufficient to produce effect.

Suture of Nerves in Recent Injuries.

This practice is not, we fear, sufficiently resorted to, and to encourage its practice we report the case which we find in a foreign exchange, of a young man, aged 18, who presented himself with a deep transverse cut an inch or so above the anterior annular ligament; and in addition to the tendons *in situ*, the ulnar and median nerves were found completely severed. The tendons and nerves were sutured with a catgut ligature; and the wound closed, but did not heal kindly. It, however, granulated in course of a few weeks, and about the same time motion and sensation gradually returned; but, as the progress was deemed slow, the application of a mild continuous current was tried, and from this time the improvement was marked and rapid. The patient was able to return to his usual work about seven weeks after the accident.

The Danger from Corrosive Sublimate.

That the use of corrosive sublimate as an antiseptic dressing is not without risk, several published cases testify; and now Dr. H. Keller, of New York, adds another case to the list. After the removal of an uterus, the vagina was washed out with a 1 to 4,000 solution of corrosive sublimate, which had also been used during the operation. On the second day, there were diarrhœa and tenesmus, bloody stools, a small pulse of 156, great thirst, and restlessness. The patient passed bloody urine containing hyaline, granular, and epithelial casts, and renal epithelium; the day after, she died. Dr. Keller thinks that corrosive sublimate should never be used as a disinfectant in cachectic or anæmic individuals, or in those suffering from renal disease.

Treatment of Hydrocele.

Dr. Keyes recommends, in the *New York Medical Record*, the injection of pure carbolic acid "deliqueseed in a little glycerine," as a simple, effectual, and almost painless method of treating hydrocele even of large size. The instrument he uses is a glass syringe holding about a hundred minims, to which a hypodermic needle of medium size is fitted as a nozzle. The hydrocele-fluid is first drawn off either through this needle, or by a separate puncture; thirty to sixty minims of the carbolic acid and glycerine are then injected. Dr. Keyes recommends that the patient should be kept quiet, but necessarily confined to bed, for forty-eight hours.

Peculiarities of Malaria in Children.

Dr. J. P. Kingsley, of Missouri, thus sums up the peculiarities of malaria in children: The absence of the chill and sweating stage; the slight periodic fever, which may be detected by the thermometer only; the frequent or periodic pains in the head or epigastric region; indigestion, accompanied with nausea, vomiting, or diarrhœa; the frequent accompaniment of tonsillitis, pharyngitis, or bron-

chitis: the periodicity of the coughing spells, which occur most frequently at night; the necessity of examining the spleen by palpation and percussion; and of giving quinine to confirm diagnosis in doubtful cases.

Aphonia from Morphia.

Dr. Trevelot publishes in the March number of the *Journal de Médecine et Chirurgie* a note on certain effects of morphine. A youth, aged 19, had several attacks of delirium tremens daily. Dr. Trevelot injected under his skin from 15 milligrammes to 2 centigrammes of morphine. After each injection the patient became calmer, the limbs ceased to move and contract, but he was aphonic. This condition lasted for an hour, and reappeared after subsequent injections. The patient became insane, and is now under treatment in an asylum.

To Increase the Urine in Chronic Bright's Disease.

In the *Canadian Med. Record*, Dr. Francis W. Campbell tells us that a liniment of digitalis, iodine, and squills, rubbed over the loins and legs, often increases the urine enormously. It is apt, however, to produce soreness of skin. Cannot be continued long. Sudorifics are useful. Hot-air bath; introduce hot-air under the bed-clothes, free perspiration, then cover with plenty of clothes. Care must be taken not to produce prostration. Dover's powders, liquor ammonia acetatis, pilocarpine, the active principle of jaborandi.

Galium Aparine in Psoriasis.

Dr. T. R. Orwin writes in the *Brit. Med. Jour.* of a woman who had psoriasis of the left hand for upwards of twelve months. She derived no benefit from chrysophanic acid ointment, tar ointment, or arsenic, and was unable to do any housework on account of the painful fissures and general soreness of the affected part. A friend advised a trial of galium aparine to be applied locally as a poultice, and also to be drank as an infusion. In less than three weeks the psoriasis disappeared, and the skin resumed its normal state.

Boric Acid in Cystitis.

Dr. Schidlorsky, a Russian physician, recommends boric acid in the treatment of cystitis, not only as an injection into the bladder in the form of a 2 per cent. solution, but given internally. He recommends a dose of 10 grm. (?) three times a day. He has successfully treated two cases in this way, without observing any disagreeable consequences.

Correspondence.

Rotheln, Scarlatina, and Diphtheria.

Eds. Med. and Surg. Reporter;

Our country is being visited by an epidemic of the above-named diseases—two, or possibly the three ailments, sometimes perplexingly existing in the same family at the same time, and again taking the subject by turns. So, the attending physician may be somewhat confused before he gets through with an ordinary-sized family,

Though the constitutional and local conditions seem distinct in each case, it is scarcely possible for one who observes such intimacy of diseases not to believe that they are in some way related in their pathogenesis. So far there has been but slight mortality; but no doubt later in the season there will be much more.

The *germ theory*, as applicable to lung fever, would also seem much more appropriate in the cases who have died during the past three months, than to the type which usually prevails with us. It seems to have been due to constitutional rather than local causes. The invasion has been less abrupt, the local manifestations in the lung less marked, and more tardy in their appearance, than is usually the case in croupous pneumonia. There are ataxic symptoms from the inception of the fever, and before the development of hepatization.

Commonly, we have no prodromata in lobar pneumonia, and but little delirium or other manifestations of disordered nervous system, within the first two or three days of the attack. The mortality has not been above the average.

L. N. Davis, M. D.

Farmland, Ind., March 29, 1886.

Inverted Toe-nail.

Eds. Med. and Surg. Reporter:

In March the 6th issue of the Medical and Surgical Reporter, I have read Prof. Agnew's manner of operating in the treatment of inverted toe-nails. I desire to relate the manner in which I treat such cases. After getting the patient under the influence of an anæsthetic, I take the toe in the left hand, run the scalpel, with the back downwards, under the nail, from the end back to the matrix, on a line with the soft

parts, remove the portion slit off by means of the forceps, sear well the matrix that is exposed by means of a probe heated to a white heat, dress the toe with carbolic cerate and lint; in a few days the patient can be around.

I have operated as above described in the last fifteen years, and always produced a radical cure. C. W. Spayd, M. D.

Wilkes-Barre, Pa.

News and Miscellany.

Vanderbilt and the Young Doctor.

Gaillard's Medical Journal says that the following anecdote has been published in one of the New York papers:

A young physician of this city, who had been struggling along in rather an uneasy fashion, was suddenly elated one day, a year or so ago, by a call from Wm. H. Vanderbilt. The young doctor had been a close student, and had won laurels at one of the city hospitals for his surgical work, and in the course of conversation at the Grand Central Depot Mr. Vanderbilt heard the young man's praises, and acting upon a sudden impulse, as was not unusual with him, he went directly from his office down to the doctor's office. He had been suffering for some time from a trouble that many physicians of high repute had treated unsatisfactorily, and now, for the whim's sake, he put himself under the young doctor's care. He was cured quickly, and became an enthusiastic advocate of the young doctor's skill. Many of his friends were sent to the same office, and to-day a big practice, including patients known in the most fashionable circles of New York, enriches the lucky physician whose prospects had been woefully gloomy till the whim of the magnate rescued him from obscurity. But this isn't the point of the story. After it became known that he had treated Mr. Vanderbilt, friends crowded around to explain how he might grow rich. Mr. Vanderbilt was grateful for the cure that had been effected, and all that Dr. X. would have to do, so the acquaintances whispered, was to ask the railroad ruler for a "point" on the stock market, and then through the use of that scoop in a smart little fortune. It was certainly a temptation, for Mr. Vanderbilt had not been backward in his expressions of gratitude. But before he acted on any of these suggestions, he saw Mr. J. Rhinelander Dillon, his personal friend as well as a patient, and asked his advice. "Send in your regular bill," was Mr. Dillon's counsel. "Don't make it one cent bigger than you would to a poor man. Vanderbilt's generous, but he never lets anybody impose upon him. Send in your regular bill; if you try anything else, you'll hurt yourself." The doctor acted on this advice. The bill he rendered was for $50. The check that the next mail brought him was for $1,000.

Increase of Inebriety.

In the last quarterly report of the Washingtonian Home, at Boston, Mass., Dr. Day, the distinguished superintendent, remarks, "that of the one hundred and sixty-five new cases admitted, thirty-four had delirium tremens. The increase of patients each year brings a larger number of cases of disease of the kidneys. Formerly not over one in six cases which came under treatment had disease of the kidneys. Now, one in every three have this affection, which I believe to be owing to the great increase in the use of beer. Many of these cases try to substitute beer for stronger spirits, and in this way tax the kidneys severely. Those who have used beer for years always have diseased kidneys. I am also confident that phases of insanity are more common in the cases which came for treatment during the last four years. My experience sustains the views of Dr. Crothers and others, that inebriety is increasing, and the insane types of inebriety are also increasing. This I believe is due in part to beer-drinking and increased nervousness. Nothing can be done, practically, until society recognizes the physical nature of inebriety; then its cure and prevention may be expected.

Popular Prejudices Concerning Food.

Decroix, a celebrated officer of the veterinary staff of the French army, recently presented to the Academy of Medicine a memoir relating to the waste of food which arises from the ill-founded prejudices of ignorant persons. He opens up fresh fields for French cooks. It appears from the labors and personal experience of this veteran gastronomist that, when properly prepared, the flesh of diseased animals is perfectly wholesome. He has fed, says the *Therapeutic Gazette*, upon the flesh of beasts that have died of pneumonia, of strangulated hernia, of hydrothorax, cerebral concussion, colic, purulent pyæmia from chronic inflammation of the joints, typhoid pleuro-pneumonia, and even of glanders, acute and chronic.

The naivete which this Frenchman still retains in his old age is remarkable, and we read with much enjoyment how the "*bifteck*" prepared from a horse dead from acute glanders had a taste *sui generis*, which was attributed to the free administration of alcohol to the unfortunate beast.

The results obtained by M. Decroix led him to the conclusion that the meat which is condemned by the Paris slaughter-houses and by the government inspectors might very well be employed for feeding the poor; therefore it is that he has fed upon animals dead of cancer, of phthisis, of fever, of unknown diseases, of pyæmia, and even with great labor he squeezed out, from the reluctant dugs of a cow in the death agonies from contagious typhoid, a little milk, which he drank without suffering. Chickens dead of cholera, pigs dead of various diseases to which hog-flesh is heir, came not amiss to our experimenter; but at last he reached even his limit, and when, on the 25th of November, 1863, he ate the raw flesh of a dog dead of hydrophobia, he confesses that it was "*malgré une grande repugnance*," and that the taste did not altogether please him.

The Disinfection of Rags.

The question of the disinfection of rags has come up at Boston, owing to the protestation of the importers against the restrictions of the Health Board. The views of several experts to whom the matter was referred were expressed as follows: First, that the treatment of rags from non-infected ports is not necessary. Second, that from endemically infected ports rags (1) be disinfected to the satisfaction of the Board of Health before embarkation; or (2) disinfected externally in bulk at the port of entry, and also at the mills after breaking bales; or (3) disinfected after imbaling at the port of entry, at the discretion of the Board of Health. Third, that from epidemically infected ports the importation of rags be prohibited. Some evidence was given to show that the superheated steam process did not in practice always raise the temperature to a point sufficient to kill the germs.

Increase in the Average Length of Life.

The *Popular Science News* for February tells us that a recent writer deduces interesting evidence that the average length of life has been increasing for some time past, from a comparison of ages at death of Yale College graduates early in the eighteenth century and late in the nineteenth. Mr. Dexter's recent volume on the annals of that institution from 1701 to 1745 shows, that of 473 graduates during that period, 153 lived beyond seventy years; that is to say, 32 out every 100. On the other hand, of 672 alumni whose deaths were reported between 1875 and 1885, there were 271 who had passed their seventieth year, or 40 out of every 100. To put it in another way, during the first half of the eighteenth century a graduate stood only 32 chances out of 100 of becoming a septuagenarian, while in the last quarter of the nineteenth century he stands 40 chances out of 100 of reaching that age. The gain in longevity is naturally greatest among educated men familiar with the laws of hygiene, but this showing is hardly more striking than that recently made in England of the extent to which the average of human life has been prolonged within the past 40 years.

Practice in Utah.

A *Weekly Review* correspondent, writing from a small city in Utah, says: "We have here a population of 2500, and of that number there are only three Gentiles and a half dozen apostles. These Mormons are a peculiar people, three-fourths believing in faith cure; *i. e.*, the elders are called, and lay on hands, and if the patient lives they take the credit, and if he dies it is laid to the Almighty, and 'was to be.' The Government has begun to put down this nastiness, and the Mormons are being arrested by hundreds, and, as a consequence, the Gentiles who live in the rural towns are being boycotted.

"There are also a lot of quacks (Mormons) who are in no way qualified to practice, but ply their vocation, only now and then calling in a man of experience when stuck in a labor case. You would actually think, if you lived here, that you were in a foreign country, so un-American are all things, social and professional. A preacher in one of the tabernacles told the people to 'stand firm'—that the Government failed to put them down when they were but hundreds, and now they number thousands, with 100 accessions weekly, and 6,000 births per annum."

The Discovery of Cocaine.

The *Pharmaceutical Journal* says that Senor C. Torretti, an Italian who was formerly professor of chemistry and pharmacology in the Medical Faculty of La Paz, Bolivia, has published a letter in *El Ferro*

Carril, of Santiago, alleging that the honor of discovering cocaine does not belong to Nieman, who is reputed to have first prepared it in Germany, in 1859. It was, he says, isolated in the "humble laboratory of la Boticany Drogueria Boliviana," by his predecessor in the directorship of that establishment, Senor Pizzi, in 1857, at the suggestion of the celebrated Austrian traveler, Tschudy. This he knows to have been the case from manuscripts left by Senor Pizzi, and it can be confirmed by Herr Tschudy and by Dr. Aquiles Reid, an old and well-known resident in Valpariso.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE WEEK ENDED MARCH 27, 1886.

Wyman, Walter, surgeon. Detailed as chairman of Board of Physical Examination Officers Revenue Marine Service, March 27, 1886.

Sawtelle, H. W., surgeon. Granted leave of absence for thirty days, March 27, 1886.

Irwin, Fairfax, passed assistant surgeon. Granted leave of absence for seven days, March 22, 1886.

Ames, R. B. M., passed assistant surgeon. Detailed as recorder of Board for Physical Examination Officers Revenue Marine Service, March 27, 1886.

White, J. H., assistant surgeon. Granted leave of absence for three days, March 23, 1886.

Medical Exhibition in Berlin.

An exhibition is to be held in September in Berlin, at which it is intended to present a picture of the progress made in recent years in all departments of medical research. The sections will include physiology, pathology, anatomy and general pathology, pharmacology, dermatology and syphilology, surgery, gynecology, ophthalmology, psychiatry, neurology, laryngology, together with military and sanitary affairs. The secretary of the exhibition is Dr. Lassar, 19 Karlstrasse, Berlin, N. W.

Diphtheria and Pigeon-keeping.

At a recent meeting of the Anatomical and Pathological Society of Brussels, M. Destrée called the attention of the members to the fact that cases of croup had been greatly and steadily on the increase in Brussels, so that croup and diphtheria were now endemic there, and he ventured to suggest that there might be some connection between the keeping of pigeons and the occurrence of these diseases. He pointed out that Emmeriels, of Munich, had found the microbe of diphtheria in these birds, and he himself had met with three cases of croup in families where pigeons were kept, in all of which cases signs of the disease had appeared in the pigeons. M. Destrée hoped that members would bear this matter in mind, in order that it might be further elucidated.

Hard on Chicago.

In a case recently brought against Messrs. Fourand Williams & Co., wholesale druggists, of Detroit, by the proprietors of the "California Golden Remedy," of Chicago, the following were the closing sentences of the address to the jury: "You, gentlemen, don't know what a Chicago patent medicine is. You have no idea of the evils and wickedness of Chicago medicine men. Why, gentlemen, when Peruvian bark was so high priced, one Chicago firm actually bought a carload of dried peas, sugar-coated them, and sold them for the best grade of quinine pills. Think of that, gentlemen, and bring in a verdict for the defendant in this case." Verdict for the Detroit firm.

Deaths from Anesthetics in 1885.

The deaths during narcosis in the past year in England have been collated by Dr. E. H. Jacobs, and reported in the *Brit. Med. Jour.* Twelve deaths occurred in chloroform narcosis during an unusually severe list of operations, only four being trivial. The casualties from ether are but three, a small record considering the general use of ether in English surgical centres. No death is recorded from methylene bichloride, or from mixtures of ether and chloroform.

Correction.

MAMMARY CANCER.

EDS. MED. AND SURG. REPORTER:

I am made to say that in mammary cancer "an operation never prolongs life." What I did say was this, that it was very doubtful if, taking the general run of operations for mammary carcinoma, life was materially prolonged.

D. HAYES AGNEW, M. D.

Injuriousness of Natural Gas as a Fuel.

It is thought by some physicians in Pennsylvania, says the *Sanitary News*, that the use of natural gas as fuel is responsible for

many cases of diseases of the respiratory organs. The manner in which it is burned in grates necessitates almost entire closing of these important means of ventilation, and the burning gas also vitiates the air of the room with products of combustion.

Items.

—A statue has been erected in honor of M. Claude Bernard in Paris.

—On March 16, 1886, the French Academy of Medicine voted 10,000 francs to the Pasteur Institute.

—A new publication devoted to the subject of pharmacy has been published at Melbourne, entitled the *Australian Journal of Pharmacy.*

—Venice turpentine in chronic posterior gonorrhœa is highly recommended by the editor of the *American Practitioner and News.* It should be given in large doses.

—A death certificate returned to the proper authorities by a Cincinnati physician gives the cause of death as follows: "She dide with Liver dease & New Monei."

—Notwithstanding Virchow's position in his profession, his sons are said to be very ordinary men indeed. The Germans say that nature broke her mould when he was born.

—In Ceylon the natives cover newly-killed venison with honey, in large earthen pots; these are not opened for three years, and the meat so preserved is said to be of exquisite flavor.

—Dr. J. H. Darey, who has been Resident Medical Officer of the German Hospital, Philadelphia, has been appointed Medical Examiner of the Pennsylvania Railroad Relief Deparement. His residence is at Erie, Pa.

—The death is announced of Dr. Kazakivich, who had charge of one of the Red Cross hospitals in the Russo-Turkish war. He had written much on medical subjects, and had translated Ludwig's Physiology into Russian.

—Professor von Frisch, of Vienna, a pupil of Dr. Koch, has been appointed to go to Paris and study M. Pasteur's system, at the expense of the committee which has been formed in that city to found an institution for the cure of rabies.

—Eleven cases of cholera, seven of them terminating fatally, are reported to have occurred in the neighborhood of Padua, and three cases, resulting in two deaths, near Rovigno, in Istria. Elaborate quarantine precautions are to be taken previous to the landing at Toulon of the French troops from Tonquin.

—A subscription for the purpose of encouraging researches in the therapeutics of tuberculosis has been opened by the *Gazette Hebdomadaire de Médecine et de Chirurgie,* of Paris. The idea of a subscription for this purpose was suggested by M. Verneuil, and in a few days the sum of over four thousand francs was raised.

—The *National Druggist* says that persons who have a superstitious dread of Friday will not be pleased to learn that this is a thoroughly Friday year. It came in on a Friday, will go out on a Friday, and will have fifty-three Fridays. There are four months in the year that have five Fridays each; changes of the moon occur five times on a Friday, and the longest and shortest day of the year each falls on a Friday. Be careful that you do not sell morphine for quinine on Friday.

—A gentleman who evidently underrates the value of all previous anatomical study writes to *The St. Louis Medical and Surgical Journal* an account of a wonderful case of intestinal obstruction which he finally cured by passing a piece of rubber-tubing up into the rectum just as long as he could shove it in. He says he "passed nearly two yards of tubing into the receptacle," and excitedly exclaims, "What I want to know is, *is* there such a thing as the illiaseele valve?"

—A singular library existed in 1535 at Warrenstein, near Cassel. The books composing it, or rather the substitutes for them, were made of wood, and every one of them was a specimen of a different tree. The back was formed of its bark, and the sides were constructed of polished pieces of the same stock. When put together, the whole formed a box, and inside of it were stored the fruit, seed, and leaves, together with the moss which grew on its trunk, and the insects which fed upon the tree. Every volume corresponded in size.

QUERIES AND REPLIES.

RHUS POISONING.

EDS. MED. AND SURG. REPORTER:

C. E. D., in the last issue of your journal, desires information in regard to treatment of chronic eczema due to rhus poisoning.

I would answer by saying that I had a similar case of over one year's standing, which I entirely cured by applying the galvanic current to the part once daily, and arsenious acid internally after each meal. Cure was completed in six weeks.

J. THOMONCK, M. D.

Beaver Dam, Wisconsin, March 30.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1520.] PHILADELPHIA, APRIL 17, 1886. [Vol. LIV.—No. 16.

Original Department.

Lecture.

ANEURISMS.

BY N. SENN, M. D.,

Of Milwaukee, Wis.,

Professor of Principles and Practice of Surgery and Clinical Surgery, Chicago, Ill.

Delivered at the College of Physicians and Surgeons, Chicago, Illinois.

Reported by William Whitford.

Gentlemen: During our last lecture we aimed to depict some of the textural changes in blood-vessels which predispose the structure to dilatation; in other words, described those pathological conditions which, by disintegration or proliferation of some of the lower elements of the blood-vessels, interfere with the normal adhesion and cohesion of the parts, when another element was added, that is, increased arterial tension, intravascular pressure. We are now prepared from this standpoint to study one of the pathological conditions of the arteries characterized by an increased lumen of a vessel, a condition which we term "aneurism."

I would describe an aneurism as being a swelling containing fluid blood, and in communication with the lumen of an artery, in contradistiction to venous dilatation, where we may have an analagous pathological condition of the vessel from the same cause, resulting in an increased lumen, but the increased lumen taking place at the expense of the entire vascular wall; in other words, the creation of a symmetrical swelling containing venous blood within the normal venous channel.

We shall speak of dilatation of veins in connection with aneurism, but our definition will still hold true, from the fact that the contents of the venous tumor of the dilated vein is still in communication with the open lumen of an artery. By an aneurism, we mean a swelling, not a tumor, containing fluid blood either by an artery or arterial and venous blood mixed, but that this swelling must be in communication with the lumen of an artery.

We shall first describe the different varieties, and will call your attention in the first place to the three distinct varieties as recognized by most authorities. First, the so-called *aneurysma vera* or *true aneurism*, meaning a dilatation of the arterial walls without sacrificing any of its tunics, simply a distension of the arterial tube either as the result of pre-existing degeneration in the vessel, or of localized, increased, intravascular pressure; so that by a true aneurism we mean a sac which, on dissection, presents all the anatomical constituents of the tunics—the intima, media, and adventitia—dilatation having taken place, not at the expense of a loss of resistance of any particular tunic, but a symmetrical dilatation. The next variety is the *aneurysma spurium* or *false aneurism*. By this we mean an aneurism which does not consist in simply dilatation of all the pre-existing tunics, but where the sac is built up of additional structures and elements. Porta claimed that there was no such thing as a true aneurism, and believed that in order to have distension of the arterial tube, we must have destruction of one or more of its tunics. We recognize by aneurysma spurium an aneurism whose sac is made up either entirely of new tissues, or there is so little of the tissue remaining as to be ineffective in resisting intra-arterial ten-

sion. The true meaning of the word is an aneurism as it occurs after traumatism, consequently, aneurysma spurium and traumatic aneurism may be considered synonymous terms. In a traumatic aneurism we have an artificial opening into the arterial tube, the result of a stab-wound, the contents of the artery extravasating into the surrounding tissue, forming an artificial wall, consisting of perivascular connective-tissue, condensed by compression, the new space containing fluid blood, primarily the result of an effusion from the arterial wound, secondary changes in the sac increasing the number of constituents, and when the disease has advanced, results, perhaps, in a sac which may resemble the normal tunics of the vessel—a sac lined by the intima, the result of tissue-proliferation in the new sac; in other words, a granulation process from pre-existing, mature connective-tissue, resulting, first, in embryonal tissue, and finally transformed into endothelial cells. The sac of a traumatic aneurism by the coagulation of blood, mural thrombi serving as a nidus from the tissue from the sac, produces an intravascular thrombus, a cicatricial contraction, which results in an additional element of the aneurism.

The third variety is the *aneurysma mixtum*. We understand by this an aneurism whose sac may be composed of one or more of the tunics of the vessel, the result of degeneration either by sclerosis or atheroma, following endarteritis or mesarteritis, resulting in a circumscribed destruction of the arterial wall, the process being limited to the loss of resistance, the remaining vascular tunic giving away to the normal intravascular pressure, resulting in distension, in the formation of a sac—the true sacculated aneurism.

It is the first and third variety that are usually the result of pre-existing disease of the arterial tunics. A true aneurism affects the segment of the tube, results in a diminution of the resistance on the part of the vascular wall by degeneration of the intima or or media, resulting in a fusiform, elongated dilatation of the artery—the so-called *fusiforma aneurysma*. Another (third) variety is the result of circumscribed patches, not of the entire lumen of the vessel, but localized, circumscribed patches giving rise to a loss of resistance corresponding to the area of degeneration, a diminution of the resistance over a circumscribed spot, so to speak, a dilatation of the vessel at the expense of the remaining tunic—the adventitia—resulting in a distension, localized, symmetrical. The fusiform variety is that which results in a distension of all pre-existing tunics, constituting a symmetrical dilatation of the artery at a particular point, resulting in a loss of resistance of all the tunics, the arterial tension being more mild in the centre, of course; the primary seat of degeneration, having taken place centrally, advances in a peripheral and proximal direction, resulting in the greatest amount of distention at that particular point. As the disease advances, diminishing resistance gradually, we have a shooting of atheromatous to healthy tissue, consequently this form always assumes a fusiform shape. This form being the result of equal pressure on two sides, very rarely results in the formation of mural thrombi in contradistinction to the sacculated variety. It is simply a symmetrical distention, an increase of the lumen in all directions.

A racemose aneurism is that which results in a symmetrical dilatation of the principal artery, with consecutive dilatation of its contributory branches.

We find this disease occasionally about the hand, one of the principal arteries of the finger undergoing a change, the result of a paralytic affection of the nerves supplying that portion of the vessel, or what is more likely, a congenital error of development, either by the original size of the vessel, or by a predominance of tissue in the vessel which predisposes it to dilatation; that is, a misproportion of the histological elements of which the vessel is built up, an increase in loose connective tissue with a defective remained substance between the endothelial cells lining the intima. We have dilatation not only of the entire artery, but of the branches which originate from the vessel. In contradistinction to an angioma, a racemose aneurism increases in size both in a peripheral direction by dilatation in the same manner as a true aneurism, either by a weakening of the vessel wall, by paresis, or by degeneration of the essential elements calculated to resist intra-arterial pressure, resulting in a symmetrical dilatation. Angioma, on the other hand, is a true tumor from a matrix of tissue resulting not only in dilatation of pre-existing spaces, but more particularly in the formation of new vessels. In a racemose aneurism the process is limited to pre-existing channels, the increase in size being in the same ratio as the increase of the principal artery and its main branches.

The circumscribed and true aneurism, in contradistinction to the diffused variety, means, as I have previously stated, a giving away of the tunics of the vessel over a circumscribed space, consequently we miss sym-

metry; it is an asymmetrical dilatation—a sacculation, if you please. When the same process takes place by disintegration or injury of any of the pre-existing tunics, we have a so-called circumscribed aneurism, a mixed form, mixed on account of a loss of one or more tunics of the vessel. For instance, if the intima has been destroyed by sclerosis or endarteritis, the sac is built up of the two remaining tunics—media and adventitia—still remaining a sacculated aneurism.

Mesarteritis is a frequent affection, affecting primarily the media, and by extension and destruction of the middle coat, the intima and adventitia may come together. Consequently, if the principal resisting force inherent in the vessel, and as a result of mesarteritis the muscular fibres, have been destroyed, even a normal intravascular pressure at the point of destruction will result in dilatation of the remaining coats. It is a fact substantiated by post-mortem examinations that in all sacculated aneurisms the muscular fibres have been found peculiarly absent, the pre-existing muscular fibres having been destroyed by mesarteritis. Instead of a reproduction of tissue, which we naturally expect, there is a loss of resistance to counterbalance intravascular pressure, the fibres are not formed, consequently cicatricial contraction takes place between the adventitia and the intima, resulting, of course, in a corresponding diminution of resistance on the part of the vessel tunics. Microscopical examination shows that the muscular fibres which remain by intravascular pressure, become separated, remain as isolated structures in the tunics of the sac, without a tendency to reproduction.

Fusiform aneurism, the result of pathological changes in the vessel, is exceedingly rare.

The sacculated mixed variety is the most frequent of pathological aneurisms.

Another variety is the aneurysma dessicans. By this we mean an aneurism which results from laceration or destruction of one or more of the internal coats, blood extravasating between the remaining coats, dissecting, as it were, the adventitia from the media, forming a mixed aneurism, due either to pathological changes in the vessel tunics or to traumatic laceration.

The last variety, the false aneurism, is always the result of traumatism, and false from the beginning. A true aneurism may be followed by a false one, the result of pathological changes, dilatation takes place, and the sac forms as the result of intravascular pressure. If the true tunics of a sac are in such an atrophic condition as to yield to indirect vascular pressure, extravasation may take place, and we have a false and a true aneurism; but the false is that which results from laceration of all the tunics of the vessel, an extravasation of blood into the connective tissue, the formation of a sac outside of the proper tunics of the vessel. Again, if on account of an injury all of the vessel tunics have been severed, the blood extravasates into the perivascular space by compression and distention, causing a condensation of the perivascular connective tissue which serves as a sac. You would naturally ask if such a condition can be diagnosticated immediately after the injury. The rapidity with which the aneurism forms, the symptoms attending first distention or extravasation, depend upon the character of the wound. We read of cases of wounds in close proximity to the large arterial trunk. We wait for days, and sometimes for weeks, and no symptoms of aneurism appear. A few weeks later a pulsating swelling forms at the site of the wound. You will naturally ask, Why not have the immediate symptoms, if all the tunics of the vessel have been severed?—why we have not immediately extravasation of blood into the perivascular spaces? If the wound is small, a certain amount of blood extravasates, forming a small swelling which may not be appreciable at the time of injury, or even for days weeks subsequently, because by the opening in the vessel as the result of necrosis of the extravasated blood, a thrombus primarily closes the outer lumen of the opening into the vessel, growing by aggregation in a central direction, remaining and closing the wound in the artery, and for the time being preventing hemorrhage. Later, as the result of intravascular pressure, the thrombus is inadequate to co-aptate the wound in the vessel by primary union. Time elapses, cicatrization fails to take place, the thrombus not being infiltrated with proliferation elements, the connective tissue disintegrates and is removed by absorption. As soon as absorption of the thrombus occurs, hemorrhage, of course, results, and following hemorrhage we have a coagulation of fluid blood, in the perivascular tissues, an adherence of all symptoms indicative of a pulsating swelling. The blood still remaining fluid for a considerable time, the coagulation depends, to a certain extent, upon the rapidity of effusion, the area of surface exposed to the circulating fluid, and more particularly upon the size of the opening of the vessel; in

other words, the more the circulation in the perivascular spaces corresponds to the intravascular circulation, the less probability will there be that the blood will coagulate. I mean the rapidity of the current in the false aneurism. If, on account of a predisposition on the part of the connective tissue around the vessel, extravasation occurs extensively at a distance from the wound, and the opening in the vessel is small, the return of blood into the vessel imperfect, coagulation will take place rapidly and extensively. If, on the other hand, the opening is large, and on account of a deposit of connective tissue around the vessel extravasation is difficult, the coagulating process will be correspondingly slow, so that in the majority of cases when extravasation does not follow immediately the infliction of a wound, we may take it for granted that primarily the artery was closed by a thrombus, and the thrombus remained intact; in other words, secondary hemorrhage resulted in the formation of a traumatic aneurism. The remaining form of aneurism may not be the result of a loss of tunics, but of an abnormal circulation between the artery and veins. They are the so-called arterio-venous aneurisms, which effect simultaneously the arteries and veins.

We recognize two principal sub-varieties, the varicose aneurism and the aneurismal varix. By a varicose aneurism we mean one whose sac is located between an artery and vein, as in cases of a sacculated aneurism in close proximity to the vein. If, as the result of atrophic changes from pressure, we have a loss of continuity of the sac of the aneurism, and a corresponding loss to the vein, and consequently an escape of the true aneurism by loss of substance into the vein, we have an aneurismal varix. If we should have a rupture of the aneurismal sac, with an extravasation of blood between the vein and the aneurism, the sac forms between the vein and aneurism as the result of secondary changes from compression on part of the new sac, a destruction of the vein will occur, and a rupture of the vessels of the aneurism in the vein results. An aneurismal varix is that which is produced by an admixture of arterial with venous blood by a direct communication between the artery and the vein, without the interposition of the sac between the vessel tunics. A varicose vein is the result of increased intravenous tension when arterial blood is forced directly into the vein. A pathological aneurism is the result of a diminution of resistance on the part of the tunics of the vessels themselves, of inflammatory changes, or of degeneration of the vessel tunics. A pathological aneurism found in the aged is almost always the result of antecedent degenerative changes affecting primarily the intima, and secondly, the media—a fatty degeneration of the endothelial cells extending from the endothelial lining in a peripheral direction. The disease occurs in patches, circumscribed, well-defined; dilatation takes place at these patches, and results in a distention of the weakened tunics of the vessels in a symmetrical manner—in other words, in a sacculated pathological aneurism. Inflammation, on the other hand, affecting in preference younger individuals, originating in the media, extending from the entire vessel tunic, affecting the entire circumference of the vessel over a limited space, extending in a peripheral and proximal direction, but affecting, at the same time, the entire diameter of the tube, giving rise to a weakening of the vessel wall in all directions, with a yielding on the part of the vessel wall, results in a fusiform aneurism.

Mesarteritis is usually found in persons predisposed to this particular pathological change.

A pathological aneurism of the sacculated variety indicates previous disintegration of one or more of the tunics of the vessel, which by diminishing resistance predisposes the aneurism to dilatation from the normal intravascular pressure. Again, aneurism resulting from paresis of the vessel tunics from imperfect innervation, will result in a yielding of the vessel wall corresponding to the area of paresis.

Traumatic aneurism means an extravasation of blood into the perivascular tissues and the formation of a sac by connective tissue and coagula, recognized early, as the recent observations of Professor Wall prove, by changes in the circulation at the point of injury. If, for instance, we have as a result of gun-shot wound injury of the large arterial trunk, and still have absence of all the symptoms of traumatic aneurism, and we desire to ascertain whether a loss of continuity has taken place at the site of injury, our best method to determine this is to resort to auscultation. Wall has observed that when peripheral symptoms indicate injury to the vessel, if we apply the stethoscope we can satisfy ourselves of a loss of continuity of the intima by a blowing or rasping sound. Auscultation should always be resorted to in suspected cases of injury to large arterial trunks, being careful, however, not to mistake an abnormal sound by compressing the vessel. We can always hear a bruiting if we compress the vessel. This fact was firmly

impressed upon my mind a short time ago when a young physician desired me to examine a man suffering from a subclavian aneurism. He was satisfied he heard a bruiting repeatedly. I applied the stethoscope, but failed to recognize any abnormal sound. Pressing the stethoscope firmly upon the vessel he said he could hear it again. I lifted the instrument and the abnormal sound disappeared. I listened again, but heard no bruiting; but pressing the stethoscope upon the artery firmly I heard a soft murmur—so you must be careful not to compress the vessel. The sound is entirely different when the intima has been ruptured; it is a rasping sound. With such conditions presenting themselves, be careful to reason by comparison, to examine the vessel on the opposite side to detect the difference, satisfying yourself that by compression of the vessel you simply elicit a soft sound, while the earliest symptoms of traumatic aneurism cause a loss of continuity of the intima, resulting in a roughening of the lining of the vessel, giving rise to a rough sound.

In considering predisposing causes, more particularly in traumatic aneurism, it is important to remember the location of the vessel. Of 561 cases reported by Crisp, we find in 308 the aneurisms were located in regions amenable to operative interference. Again, of the 308 cases of external aneurism, he found 137 were located in the popliteal spaces, showing conclusively that arteries which are most exposed furnish the largest percentage. Of 561 cases, the ophthalmic artery, being so well protected, furnished only one case. It is not only the exposure to direct violence which predisposes to aneurism, but it is the particular location and surroundings of the vessel. A vessel surrounded by firm, muscular bundles, giving adequate lateral support, is less likely to furnish a case of aneurism; but a vessel surrounded by less adipose tissue is more liable to yield to abnormal intravascular pressure; consequently, vessels located in the popliteal spaces, surrounded by a bed of adipose tissue, are the vessels most likely, under exciting causes, to result in dilatation. An artery which is so liable to undergo a relative change between adjacent tissues is predisposed to aneurism, consequently, as a rule, they are located at points corresponding to flexion and extension. For instance, aneurisms about the hip-joint, in Scarpa's spaces, about the popliteal artery, and about the bend of the elbow. An important element in considering the influence of traumatism as it affects the arterial tunics is the peripheral or proximal point of fixation. As long as an artery by changing its relative position by flexion and extension remains unfixed, loses all virtue of its elasticity, its tunics are but little affected, but if it remains fixed, and by hyper-flexion and hyper-extension the vessel is extended, it constitutes a most important predisposing cause.

The largest percentage of pathological aneurisms is furnished by the aged from the well-known cause of atheromatous degeneration and sclerosis—causes inherent in the patient and the vessel itself, so that the least exciting cause in the nature of traumatism, determining an increased afflux of blood to a part, causes intravascular pressure, which, by coming in contact with the weakened vessel, will result in dilatation. Traumatic aneurism is most frequently met with in people from thirty to forty years of age, in people in the prime of life, who by the nature of their occupation are predisposed to injuries, consequently, occupation acts as a predisposing cause. Statistics tend to show that aneurism, as a rule, occurs with the greatest frequency in large cities—most frequently in England and Holland—and more especially in people who are engaged in carloading, ship-loading, etc. Gross has made the observation that in America aneurism is an exceedingly rare affection; rare because our nation is young, because the atheromatous degeneration as the result of imperfect health, of unfavorable sanitary or hygienic conditions, is still in its infancy. In this country most cases of aneurism seem to occur in New York.

In the etiology let us consider the effects of sclerosis as affecting primarily the intima, producing an increased proliferation of tissue elements, unattended by an increase of physiological function. The process of proliferation is invariably followed by degeneration—a sclerosis resulting in a thickening of the arterial tunics, indicating the extent to which degeneration has proceeded—a sclerosis, first, diminishing the calibre of the tube by central proliferation, extending in a peripheral direction, invading gradually the tissues, infiltrating the media, displacing pre-existing normal muscular fibres by a neoplasm, followed subsequently by degeneration of the products of proliferation, a condition which precedes and excites atheroma.

In describing the changes in the sac, I will call your attention to pressure atrophy not only as it involves the sac itself by over-extension on the part of increased intravascular pressure, but pressure atrophy as it affects surrounding tissue. The sac of an

aneurism will become distended in proportion to its inability to maintain the necessary amount of resistance; consequently, if an artery is deeply located, surrounded by unyielding tissue, the danger from over-extension and rupture of the sac is diminished in proportion to the amount of lateral support furnished. If the vessel is situated superficially with inadequate lateral support by distention, there is greater risk of rupture. Again, as far as the sac itself is concerned, if, as the result of a mural thrombus, it is strengthened, and the mural thrombus serves as a nidus for proliferation tissue, the amount of resistance on the part of the sac increases with the amount of proximal cicatricial tissue formed in the coagulum as a result of infiltration of the thrombus by proliferation from mature connective tissue surrounding the sac; consequently, it is that form of aneurism most likely to give rise to early atrophy, where coagulation fails to take place. An aneurism may remain in a latent condition for an indefinite period, if the normal process of regeneration of tissue in the interior of the sac is not interfered with, but favored by the formation of a mural thrombus. If the sac furnishes conditions unfavorable to the formation of a mural thrombus, dilatation of the vessel is more likely to take place early, if no firm muscular or bony support interferes with it. Extrinsic atrophy is the result of atrophy outside of the sac, and may affect all of the tissues without regard to their anatomical constituents. In aneurism of the thoracic aorta we may have all the evidences on post-mortem examination of so-called caries the result of pressure atrophy, resulting in osteoporosis, following which we may have degeneration of the bone constituents, and their removal by absorption. Coagulation in a sac, like in any other condition, means necrosis of the blood. It is not influenced by the condition of the internal surface of the sac, but by the amount of intravascular pressure. It is a well known physiological fact that as long as the blood current remains intact with the normal vessel tissue, and the *vis a tergo* is not materially diminished, coagulation will fail to take place. If the circulating blood is brought in contact with a deteriorated intima, with products of degeneration, coagulation is favored correspondingly. If the intima has become degenerated as the result of endarteritis, sclerosis, or atheroma, with a normally smooth lining, a mural thrombus is determined; consequently a second factor is a diminution in the blood current, determined to a certain extent, by the character of the sac and the opening which communicates with the vessel. If we are dealing with a narrow sacculated aneurism, interfering with the return of blood from the sac, coagulation is favored. Inflammation is a dangerous phenomenon. It may possibly result in a favorable issue, but by affecting the tissues of the sac wall itself, without giving rise to suppuration, to disintegration, and determining rupture where the aneurism is located in a large vessel, it means almost immediate death. Occasionally, however, if the inflammation remains within due bounds, and does not materially interfere with the normal constituents of the sac wall; if, on the other hand, the inflammation in a central direction is attended by a process of restoration, it may lead to a favorable issue.

The symptoms and diagnosis of aneurism are subjects of the greatest importance.

The first and one of the most reliable symptoms is pulsation—a pulsation in the swelling synchronous with the action of the heart. This is an important feature. A tumor situated upon a large vessel may and does pulsate, but the pulsations are felt only in one direction, away from the vessel. An aneurism pulsates in all directions. That is the distinctive feature. If, for instance, a malignant tumor located upon the aorta pulsates in an anterior direction, if the aorta is the seat of an aneurism, you can palpate and isolate, as it were, and the pulsations are felt in all directions alike, showing there is a symmetrical and not an asymmetrical dilatation. You must differentiate between tumors located upon a vessel and an aneurism. Always test the effect of pressure. An aneurism accessible to direct palpation becomes diminished on direct pressure. It becomes smaller because you diminish the contents of the sac. This test is especially applicable in aneurisms devoid of mural thrombi. Auscultation is resorted to, to ascertain the existence and absence of a bruiting or blowing sound heard synchronous with the heart's action. There are as many different kinds of sounds produced by aneurisms as there are aneurismal sacs. The sounds differ in proportion to the size of the sac, the rapidity of the current, and the size of the opening of communication between the vessel and the artery; but the bruiting heard synchronous with the action of the heart means an abnormal circulation at the point of auscultation, differentiated from stenosis of the vessel by its roughness.

The differential diagnosis must be carefully considered. In all tumors occurring in locations where aneurisms are likely to

develop themselves—all swellings about the region of the neck, in the popliteal spaces, in Scarpa's triangle—especially tumors which by compression of the vessel will give rise to some of the symptoms of aneurism, and more particularly cases of abscess attending an aneurism (a mistake that has been so often made). In case of an abscess accompanying an aneurism, the abscess may not be in direct communication with the aneurismal sac, but suppuration may take place outside of the sac; but opening of the abscess may determine rupture of the aneurism by diminishing the necessary lateral support, consequently if you still remain in doubt there is only one more diagnostic measure, and that it is to resort to direct exploration, and satisfy yourself as to the contents of the swelling. If you find on inserting an exploratory syringe you have entered a hollow space, and on withdrawing the piston you find pus, you must necessarily conclude that the entire swelling is made up of this purulent collection super-imposed between the skin and the aneurism. In all cases of great doubt, follow the exploratory puncture and remove the purulent collection. You will then determine how much of the swelling remains between the aneurism and the skin, which can leave no further doubt as to the presence of an aneurism.

Communications.

FŒTAL PSYCHOLOGY.

BY THOS. S. SOZINSKEY, M. D., PH. D.,
Of Philadelphia.

"We may fairly assume from analogy that a long time before it is born a child will have become acquainted both with pain and pleasure." Thus it is said on page 7 of an excellent little work by M. Bernard Perez, a translation of which, with a flattering introduction by the distinguished English psychologist, James Sully, has just been published, entitled "The First Three Years of Childhood." The question is not only curious, but highly interesting, especially to physicians. If an unborn child may experience both pleasurable and painful sensations, the fact should be more widely known than it seems to be. I am of the belief that medical graduates are oblivious of it. I am pretty sure I never had it brought to my attention in a lecture on obstetrics.

M. Perez is by no means a visionary theorist; on the contrary, he is a patient, sharp observer, and in full sympathy with the modern scientific school of philosophy. Mr. Sully remarks of him that he "combines considerable physiological and psychological knowledge with a practical interest in education." What he may have to say is certainly entitled to respectful attention. To be sure, he is not a physician; but it may not be doubted that a practical educationist may be quite familiar with the facts of psychology. Still, there are some statements in M. Perez's book which he would hardly have made had he been an accoucheur. Thus, says he, "there is no doubt that the moment when the infant first enters into relation with external realities is a very painful one." (Page 7.)

Of very ancient date, indeed, is the belief that unborn babies may experience pleasure and pain. There is a well-known passage of Scripture (St. Luke i. 44,) illustrative of it. It is upheld by many theologians, as well as "old ladies" and others at the present day.

Notwithstanding the positive statements of M. Perez and others, I think nearly all physicians hold that intra-uterine life is a blank mentally. Before birth, a child can experience no sensation whatever, either pleasurable or painful. There is no fœtal psychology. So the doctor is apt to think: but can he present sufficient reasons for his belief?

The question is really an open one, I believe. That an unborn child is alive is certain. It is equally certain that without nerve-centres in full play there could be no pulsation of the heart or any other action of the child's economy. No doubt all pre-natal activities may be very reasonably classed as reflex; but there is no very evident reason why the cerebral activity on which consciousness depends should not at times exist, at least toward the end of the period of gestation.

Is there no stimulus to excite consciousness in the fœtal brain? There is sufficient ground for believing that if the brain were without external connections there could be no mental activity within it; without the special senses there could be no mind. In the fœtus the senses of sight, smell, taste, and perhaps hearing, are entirely dormant, but what of touch, or rather general sensibility? May not a marked disturbance of function or impression made on the skin of a fœtus be productive of consciousness? I believe all the necessary conditions of nerves and brain are present in the later months of fœtal life. Is it reasonable, then, to declare consciousness in the fœtus, at any time, to be impossible?

But from what we know of the degree of sensibility of new-born babies, it is highly improbable that vivid consciousness is possible in the fœtus, even at term. In general, there is but little chance during intra-uterine life for definite sensorial impressions to be made; and most of such, it may be observed, point to pain. Jars and other rude impressions are only occasionally experienced, and it is only from these likely that the production of any degree of consciousness is at all probable. During labor the pressure experienced by the head is usually sufficient to effectually preclude any possibility of consciousness being aroused; and hence birth cannot, as a rule, be a painful process.

Thus much for the present on the subject of fœtal psychology. It is of enough importance, I believe, to receive some attention from medical men.

REMOVAL OF A SPLINTER OF WOOD FROM THE ORBIT.*

BY HIRAM WOODS, M. D.,

Of Baltimore.

Assistant Surgeon at Presbyterian Eye and Ear Hospital.

The lodgment of a large foreign body within the orbit, without inflicting damage upon the eyeball, is an accident of rare occurrence. The following case came under my care in October, 1884:

W. H., Jr., 12 years of age, was brought to me on account of an "abscess in his lower lid." His father told me that *six weeks* previous to his visit, his little boy was playing about a house in process of building, when he was struck in the face by a piece of shingle thrown obliquely from above. The boy was looking up at the time. The father pointed to an open wound in the lower lid of the left eye, just below the margin of the tarsal cartilage, and about two lines from the external orbital angle, and told me that this opening had been there since the day of the accident. The boy ceased to complain of pain after two or three days, but this wound did not close. About two weeks before the boy was brought to me, pain had returned, and with it there was considerable swelling of the lower lid. Poultices had been applied, and I found a copious discharge of pus from the original wound, and from a second small opening lower down and nearer the centre of the lid. I thought I could feel a foreign body under the conjunctiva, but the father was sure that no splinter had entered the orbit. The wound was painful, and the boy would not allow me to use a probe. The following day Dr. C. A. Cook kindly came to my office and gave bromide of ethyl for me. On passing the probe into the more external of the two wounds, I felt the splinter lying on the floor of the orbit. It was easily removed after I had enlarged the original wound, and measured a little over one inch long and one-fourth inch thick. I did not re-introduce my probe, as the effects of the ethyl had passed off by the time I had removed this piece, and I did not care to renew the anæsthesia. The wound, however, did not heal, and one week after my first operation, I re-examined the wound under ethyl. After a careful search, I found a small piece of wood less than a third of an inch long, and as thick as the end of a lead-pencil, near the internal angle of the orbit. This was removed, and the boy soon got perfectly well. I saw him last summer. There is a linear scar in the folds of skin of the lower lid, but there is no ectropion. The motions of the eye-ball are unimpaired.

Small foreign bodies, as shot, pebbles, etc., are occasionally embedded in the orbit and remain there indefinitely, doing no harm at all. Some curious cases are reported in which the foreign body remaining in the orbit, and causing no trouble, has been of great size. Soelberg Wells and Juller each mention the case, first reported by Mr. Brudenell Carter, of a hat-peg three and three-tenths inches long entering the orbit and causing no trouble for about twenty days, when it was drawn out through the orbit. The case is narrated more fully in Lawson's "Injuries to the Eye, Orbit, and Eyelids." The supposition of the surgeon who saw the case seems to have been that the head of the peg entered "the antrum of the opposite side." There was certainly not room enough for it in the orbit.

By far the more usual sequel of a foreign body entering the orbit is the occurrence of orbital cellulitis or periostititis. If the inflammation involves the deep orbital cellular tissue, there may be, after the formation of pus, protrusion of the eyeball, impairment of the motives of the eye, and optic neuritis, from the great pressure to which the nerve is subjected.

In removing the foreign body Soelberg Wells thinks that it is generally better to make an incision through the *conjunctiva* than through the skin of the lid. This is to avoid the ectropion which might follow the contraction, taking place during the healing

* Read before the Baltimore Academy of Medicine, March 16, 1886.

process. In the case I have narrated above, the two openings *already* in the skin made it unnecessary to open the conjunctiva.

Medical Societies.

THE PHILADELPHIA NEUROLOGICAL SOCIETY.

Stated meeting, February 22, 1886. The President, S. Weir-Mitchell, M. D., in the chair.

Dr. Harrison Allen read a paper on

The Headaches which are Associated Clinically with Chronic Nasal Catarrh.

Dr. Carl Seiler said that we all know that there is more or less headache associated with nasal catarrh, but how far exact lesions give rise to these exact pains, had not before been described in so many words. He thinks, with Dr. Allen, that the headache of reflex origin is largely due to pressure upon one of the surfaces of the nasal chambers. It is a curious fact, in his experience at least, that in most cases the headache of catarrh occurs on the left side of the head; while, on the other hand, obstruction of the right nostril is much more common than that of the left. He has observed several cases in which the pain was referred to the teeth and to the ear, which, as Dr. Allen has remarked, is very rare. He remembered three cases which came under his notice lately. Two of these patients complained of toothache, or rather of a peculiar pain in the upper jaw, which might be called toothache. After careful inspection by skilful dentists, the teeth were pronounced perfectly sound, and local applications for the relief of the catarrh also relieved the toothache. The third, a lady, complained of intense pain in the left external meatus, quite deeply situated. In this case applications to the meatus had no effect, but the pain was entirely relieved by local treatment directed to the nose. In neither of these three cases was headache present.

Dr. S. Solis-Cohen said that Dr. J. Solis-Cohen had once told him of a book written by a charlatan, who had discovered the connection between nasal catarrh and headache, and had been quite successful in his treatment of such cases. He had not been able to find the reference to this book, but he had come across a reference to a paper in an early number of the *American Journal of Medical Sciences*, vol. v., describing a case of periodical hemicrania relieved by the expulsion of a calculus from the nose. This is referred to only in relation to the history of the subject. As to the thesis itself, his personal experience is not extensive; but he has seen in the practice of J. Solis-Cohen a large number of cases in which headache was associated with and frequently dependent upon diseased conditions of the nasal passages, and in which relief followed the cure of the local affection. He had not before heard the subject presented in the systematized way in which Dr. Allen had treated it, and consequently was not prepared to discuss his classification.

Dr. Harrison Allen said that Dr. Seiler's remark on the connection between earache and chronic nasal catarrh interested him very much. We are not yet in possession of all the facts necessary to explain this connection. He was glad that Dr. Cohen had referred to the case of nasal calculus. The cases recorded by others were not mentioned in his paper, since he lacked the necessary time thoroughly to look up the literature. He believed that the subject of headache which is found associated with chronic nasal catarrh, has never been separately considered, nor the differential diagnosis between it and other forms of headache presented. It is well known that the majority of headaches are much alike. As stated in the paper, the brow, temporal, vertex, and occiput are so commonly involved in all headaches that patients do not distinguish between the several sources of pain, and physicians themselves may occasionally be so far misled as to fail to determine the exact cause of the ailment. In all obscure cases of distress about the head, the nasal cavities should be carefully examined.

Dr. Charles K. Mills, at the request of Dr. C. P. Henry, of the Insane Department of the Philadelphia Hospital, exhibited

A Case Presenting Cataleptoid Symptoms, the Phenomena of Automatism at Command, and of Imitation Automatism.

This patient had been recently admitted to the hospital, and no previous history had as yet been obtained. He was a middle-aged man, not unintelligent looking, and in fair physical condition. His condition and his symptoms had remained practically the same during the short time that had elapsed since admission. He remained constantly speechless, almost continually in one position, would not open his eyes, or at least not widely, would not take food unless forced, and his countenance presented a placid, but not stupid or melancholy appearance. He

had, on several occasions, assumed dramatic positions, posing and gesticulating. It had been discovered by Dr. Henry that the patient's limbs would remain where they were placed, and that he would obey orders automatically. The case had been regarded as probably one of katatonia, but in the absence of previous history it was not known whether or not he had passed through the cycle of mania, melancholia, etc., which constitutes this fully developed disease. He had had, since admission, attacks of some severity, probably, from description, hystero-epileptic in character.

Dr. Mills, in exhibiting the patient, first placed his arm, and legs, and body, and head in various positions, where they remained until he was commanded to place them in other positions. His mouth was opened, one eye was opened and the other was shut, and he so remained until ordered to close his mouth and eyes. In most of these experiments the acts performed were accompanied by remarks by Dr. Mills that the patient would do thus and so as he was directed.

Various experiments to show automatism at command were performed. Dr. Mills, for instance, remarked that the gentleman was a good violin-player, when the patient immediately proceeded to imitate a violin-player. In a similar way he took a lead-pencil, which was handed to him, and performed upon it as if it were a flute. He danced when it was asserted that he was an excellent dancer; placed his arms in a sparring position, and struck out and countered, on telling him that he was a prize-fighter; went through many of the movements of drilling as a soldier, such as "attention," "facing," "marking time," "marching," etc. He was told that he was a preacher and must preach, and immediately began to gesticulate very energetically as if delivering an earnest exhortation. He posed and performed histrionically when told that he was an actor, etc. He was given a glass of water and told that it was good wine, but refused to drink it, motioning it away from him. He was then told that it was very good tea, when he tasted it, evincing signs of pleasure. During all these performances he could not be induced to speak; his eyes remained closed, or, at least, the eyelids drooped so that they were almost entirely closed. He showed a few phenomena of imitation, as keeping time, and marching to the sound of the feet of the operator, etc.

After exhibiting these phenomena, Dr. Mills made the following remarks:

This patient is undoubtedly suffering from some form of mental disorder. The case is probably one of those which would be classed under the head of katatonia, although in the absence of a past history, I do not think that I am entirely justified in making this diagnosis. In the affection known as katatonia, first described by Kahlbaum, and in this country discussed by Hammond, Spitzka, and others, but most ably and fully by Kiernan, alternate periods of mania, melancholia, and, it is said, cataleptoid states, are present.

Taking the patient as we find him, I have no doubt several views will be suggested to those present. One of the first thoughts that would suggest itself to any one is that the man is simulating. This idea, I believe, can be dismissed. He is, so far as we have been able to determine, a genuine case of mental disorder, the phenomena which have been exhibited here this evening constituting an essential portion of the psychical affection. Many here present, however, are trained in the observance of mental and nervous manifestations, and I would like to hear from them as to the nature of the case.

Taking up the phenomena themselves in detail, let us question ourselves as to their nature. Have we here genuine catalepsy? What constitutes catalepsy? What are the pathognomonic symptoms of this ancient but not well-understood affection? I have recently been interested in the subject of catalepsy, and I find some want of clearness in authorities as to its distinctive differential features. Rosenthal and some others would make waxen flexibility the *sine qua non*; in its absence regarding the case as not one of genuine catalepsy. Waxen flexibility and unconsciousness of surroundings are the two points upon which most stress is laid by the majority of well-known writers. What is to be understood by waxen flexibility? I take it that it is a symptom which shows itself in the following way: A patient's leg, or arm, or fingers, his head, or his trunk, on being placed without command, or without remark, by the operator in any special position, will there remain as long as it is possible under ordinary physical laws for it to continue in that position. Such limb or part can be moulded like wax or lead into every possible shape, and will there remain independently of or in spite of commands to the contrary. The true cataleptic patient, according to this conception, is in such a condition as to consciousness that he is not capable for the time being of understanding or of obeying a command. So far as mentality is concerned, he is a genuine "wax figure." This, in my opinion, is a very rare

condition. I have sometimes almost doubted its existence. I have certainly seen very few cases which would answer to the picture which I have tried to draw.

Certainly, waxen flexibility, as I have thus described, is not present, or at least not always present, in this patient. It is true that even when I say nothing, his limbs will sometimes remain in the grotesque positions in which they are placed; but he is not in a strict sense unconscious of what is being done. The very movements of my hand, my appearance (for these patients do see, although their eyes are partly closed), may in this peculiar frame of mind suggest to him my wishes. I am inclined to think that many of the cases reported as examples of catalepsy are, in reality, cases which present phenomena analogous to those shown by this man.

These phenomena are those which have for many years been known and described under various names. I well remember, when a boy, attending a series of exhibitions given by two travelling apostles of animal magnetism, in which many experiments similar to those exhibited this evening were performed upon individuals selected, apparently, at hap-hazard from a promiscuous audience, these persons having first undergone a process of magnetizing or mesmerizing. In the experiments of Heidenhain, of Breslau, upon hypnotized individuals, many similar phenomena were investigated, and described and discussed by this physiologist under the names of "automatism at command," and "imitation automatism." The hypnotized subjects, for instance, were made to drink ink, supposing it to be wine; to eat potatoes for pears; to thrust the hand into burning lights, etc. They also imitated all manner of movements possible for them to see, or to gain knowledge of by means of hearing, or in any other way. They behaved like imitating automatons, who repeated movements linked with unconscious impressions of sight or hearing, or with other sensory impressions. It was noted in the experiments of Heidenhain, that the subjects improved with repetition. I am inclined to believe that the patient before us performs better to-day than he did yesterday, or the day before. His manifestations, although, in my opinion, not simulated, have been improved somewhat by practice. Charcot, Richer, and their *confrères*, have made similar observations on hysterical and hypnotized patients, which they discuss under the name of "suggestion."

Hammond (Med. and Surg. Reporter, vol. xlv., Dec. 10, 1881,) suggests the term "Suggignoskism" from a Greek word, which means "to agree with another person's mind," as a proper descriptive designation for these phenomena. In referring to persons said to be in one of the states of hypnosis, he says that he does not believe that the terms hypnotism and hypnosis are correct, as, according to his view, the hypnotic state is not a condition of artificial somnambulism; the subject, he believes, is in a condition where the mind is capable of being affected by another person, through words, or other means of suggesting anything. In the clinical lecture during which these opinions were expressed, Hammond is reported to have performed on four hypnotized young men experiments similar to those which have been exhibited this evening upon this insane patient. His subjects, however, were not cases of insanity. A bottle was transformed by suggestion into a young lady; sulphur was transmuted into cologne; one of the subjects was bent into all sorts of shapes by a magnet; another was first turned into Col. Ingersoll, and then into an orthodox clergyman, etc. In reading such reports, and in witnessing public exhibitions of the kind here alluded to, one often cannot help believing that collusion and simulation enter. Without doubt, this is sometimes the case, particularly in public exhibitions for a price. What has been shown here this evening with this man mentally afflicted—what has been shown again and again by honest and capable investigators of hypnotism—prove, however, not only the possibility, but the certainty of the genuineness of these phenomena in some cases.

Dr. H. C. Wood did not see that this case is closely allied to catalepsy. He had never seen a case which he considered genuine, thorough catalepsy. He had seen a number of cases occurring in the somnolent state or cerebral syphilis and various other disorders, in which there was a tendency to catalepsy—of course, using the term in its narrow sense. He believed this to be simply a case of automatism at command. He noticed when Dr. Mills raised the hand, that the man moved his hand rather by his own effort than by permitting it to be lifted by the doctor. This shows that the man interprets the muscular movement just as he interprets the command to march. The apparent catalepsy is simply the result of the command. He had seen exactly the same condition in a child two or three years of age under the care of Dr. de Schweinitz. The child could be placed in any position, and would stay there almost indefinitely. He

could see very little relation between this and true catalepsy. This is a psychical condition, while catalepsy is probably a disease involving lower nerve centres than are affected in this man.

Dr. Hobart A. Hare said with reference to Dr. de Schweinitz's case, that it exhibited more of the lead-pipe character than does this one. When the attempt was made to move a limb, it moved in a stiff way. One of the peculiar positions in which the child was placed was to seat it on the floor with the head and feet pointing toward the ceiling. It would remain balanced on the coccyx for some time, until it fell over exhausted.

The President preferred to accept the German definition of catalepsy, as given by Dr. Mills. In his lifetime he had seen two cases—one for but a few moments before the condition passed off. The other was most extraordinary. Many years ago he saw a young lady from the West, and was told not to mention a particular subject in her presence, or very serious results would ensue. He did mention this subject, rather with the desire to see what the result would be. She at once said, "You will see that I am about to die." The breath began to fail, and grow less and less. The heart beat less rapidly, and finally he could not distinguish the radial pulse, but he could at all times detect the cardiac pulsation with the ear. There was, at last, no visible breathing, although a little was shown by the mirror. She passed into a condition of true catalepsy, and to his great alarm remained in this state a number of days—something short of a week. Throughout the whole of this time she could not take food by the mouth. Things put in the mouth remained there until she suddenly choked and threw them out. She apparently swallowed very little. She had to be nourished by rectal alimentation. She was so remarkably cataleptic that if the pelvis were raised, so that the head and heels remained in contact with the bed, she would retain this position of opisthotonos for some time. He saw her remain supported on the hands and toes, with feet separated some distance, with the face downward, for upward of half an hour. On one occasion, while she was lying on her back, he raised the arm and disposed of the fingers in various ways. As long as he watched the fingers, they remained in the position in which they had been placed. At the close of half an hour, the hand began to descend by an excessively slow movement, and finally it suddenly gave way and fell. Not long after this she began to come out of the condition and quite rapidly passed into hysterical convulsions, out of which she came apparently well. He was not inclined to repeat the experiment.

Dr. James Henry Lloyd related the following case: A male patient, about twenty-five years of age, presented himself at the Nervous Dispensary, University Hospital, with a history of masturbation, and was then suffering with a consequent sexual hypochondria. His manner and facial expression indicated profound melancholia. He told his story with difficulty, and tended constantly to lapse into silence and brooding introspection. While a relative, who accompanied him, was relating some details of the case, the patient was observed to fasten his eyes steadily on the blank wall and remain in a fixed attitude. On seizing his arms and elevating them above his head, they were found in a condition of true "lead-pipe" flexibility, with prolonged persistence in the positions in which they were passively fixed. At the same time the patient was apparently unconscious or unmindful of the experiment; and even required a loud call, accompanied with a decided nudge, to bring him to himself. The case throws some light, possibly, upon the psychology of these interesting conditions. This patient was no doubt in an exaggerated state of what is usually called "abstraction of mind," which all persons experience in minor degrees. He was absorbed in his melancholy reflections, and oblivious to peripheral impressions. Subsequent observations failed to discover him in this condition.

Dr. Henry said that the idea of simulation in this case, as has been stated, can unquestionably be dismissed. Before any conceivable motive could be ascribed, the actions were more marked than to-night. Since his admission, five or six days ago, he has quite spontaneously assumed various attitudes—dramatic attitudes, attitudes of prayer, etc. In moving the man's limbs there is a considerable of the "lead-pipe" element brought out.

Another feature of the case is that the man has had peculiar convulsions resembling epilepsy. He, however, has not lost consciousness. By vigorous shaking and calling, he could be recalled to himself, but his face is absolutely apathetic, and to all appearances he is unconscious; he also refuses to eat, which agrees with the classical descriptions of katatonia; he has to be fed either artificially, or through the fear of artificial feeding, after the nasal tube has been resorted to once or twice, he will take food without it.

NEW YORK ACADEMY OF MEDICINE.

Regular meeting, January 21, 1886.

The President, A. Jacobi, M. D., in the chair.

Reflex Symptoms in Nasal Affections.

Dr. Emil Gruening opened the discussion with a brief paper on reflex ocular symptoms in nasal affections. There were a number of cases, he said, in which ocular symptoms existed, such as sensitiveness to light, lachrymation, redness of the conjunctiva, which measures directed toward the eye, failed to relieve, but which disappeared almost immediately upon instituting nasal treatment. Of course, not all eye affections, the cause of which was not quite apparent, would yield to treatment directed to the nose, but he still had a list of 150 cases in which the result of the treatment went to confirm the view that there was an intimate relation between the disease in the nose and that in the eyes. The nasal treatment would depend upon the affection present. In some cases there was only a slight catarrhal appearance of the Schneiderian membrane, and in others nothing abnormal could be discovered, yet treatment directed to the nose resulted in a disappearance of the ocular symptoms. Dr. Gruening did not include among these cases those in which the eye disease could be accounted for by direct extension of the nasal disease up the lachrymal canal.

Dr. Thomas A. McBride followed with a paper in which he gave the histories of five cases of migraine with supra-orbital neuralgia and other symptoms, which treatment failed to relieve until some nasal affection had been discovered and cured. In these cases the diagnosis and treatment of the nasal affection was by specialists in rhinology. In one case troublesome rumination disappeared after treatment applied to the nose.

Dr. Beverly Robinson read a paper chiefly devoted to a consideration of hay fever and asthma as reflex symptoms of nasal disease. Such connection had been shown to exist by McKenzie, of Baltimore, Daily, of Pittsburgh, and had been widely confirmed by operations on nasal disease at the hands of numerous rhinologists, the hay fever or asthma disappearing upon the institution of nasal treatment. Dr. Robinson took a middle view on the question whether the sensitive part of the nasal mucous membrane was very limited or widely distributed; and regarding the use of solution of cocaine for the allaying of pain and to reduce the thickened condition of the lining membrane of the nose, he thought that if used for some time the result would be to cause hyperæmia.

The subject was further discussed by Drs. Goodwillie, Baruch, Schweig, and the President.

NEW YORK PATHOLOGICAL SOCIETY.

Stated meeting, February 10, 1886, John A. Wyeth, M. D., president, in the chair.

Chronic Endocarditis with Interstitial Myocarditis as a Result of Partial Occlusion of the Coronary Arteries.

Dr. T. Mitchell Pruden presented the specimen with a brief clinical history, for which he was indebted to Dr. Polk. The specimen was interesting from the fact that it was a good illustration of the pathological condition present, and also because it was one of those cases in which patients suffering from a serious lesion of an important organ get along very well until some intervening condition disturbed the balance, when death was liable to take place from the original disease. This patient had resolving pneumonia when death occurred. There was also Bright's disease of the kidneys.

Dr. W. M. Carpenter asked whether there was atheromatous change in the arteries in other organs, as the kidneys.

Dr. Pruden replied there was not; that the narrowing from atheromatous degeneration was present only in the coronary arteries. Of course it would be impossible to examine all of the arteries of the body with regard to this condition.

Dr. Carpenter asked the question, because recently there had been considerable discussion regarding the connection between chronic diffuse nephritis and general fibroid degeneration of the arteries.

Dr. Carpenter had in a number of cases found no evidence of general fibroid degeneration of the arteries in chronic Bright's disease. In other cases it was present.

Drs. Pruden and Waldstein concurred in this statement.

Acute Primary Suppurative Nephritis.

Dr. L. E. Holt presented the heart and kidneys of a child dead at the seventh month after suffering three weeks from an acute disease, having previously been strong and healthy. The symptoms at first were obscure, but later there were all of the evidences of meningitis. There also appeared in the urine after the first examination, which was negative, albumen, casts in great abundance, pus and blood. As there was a

family history of tuberculosis, and there were pulmonary signs. Dr. Holt diagnosticated acute general miliary tuberculosis. But the post-mortem examination revealed no tubercles anywhere. There was cerebral congestion, and three ounces of fluid in the ventricles; moderate broncho-pneumonia; and marked acute suppurative nephritis, which was believed to have been primary—a rare condition.

The question as how one could collect the urine of young children being raised, Dr. Holt said he employed a clean sponge placed under the diaper. He thought it was not uncommon for children to cease passing urine for as many as twelve hours, without other cause than perhaps a nervous one.

Dr. Newcomb said with regard to the administration of antipyrine, which was employed in this case, that a friend of his gave two grains to a child under six months, and dangerous symptoms of collapse developed. The child recovered, however.

THE BALTIMORE ACADEMY OF MEDICINE.

Stated meeting held March 16, 1886.

Myopia, with Intense Squint.

Dr. J. J. Chisolm said that myopia, with intense squint, was very rare, the reverse being the rule. He has, however, lately had a case with a most pronounced convergent strabismus and a high degree of myopia. He operated three times in the usual way, and was finally obliged to not only do a tenotomy on the internal rectus muscles, but in addition to stitch the ball to the outer angle of the eye in order to keep it in its straightened position. By this procedure one eye was straightened, but the other still has some squint left. The myopia was congenital, and the high degree of squint was brought about by the very short range of vision.

Pedunculated Growth of the Labium.

Dr. H. P. C. Wilson showed a pedunculated growth of about the size of a hazelnut that he had removed from the labium of a young woman. He takes it to be one of the common moles. He removed it because it gave rise to considerable irritation when she walked. It grew from the skin surface of the labium.

Dr. J. Edwin Michael referred to a case he had reported some time since of a similar growth of about the size of two fists that grew from the left labium majus. It was attached by a pedicle of about the size of the thumb. When in the recumbent posture the growth lay close up between the thighs, but when standing, its elasticity permitted such stretching that by its own weight it hung down almost to the knees. He removed it, and recovery took place without any accident. When he first saw it, it was sloughing at its lower part, probably from a bruise. He has always been at a loss to understand how the woman had become pregnant, with a growth of such a size in such a position.

Dr. Hiram Woods read a paper on

Foreign Bodies in the Orbit,

and related a case in his own practice.

DISCUSSION.

Dr. J. E. Michael has never, in his experience, seen an orbit that he thought could accommodate a piece of wood 3.3 inches long without one end sticking out.

Dr. Woods is unable to find a skull in which the orbit exceeds two inches from before backward. He read the original report of the case referred to, as quoted by Lawson in his book on "Injuries to the Eye Orbit and Lids."

Dr. J. J. Chisolm some years since treated a man who had been stabbed with a penknife through the upper eyelid into the orbit; the lid wound healed kindly, but the orbit wound began to give trouble; he removed later from the socket tissues a piece of knife blade over an inch long. No injury to the ball.

Dr. W. C. Van Bibber had seen some years since a case of tetanus in a man who had the disease as a result of a foreign body in his foot. He had fallen upon it from a distance, and the metal had become imbedded in the tissues. The size was so great that he preferred not to estimate it then, as he did not have the foreign body at the meeting with which to corroborate his statement.

Dr. P. C. Williams saw in one of the Paris hospitals a man who had been shot under the right eye, and the ball came out behind the left ear. He recovered.

Dr. J. J. Chisolm has seen these injuries destroy both sight and hearing, without destroying the brain. He had once removed a splinter of hard wood from a man's cheek. It had remained in this position, just below the eye, for nine years, without giving rise to any trouble whatever.

Dr. Chas. H. Ohr had seen a man in whose flank a ball had entered, splintering the spinous process, and coming out behind the hip-joint on the opposite side.

Dr. J. E. Michael has no doubt of what *has* happened; but certainly, lately—that is,

in the last four or five years—all the gunshot wounds that he has seen, if fired from a pistol of any size, were remarkable for the *direct* course taken by the ball. It may be due to an improvement in the kind of firearms now in use, or in the ammunition, but certainly in his cases the ball has passed straight through all the tissues.

He cited the Garfield case as a result of what may be done with the 38-calibre English bull-dog pistol, the weapon most commonly used.

Dr. C. H. Ohr thinks deflected bullets are usually partly spent, or else are feebly propelled. He does not believe a ball will usually be deflected, if properly propelled and fired at close range.

He had seen a case of a man who held a pistol in his hand, and directed it into his thigh, just above the internal condyle of the femur; the ball passed straight through the joint and came out below the head of the fibula.

Dr. P. C. Williams thinks the angle at which a ball strikes a tissue has much to do with the direction it takes afterward.

Dr. J. J. Chisolm thinks short range will explain the frequency of straight wounds in civil practice.

Dr. J. E. Michael had recently seen a man who had, in attempting suicide, fired four small balls (22-calibre) into his head; none of them penetrated the skull.

(*To be continued.*)

Editorial Department.

Periscope.

The Influence of Kairin, Thallin, Hydrochinon, Resorcin, and Antipyrin on the Heart and Blood-vessels.

Chemists, for a number of years, have been industriously experimenting, hoping to find a way to produce quinine artificially. The result has been the discovery of a number of substances, some of them belonging to the phenol series of organic compounds, and possessing to an eminent degree the power of reducing hyper-pyrexial temperatures. Of these, kairin, thallin, hydrochinon, resorcin, and antipyrin, have all been found to reduce abnormal temperatures to a greater or less degree, in almost all febrile disorders promptly, though perhaps not permanently. An experimental inquiry into the probable relations of these new antipyretics to the circulatory apparatus has been made by Dr. H. G. Beyer, and the results, which he gives in an elaborate article on the subject in the April number of *The American Journal of the Medical Sciences*, justify an attempt to solve the problem.

The experiments have been arranged into two groups:

1. Experiments on the work done by the heart when isolated from the central nervous system.

2. Experiments on the blood-vessels: on the flow through the vessels of animals the brains and spinal cords of which had been destroyed; on the lingual vessels of curarized frogs.

In addition to this, a short account of the influence of these drugs upon the corpuscular elements of the blood and the coagulation of blood is given.

Dr. Beyer's experiments show that kairin reduces temperature, both by diminishing heat production and by increasing heat radiation. The distinctive influence it exerts on the red blood-corpuscles, however, and the weakening effect upon the heart, render its employment objectionable and dangerous.

Thallin, like kairin, reduces temperature by diminishing heat production, and by increasing heat radiation; as an antipyretic it is less dangerous, but no less objectionable, than kairin, for while its effect upon the ventricle of the heart is less depressing than that of kairin, its influence upon the blood-corpuscles is sufficient to condemn it.

The action of hydrochinon is similar to that of kairin and thallin. Resorcin reduces the temperature by increasing heat radiation by the dilatation it produces in the capillaries and veins, especially the latter.

Antipyrin reduces temperature purely by increasing heat radiation, owing to its extensively dilating the veins and capillaries; but what stamps it as an excellent antipyretic is that, besides dilating the veins, it also has a tonic influence on the heart and slightly increases arterial pressure, or, at any rate, does not cause a diminution of the same. It has, moreover, no injurious influence on the blood or the muscular tissues, and strengthens the auricles.

The objection to the employment of kairin and thallin as antipyretics arises from the fact that they cause heart paralysis, espe-

cially affecting the auricles, in doses only slightly larger than are sufficient to produce a lowering of the temperature. But this objection becomes an absolute danger when we take into account the destructive influence upon the blood-corpuscles and tissues generally.

Hydrochinon and resorcin, although not exerting the same weakening and directly paralyzing influence upon the ventricle of the heart which is peculiar to kairin and thallin, both paralyze the venous side of the heart, viz., the auricles, and greatly lower the tone of the walls of the veins. The extra amount of blood, therefore, which is driven into the veins through the increased action of the ventricle, is only with great difficulty returned to the ventricle, and here the danger is not so much from failure in the power of the ventricle, as in the case of kairin and thallin, as from the danger of *bleeding the animal to death into its own veins*. The intense visceral and especially pulmonary congestion found post-mortem by Dujardin-Beaumetz and others, in animals killed by resorcin, seems to confirm this view of the matter.

Antipyrin, though largely dilating the veins, increases the power of contraction of both auricles and ventricle, and has no injurious influence upon the blood nor the muscular tissues, and therefore possesses, indeed, all the good qualities of a perfect antipyretic.

Lactic Acid as a Destroyer of Pathogenic Tissues.

The *Annals of Surgery* says:

Since Mosetig-Moorhof's favorable results with this agent (*Centbl. f. Chirg.*, 1885, No. 12,) various other observers have made use of it, in lupus, superficial epithelioma, papillomatous growths, fungous processes, scrofular ulcerations, laryngeal phthisis, etc. Its advocates claim that it is not a true caustic, but selects diseased and spares healthy tissue. Wherever its application is practicable, it is consequently to be preferred to curetting.

The acid is a syrupy liquid miscible with water. Though not considered necessary by some, its action may be confined by covering surrounding parts with plasters, collodium, or traumaticin; fats are an impediment. It is applied on linen, felt, or the like, either pure or reduced with water, or mixed as a paste with pure pulverized silicic acid. It may be applied with a brush, but does not then act as rapidly. It is further recommended to bind it on with rubber, paper, or other confining material. It causes considerable pain for a few hours (Bum says 1-3) and is usually removed in twenty-four or less.

Joseph (*Deut. Med. Woch.*, 1885, No. 43,) cured a leucoplakia buccalis with 80 per cent. diluted lactic acid. Schnitzler reported at the September Naturforscher-Versammlung his experience with it—not very favorable—in tuberculosis of the larynx. Krause, of Berlin, has also used it in this affection, and Jellinek (*Wien. Med. Wochenschrift*, 1885, No. 46), in Schrötter's clinic, has for some months given it a more thorough trial. For this purpose he prefers a 20 to 80 per cent. solution. The healthy mucous membrane is but slightly affected, while infiltrated portions are slowly destroyed. The more succulent the infiltration, the more vigorous the action; œdematous parts shrink in three or four days, and troubles in deglutition are rapidly relieved. Most favorably affected were small ulcerations, especially on the vocal cords; larger sores were only prevented from further growth. In ulcerous, granular and hypertrophic pharyngitis he had good results. In nasal troubles simple brushing does not suffice; longer contact is necessary. J. believes that in laryngeal phthisis by daily applications more can be accomplished with this than with any other remedy, and that in its earlier stages it can thus be cured.

Bum (*Wien. Med. Wochenschrift*, 1885, No. 47) has for several months been employing it in fungous, *i. e.*, tubercular disease of soft parts—skin, subcutaneous tissue, lymphatic glands—in dispensary practice. The unhealthy granulations are reduced to an easily reducible pulp; the walls of the cavity do not bleed; after two or three applications, with intermediary pauses of two days, a permanent dressing of iodoform gauze is used, abundant healthy granulations develop, and a smooth, soft scar results. Lactic acid will attack healthy as well as unhealthy epidermis, but in the subdermal tissues it seeks out fungous nests and destroys them. B. gives short histories of nineteen cases in patients from 1 to 52 years of age. There were eight males and eleven females; eight ulcers, seven fungous and four fistulous. The average number of acid dressings was three, and the average time of cure twenty-five days, or, deducting one who removed dressings, but nineteen and eight-tenths days. No failures, and up to date, six weeks to five months later, no relapse.

Finally, Mosetig has returned to the subject again (*Wien. Med. Wochenschrift*, 1885, No. 48), with the demonstration of good results in a large facial epithelioma in a man æt. 55, and an ulcus rodens on the face in a

women æt. 60. In the former he had made twenty-six applications in a month, and in the latter he had made twenty already. In caries he finds it excellent, good demarcation being produced, and there being less liability to relapse than after curetting. He has tried injections of the acid, ½ to 1 gram. of a 50 to 70 per cent. solution. Whether relapses may yet occur, he, of course, cannot say.

A Modification of Fehling's Solution for Testing for, and Estimating Sugar in Urine.

Dr. F. Cresswell thus writes in a foreign exchange:

I have always found that the chief inconvenience in using Fehling's solution for estimating sugar was that it would not keep for above a few weeks at the outside, and in hot weather it frequently became untrustworthy in a much shorter time. This trouble is owing to the readiness with which the sodium and potassium tartrate undergoes decomposition. I have therefore tried to dispense with the use of this salt, and I think have succeeded thoroughly in the following manner: After trying several organic substances which were not prone to decomposition in an alkaline solution, I have found that glycerine answers best. It completely prevents the precipitation of copper sulphate by caustic potash or soda, and the solution will keep for an indefinite time in an open vessel—in fact, until the caustic alkali becomes converted into carbonate, and in a stoppered bottle seems quite permanent.

I find that grape-sugar reduces somewhat less copper from the glycerine solution than from the tartrate solution, and that uric acid will scarcely attack it, whereas it was one of the chief causes of fallacy in Fehling's test.

The best method of preparing the solution is as follows: Take about 35 grammes of copper sulphate, and dissolve it in 200 cubic centimetres of glycerine and 100 cubic centimetres of water; then add 80 grammes of sodium hydrate dissolved in 400 cubic centimetres of water, and boil the whole for fifteen minutes. This is necessary, as all the specimens of glycerine which I have met with contain a small quantity of some substance capable, at a boiling heat, of reducing an alkaline solution of copper. After boiling, the solution is made up to 1 litre with distilled water, and allowed to stand until it is clear. It must be standarized by a solution of grape-sugar of known strength for accurate determination, and is sure, if made as above, to require diluting. If it only be required for rough clinical purposes, the above quantities may be diluted to 1250 cubic centimetres; 10 cubic centimetres will then be approximately equal to 5 centigrammes of sugar.

The process is carried on in exactly the same way as the well-known method of Fehling; 10 cubic centimetres of the copper solution are mixed with 50 cubic centimetres of water, and boiled in a small flask, and the solution of glucose (which should not contain more than one per cent.) is slowly added from a burette, the contents of the flask being kept steadily boiling until the original blue color of the solution has entirely disappeared; the quantity of the solution used must then have contained 5 centigrammes of sugar. Diabetic urine usually requires diluting to one-fifth or one-tenth, in order to reduce the sugar below one per cent. For example, 10 cubic centimetres of a diabetic urine were dilated to 100 cubic centimetres, and transferred to a burette; 10 cubic centimetres of the copper solution require for complete decolorization 26 cubic centimetres of this diluted urine; 2.6 cubic centimetres of the original urine, therefore, contain 5 centigrammes of sugar, or 100 cubic centimetres would contain 1.92 grammes, or 1 ounce (437.5 grains) would contain 8.4 grains of sugar. In the quantitative examination of urine for sugar a few drops of the copper solution are mixed with about 5 cubic centimetres of water and boiled, about ten drops of urine are added, when, if sugar be present, on again boiling for a few seconds, the characteristic brick-red hydrated suboxide of copper will fall.

I hope the above will prove especially useful to country practitioners, who seldom require to test for or estimate sugar, and who, when they do, by using the above solution, will escape the annoyance of finding their testing solution decomposed and useless. I have had some of the above solution in an ill-stoppered bottle for between four and five years, without any signs of decomposition.

Typhoid Fever; Death Eight Months after from Ulcers of the Intestines and Diseased Kidneys.

Mr. Lockwood thus writes in the *Medical Press*, March 17, 1886:

Ellen C., æt. 22, was admitted into the Sheffield Public Hospital on October 22, 1885, under the care of Dr. Thomas, to whom I am indebted for permission to relate the following notes of the above case:

On admittance, she said that she had been in the infirmary at the Firvale Workhouse six months ago with typhoid fever, and Mr.

Kilham has kindly furnished me with the particulars of her illness there, together with the temperature chart.

"Was admitted into the Union Infirmary on May 20, very anæmic, not much purging during the first few days, but afterwards had five or six motions per diem, of the usual typhoid character. About the end of June she had severe pain in the lower part of the abdomen, swelling and some hardness and some dullness over the left ovary and broad ligament, very tender on pressure, and due (Mr. Kilham thought) to inflammation of the above structures. With opiates and fomentations the pain and swelling subsided in a few days. There did not seem to be any tumor internally, but she was not examined per vaginam. After all her pain and diarrhœa had disappeared, she was kept in bed for a good month, because her temperature was high. She said that she felt all right and wanted to get up. On July 25, she was put on the citrate of iron and quinine, and became stronger every day, and was discharged at her own request September 13, after four months' residence. Her temperature was invariably high at night. She had not been unwell whilst an in-patient, and had no cough."

She was thus admitted under Dr. Thomas one month after leaving the workhouse infirmary, having tried to resume her work, but failed, and the old pain returned in the abdomen, she lost flesh and had constant diarrhœa, with sickness and pain in the back.

On admission, her condition was as follows: Very pale and anæmic, much emaciated, diarrhœa, abdomen tympanitic all over, with great tenderness over both iliac regions, and a swelling in the left one and gurgling in the right. The case was diagnosed as either relapse of the typhoid with peritonitis, or else tubercular peritonitis, but she had no lung sickness.

During the whole of her stay in the hospital her symptoms remained fairly consistent. She lost flesh, had diarrhœa of an intermittent character, the stools at times stained with blood, vomiting especially during the latter part of her life. She sank gradually, and died on December 28th, two months after her admission, and eight months from the commencement of her illness. She was examined per vaginam, and the uterus was found to be firmly fixed, hot and tender to the touch. There was albumen in the urine, but not to a large amount, and the heart and lungs were normal.

Post-mortem was made twenty-four hours after death. On opening the abdomen, the omentum was scanty, and the walls of the intestines extremely thin and almost through in one or two places. All the pelvic organs were firmly adherent, and could not be separated. The right ovary had apparently undergone cystic degeneration, as had also the left one. On opening out the ileum, seven or eight ulcers were found, specimens of which are shown, extending from the cæcum up the ileum for about two feet, but there were none elsewhere.

Kidneys.—The left kidney was of great size and had the appearance of a large white kidney. The right kidney was completely riddled with cysts, and its supra-renal capsule was of great size, very like the appearance of those bodies in Addison's disease. All the other structures were normal.

Remarks on Colloid Degeneration of the Skin.

Dr. Robert Liveing thus writes in the *Brit. Med. Jour.*, March 27:

Three cases of a rare degeneration of the skin have come under my observation during the last few years, to which I desire to call the attention of those who are interested in dermatology. Unfortunately, all three cases occurred in private practice; and I have been unable to exhibit them, or even to make a microscopic examination; therefore all my remarks will be simply clinical.

I will preface these remarks by saying that a similar disease or degeneration has been referred to by Wagner, under the name colloid milium, and by Besnier as "colloid degeneration of the skin." Duhring says "the disease is characterized by numerous disseminated, small, pin-head sized, discrete, rounded, flat or slightly raised lesions, of a pale or bright lemon color. They are shining and translucent, and have the appearance of being yellowish vesicles. Their appearance, however, is deceptive, for they are of firm or solid consistence. When pricked with a needle, or opened sufficiently deep to cause bleeding, a whitish, or yellowish, transparent gelatinous substance may be expressed." He also says that it resembles xanthoma, but the lesions differ in being bright and translucent. With this latter remark, I entirely agree. In each of the three cases that I have seen, the first glance led me to believe that I had before me a case of xanthoma, and suggested to me the name colloid xanthoma. A careful examination, however, satisfied me that the disease was not xanthoma, or at all events that, if the little growths were originally

xanthomatous, they had undergone, and were undergoing, remarkable changes from their original condition, and quite unlike those usually seen in xanthoma.

The first case I met with was in a young woman; of this case, I lost sight. The second was in a man; the disease attacked his face and neck, and ran its course in about a year; he at last quite recovered. The third instance was in a girl of about 16, in whom the face, neck, and arms were attacked. The following brief description taken from my notes of one of the cases, will apply pretty nearly to the other two. The little growths are scattered about the face, neck, and upper arms, and many of them are undergoing metamorphosis; there are, however, one or two very perfect ones on the back of the neck. They consist of small, slightly raised, yellowish tumors, varying in size from a large pin's head to a split-pea, somewhat flat, of solid or semi-solid structure, but from being translucent, they look as if they contained fluid; minute vessels are seen round the margin of some of the larger ones; the appearance of these reminds one of the rodent ulcer in its earliest stage, though the resemblance is in appearance only. These little tumors undergo change by the formation of a central depression, so that many are umbilicated, the depression gradually becoming a shallow, crater-like excavation; and, lastly, they inflame, scab, and dry up, leaving a mark, but not a defined scar. The changes which they undergo remind one of those seen in molluscum contagiosum, but the general appearance is not very like that disease, and could not be mistaken for it.

It would be interesting to determine the two following points with regard to the disease: (1) where, and under what circumstances, the disease originates, whether from previously healthy skin; or (2) whether the degeneration may not occur in more than one disease of the skin, such as, for example, milium, xanthoma, and molluscum contagiosum.

Pure Terebene in the Treatment of Winter-cough.

Dr. C. W. Suckling says in the *Brit. Med. Jour.*:

Upon seeing in the *British Medical Journal* for December 12, 1885, Dr. Murrell's eulogistic account of the action of pure terebene in winter-cough, under which name, I presume, he includes all cases of chronic bronchitis and emphysema, also cases of chronic phthisis, but not those cases depending upon heart disease, I determined to give the drug a trial in the Birmingham Workhouse Infirmary, where a great number of such cases are met with during the winter months. I had for some years previously frequently ordered terebene inhalations for the relief of urgent dyspnœa in these cases, but had never administered the drug internally. I accordingly prescribed pure terebene, obtained from Messrs. Southall & Co., the well-known Birmingham chemists, in 100 cases, giving five drops every four hours, increasing the dose to ten drops in a day or two, with the following results:

Of the 100 cases, 94 were cases of chronic bronchitis, and 6 of chronic phthisis. Of the cases of chronic bronchitis, 68 were relieved, and 4 of the cases of phthisis; that is 72 per cent. of all the cases were benefited. Several of the cases were "greatly" relieved. Twenty-eight patients were not relieved; 11 complained of nausea, 11 of headache, 10 of thirst, 2 of vertigo, 2 were purged, 1 complained of a burning sensation at the stomach, and 1 that he was always passing his urine. The symptom most constantly relieved was dyspnœa. The 72 patients benefited all said that the medicine eased their breathing, but many asked for medicine in addition to ease the cough.

I compared the above results with those obtained previously by our routine method of treatment, which consists in prescribing a mixture of ammonia and senega (℞. Ammoniæ carbonatis, gr. iij.; tincturæ scillæ, ♏xv.; tincturæ camphoræ co., ♏xv.; infusum senegæ, ad ℥j.), with the occasional addition of a few grains of iodide of potassium if expectoration were difficult, and of a small quantity of lobelia if dyspnœa were marked, many cases also being given cod-liver oil, the latter being, in my opinion, one of the most useful of all drugs in the treatment of chronic bronchitis. I collected the prescription papers of 100 cases that had been treated during the last few weeks before I commenced the terebene treatment. Of the 100 cases, 28 were discharged well, the chest being perfectly clear; 68 were discharged relieved, and 4 left the infirmary unrelieved. None of them complained of any ill-effects of the remedies used.

The great majority of the cases treated in the infirmary were old people, who had suffered from bronchitis for years. Of course, the mere admission, from their wretched homes, of these patients, into warm wards, with good food and nursing, will account for a great deal of the relief given, but this holds good in the case of the terebene as with the other drugs given.

I feel obliged to conclude, from my experience with terebene—

1. That it greatly relieves the dyspnœa of chronic bronchitis.

2. That it is very variable in its action, the same specimen causing good results in some, bad symptoms in other patients.

3. That it is by no means a specific for chronic bronchitis.

A Note on Lewinin, the New Local Anæsthetic.

Dr. N. A. Randolph thus writes in the *Med. News*:

In the editorial columns of the *Med. News* of February 13, 1886, there is given a brief account of the physiological properties of a semi-fluid resin obtained from the root of piper methysticum.

In the method employed in obtaining it (extraction by petroleum-ether) two resinous bodies are obtained, the resin of lesser density only being efficient. To this body Lewin, its discover, applies in his original communication the rather cumbrous title of "Alpha Kawa Resin," for which I have ventured to substitute the name Lewinin, as above.

Although I have not been able to obtain, in my experiments with the extract in question, results as marked as those presented by Lewin, several points of clinical interest have arisen, which will, I think, be of interest.

When the semi-fluid Lewinin is placed upon the tongue, there is a momentary burning sensation with increased salivary secretion, followed by a local numbness, which, while extremely superficial, is recognizable for more than an hour. Some pallor of the mucous membrane at the point of application is noticeable. I have several times swallowed about five grains of the extract thus placed upon my tongue, without apppreciable results other than those noted.

Lewinin is too painfully irritating to apply in practice to the human conjunctiva, but it is my belief that, by the previous application of cocaine, the Lewinin in solution could be instilled into the conjunctival sac, and produce its characteristic effect of prolonged local anæsthesia before the more temporary effect of the former drug had passed off.

The extract will probably be of service in dental practice, as its application certainly mitigates the discomfort of operations on the teeth of those suffering from sensitive dentine.

The most marked practical benefit, however, to be expected from the use of the drug is in cases where only a relatively superficial anæsthesia is desirable. Thus, as would have been expected, the drug is of value in rhinological practice.

Dr. Harrison Allen, to whom I handed a fifty per cent. alcoholic solution of Lewinin, kindly reports that, in practice, he has found a number of cases of nasal trouble in which the drug could not only be availably substituted for cocaine, but in which its action was more satisfactory.

The extract just discussed was prepared for me something over a month ago by Mr. Llewellyn, of this city, and was, I believe, the first specimen of the drug produced in this country.

Dislocations of the Shoulder-Joint.

Dr. Thomas H. Manley writes to the *Medical Record* that his experience during the past year with luxations of the shoulder has led him to regard the accident as a much more serious one than is generally supposed. It is impossible to tell from inspection, immediately after dislocation has occurred, how easy or how difficult its reduction will be; and after repeated attempts at reposition have been made without success, another effort, perhaps by another surgeon, may be followed by the desired result. He says that of ten cases seen by him in the past year, eight were subglenoid, and were easily reduced, while 2, which were subcoracoid, were absolutely irreducible. In the successful cases ether was used only once, its administration being required on account of the severe pain. In one of the irreducible cases, occurring in an epileptic, the effect of ether was to cause a tetanic rigidity of the muscles, which, at times, became so general and so marked as to interfere with respiration. The writer believes that ether is seldom required, despite the generally accepted opinion to the contrary. Its principal value is to relieve pain, but it is questionable whether the relaxed state of the muscles which it induces is of any real value to the surgeon in the majority of cases. Dr. Manly sums up with the following conclusions: 1. The surgeon should not attempt the reduction of a dislocated shoulder without the aid of an experienced assistant. 2. Without great caution in manipulation and care not to use violence, he may very seriously injure the joint by lacerating the tissues, or fracturing the bone. 3. With the best directed efforts, some dislocations of the shoulder cannot be reduced.

THE

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RESORCIN IN SKIN DISEASES.

Resorcin has recently been repeatedly employed in acute and chronic diseases of the skin. Dr. M. Ihle, in Leipsic, has specially investigated the effect of this drug in various chronic exanthemata, and from his report, published in the *Monatsch. f. pr. Dermat.*, 12, 1886, we extract the following results of his observations:

Though an excellent remedy in some skin affections, resorcin, in Ihle's opinion, must be cautiously employed. It purifies wounds, ulcers, etc., causes their pains to disappear and diminishes rapidly any existing lymphangitis or lymphadenitis. This can easily be explained. The lymphatic vessels and the glands in all these swell in consequence of an inflammatory condition due to the absorption of the infectious material that has given rise to the ulcer, etc. As resorcin is a reliable disinfectant, by destroying the germs of the virus it soon puts an end to any inflammation caused by the latter. In acute exanthemata, resorcin mostly is too irritating; in chronic skin diseases it is far better, but must be omitted as soon as the degenerated and thickened epidermis has become dry and dropped off. Especially good is the effect of this remedy in herpes tonsurans and in sycosis parasitica; in the latter disease it even causes the falling out of the diseased hair, so that the latter need not to be pulled out. Instead of the usual fatty ointments, I. prefers the application of a porous paste, as follows:

℞. Resorcini puriss., 10.0.
Ungt. paraffini., 50.0.
Zinci oxydat.,
Amyli. āā 25.0.
M. f. pasta.

Whenever, for some cause, the quantity of the resorcin has to be increased, less starch and zinc must be used to preserve the pliability of the paste. As soon as all formation of pus has ceased, it is necessary only twice to thrice a week to apply the paste as thickly as possible with a camel's-hair brush, and to cover it with cotton-wadding. Usually the treatment is commenced with ten per cent. of resorcin, which is gradually increased to twenty-five and even up to fifty and eighty per cent. With the diminution of the inflammation, this percentage of resorcin is in the same ratio decreased. If the cure seems established, the patient should still continue to apply a three per cent. paste, first daily, and later two to three times a week. He may then, also, recommence to shave himself, while during the time of treat-

ment the hair should be cut only with scissors.

Just as certain as in this disease is the effect of resorcin in other infectious diseases, as in pityriasis versicolor and eczema marginatum. In alopecia areata and that form of seborrhœa which is accompanied by falling out of the hair (seborrhœa cum defluvio capillorum), the falling out of the hair and the intolerable itching may at once be stopped by the daily application to the diseased skin of a piece of flannel over which the following paste has been spread:

℞.	Resorcin. puri,	5.0—10.0.
	Ol. ricini,	45.0.
	Spirit. vini,	150.0.
	Bals. Peruvian,	0.5. M. S.

Pointed condylomata may be rapidly removed by the daily application of a resorcin salve containing 50 to 80 per cent. of the drug. They drop off painlessly, and broad ones too, generally with remarkable rapidity, but care must be taken to protect the neighboring healthy tissues by layers of cotton-wadding.

The only objection to resorcin, especially when it has to be used for a long time and in considerable quantities, is its high price, three ounces costing the apothecary nearly two dollars. Impure preparations are useless and irritating; but the impurity can be easily recognized, as perfectly pure resorcin has a white color, which at once changes to yellow, when the least adulteration is practiced, or when the action of light and air has decomposed the drug.

HEADACHE IN CHILDREN ATTENDING SCHOOL.

As a rule, any child attending school and complaining occasionally of headache, is at once sent by the conscientious physician to an oculist to determine the condition of the eyes. In the January meeting of the St. Petersburg (Russia) Medical Society, Prof. Bystrow, of St. Petersburg, mentioned a number of observations which he had made in a girls' normal school, and on several other children attending private schools. In the normal school were 375 girls, and of these 27 per cent. suffered with headache. Of 7478 girls and boys attending school and observed during a period of five years, 868, *i. e.*, 11.6 per cent., were found to be affected with headache. The older the children the more frequent and violent the pain in the head, so that of the children between 14 and 18 years old, from 28 to 40 per cent. were found to complain of headache. B. explains this occurrence by mental overstrain, to which the children in modern schools are exposed, for he met with this ailment not only in children visiting public schools, but also in those who, surrounded by the most favorable hygienic conditions, received private instructions at their homes.

B., for this reason, expresses the view that in every school-board a physician should be a member to give his advice as an expert. His remarks gave rise to an animated discussion. Prof. Polotebnau thought that the miserable hygienic conditions, as they now exist in schools, were mainly responsible for many a disturbance of the health of the children attending these schools; while Dr. Akulow believed that in most cases anomalies of refraction were the primary cause for the headache.

The hygienic conditions in our public schools are doubtless far superior to those of Russia, but in the practice of the writer of these lines many cases in the children attending the public schools and suffering with headache, showed no abatement of the pain whatever after the children had been supplied by an expert with the proper glasses, while diminished studies and greatly increased out-door exercise had the desired effect. We believe that in our schools the memory of the children is taxed too early and too persistently.

Notes and Comments.

Dentition in Infantile Pathology.

That children specially suffer during the critical period of dentition has long been recognized as a fact, but the question has never been determined what the influence is that causes these disturbances. The article is, therefore, interesting which Ségournet has published on this subject in the *Revue Mens. des Malad. de l'Enfance*, September, 1885.

S. carefully watched 113 children during their period of dentition; forty-seven evinced no general disturbance (S. did not consider local affections of the mouth); five suffered from bronchitis; fifteen times convulsions occurred, partly followed by nervous, cerebral, meningitis, or spinal symptoms; forty-one were affected with gastro-intestinal maladies, and five had skin diseases. *All the accidents occurring during the period of teething mostly are a product of which dentition generally is only a factor.* S. compares dentition with other transient functions—gravidity and menstruation—which, according to the peculiarities of the organism, exert a varying in-

fluence upon it. He proves by figures the favorable influence which the fact of the children being nursed by their own mother has upon dentition, and believes that the first necessary condition for a normal dentition, unaccompanied by any morbid disturbance, is that of the child receiving its first and only nourishment from the breast of its mother. A peculiar urine is often met with during the period of dentition in children. It is a milky febrile urine of acid reaction, clearing up under boiling, and free from sugar, albumen, and fat. Eclampsia usually occurred in children fed by the bottle, or otherwise unsuitably nourished, or in such whose parents were nervous, or who had hysterical mothers, or who were rhachitic or very stout.

Skin diseases happened only in children in whom a hereditary influence of that kind could be proven to exist, while affections of the respiratory organs are explained by the fact that the irritation of dentition induces vaso-motor disturbances, which give rise to these catarrhal conditions, while in cases of gastro-intestinal symptoms some predisposing or directly existing cause besides the dentition was invariably present.

A complete knowledge of the family history and of the individual tendencies of the child will enable us, according to S., to prevent these complications during dentition, though all our endeavors will mostly be in vain, if we cannot insist upon the child's being supplied with nutrition by its natural food—the milk of the mother, or in case the physical condition of the latter is not one of the best, that of a healthy wet-nurse.

Urethral Fever, with a Record of Three Fatal Cases.

Mr. F. S. Edwards, who writes on this subject in a foreign exchange, believes that this fever is nearly always caused by some disturbance of the urethra, and notably of its fixed part. The mere emptying of a distended bladder is insufficient to give rise to this fever; because it is not met with, after relief of the bladder either by rectal or by suprapubic puncture. Statistics indicate that, contrary to Sir Andrew Clark's opinion, the tendency to urethral fever is not lessened by the use of anæsthetics in urethral operations. During the past three years at St. Peter's Hospital, urethral fever, generally the acute transient form, followed in exactly fifty per cent. of all strictures operated upon under anæsthetics. In fifty-nine cases without anæsthetics, rigors followed in only eighteen. As regarded internal urethrotomy, anæsthetics were given forty-seven times, followed in twenty cases by rigors. This operation was also performed forty-seven times without an anæsthetic, rigors occurring in only nineteen cases. Three fatal cases were related; in the first, there was a sloughy, false passage, and commencing endocarditis. In the second, hemiplegia and death followed the passage of a bougie in an old man strictured for nine years. In the third, internal urethrotomy had been performed, and death from septic poisoning occurred on the fifteenth day. In conclusion, the author remarks that he has never known rigors follow division of the meatus or of anterior strictures, where the deep urethra has been left untouched. Urethral fever might be due either to local irritation, or to absorption, and probably, in some cases, to both combined. In certain stricture cases, the mere passage of a bougie was followed by rigors, which did not recur after the division of the stricture. If, in these cases, the rigors and rise of temperature were due to absorption, it was hardly possible to explain the non-recurrence of these symptoms when a wound of the urethra had been subsequently inflicted, and the conditions made eminently favorable for absorption. Such cases of fever were probably of neurotic origin. The occurrence of urethral fever might be avoided by puncturing the bladder through the rectum before performing internal urethrotomy, in order to divert, for a time, the urinary stream, and thus to keep the urine from contact with the wound, for it was by this contact that urethral fever was excited.

Thallin.

Dr. Janssen, in an article in the *Weekblad van het Nederlandsch Tijdschrift voor Geneeskunde*, mentions that he has had a favorable opportunity, in the military hospital at Helder, for testing the value of thallin. He used exclusively sulphate of thallin, dissolved in alcohol and water. This solution possesses an aromatic taste and smell, and is perfectly harmless, both when inhaled and when taken internally. It has a strong antibacteric action. The average dose given was one gramme. Dr. Janssen observed seventeen cases of malarial fever; in sixteen the thallin was of less use than quinine, since it produced no permanent effect on the disease, only serving to prevent or shorten attacks; but, when its use was discontinued, the fever returned. The indications for the use of thallin Dr. Janssen does not consider

to be numerous. In regard to antipyretic treatment, thallin should be preferred in those cases only where the temperature attains such a height as to endanger life; and, even then, he is of opinion that cold baths are better. If, however, circumstances exclude the use of cold baths, thallin is of great service, acting quickly and producing no dangerous symptoms. There is no injurious effect on the kidneys. Thallin is preferable to kairin, which produces numerous complications and unpleasant results, yet gives an extremely short period of apyrexia. It is also preferable to antipyrin, which must be used in large quantities, and, when used as an injection, is apt to produce vomiting. Dr. Janssen states that he has seen a scarlatinal patient, after an antipyrin injection, seized with violent collapse; and that another patient, who had taken 5 grammes of antipyrin, exhibited symptoms of cardiac adynamia. Antipyrin is, however, superior to thallin in the duration of the apyrexia produced. Dr. Janssen has found thallin of great service in phthisis, as very small doses control the fever.

Etiology of Scrofula in Early Childhood.

Dr. J. Comby (*Woch. Gen. de Med.*, October, 1885,) has made a special study of scrofula in early childhood. He observed the dyscrasia in 100 cases, 25 times in children under two years of age. There appeared to be no difference between girls and boys, and lymphatic temperament, instead of being the cause of the disease, was simply its first manifestation. The malady seemed to be especially frequent in the children of parents who had been formerly living in the country, and later moved into a large city. Malnutrition forms the main factor in the etiology of scrofula, for not only does it give rise to the disease in those by nature disposed to it, but it will develop even that very disposition. C. reports in his article a large number of cases in illustration of the facts mentioned.

Of the infectious diseases which create a tendency to scrofula or directly produce it, measles seem to be the most prolific. Next to measles and in the order enumerated come variola, typhoid, whooping-cough, and erysipelas. Regarding the question whether scrofula is contagious or not, C. contends that there is not a single case on record that proves such a theory. Inoculations with the virus of scrofula taken from suppurative scrofulous glands have partly been successful, partly not. It is difficult to demonstrate the presence of bacilli, and often when inoculation had been successful no bacteria were to be found.

Concerning treatment C. has nothing new to recommend. The etiological factors in many cases being known, it is the duty of the physician to prevent their occurrence, but here we find a serious obstacle in the fact that the disease attacks mainly the children of those who have not the means to employ the preventive measures most urgently needed.

Pericarditis and Pertussis.

One of the most interesting articles that have of late appeared in foreign journals, is one of Prof. Giovanni Racchi (*Arch. di Path. Infant.*, 5, 85). He attended a child suffering from whooping-cough. Soon capillary bronchitis and broncho-pneumonia developed as complications, and became so grave as to cause the death of the infant, four weeks old.

The post-mortem examination revealed not only the lesions above mentioned, but also a purulent pericarditis. As this disease in the manner in which it occurred in the infant happens only in cases of infectious diseases, R. first read the literature on the subject, and found that while whooping-cough is rare in young children, it occurs more frequently during the first few months of life than later in the first year. In cases where death set in, a frequent occurrence during early childhood, tubercular meningitis, peritonitis and pleuritis always accompany the pertussis.

R. thought, therefore, that the infection may first set in from the umbilicus; that whooping-cough was an acute infectious disease resembling miliary tuberculosis; and that the complications, as for instance, the pericarditis, were the direct consequences of the same virus, which in some cases was of a milder, in others of a graver nature, just as the poison of variola may give rise to the same disease, but of varying intensity, in different individuals.

To determine the question, R. took some of the purulent discharge and brushed it over the mucous membrane of rabbits. On the third day in some, on the fourth, fifth, and sixth day in other rabbits, the animal commenced to suffer from sudden attacks of coughing; during the next eight or ten days these seizures became more and more convulsive, and led to attacks of suffocation, and finally the animal died. The post-mortem revealed the same lesions in the pericardium, and in some rabbits also meningitis and pneumonia developed.

The virus taken from these animals in again others also gave rise to convulsive and suffocative attacks of coughing gradually increasing in severity, and with a period of incubation of twelve to fourteen days. Some of the animals, when killed in the third week, showed redness of the pericardium; otherwise the effects were milder but of the same nature.

R.'s investigations form the most important contribution of recent times to our knowledge of the pathology of whooping-cough and of its etiology.

Supernumerary Breasts and Nipples.

In the *Vratch*, No. 47, 1885, Dr. V. G. Favre describes two cases of polymastia and a case of polythelia, which recently have come under his observation in the Zemsky Lying-in Hospital, in Kharkov. One of the patients, an otherwise normally developed, strongly-built peasant, aged 30, had three accessory mammæ, two of which were situated symmetrically along the right and left anterior axillary lines, immediately above the normal glands; their respective dimensions being 11 by 8 and 5 by 5 centimetres. A third accessory gland, of the size of a walnut, was found at the bottom of the right axilla, nearer to the anterior wall of the fossa. Only the largest gland had in its centre a slightly elevated pigmented patch, the remaining being entirely nippleless. On pressure, all three freely yielded milk, which proved, microscopically and chemically, identical with the secretion of the patient's normal glands. In another patient, aged 21, only one accessory mamma of the size of a walnut was present; it was situated in the left axilla, nearer to the anterior axillary line, had no nipple, and secreted normal milk. In a third patient, aged 32, the left mamma had an accessory nipple placed below the normal one, and separated from it by a furrow, about 5 centimetres broad. It was comparatively smaller, but milk was flowing from it in abundance. According to Dr. Favre, his cases are the first of this kind published in Russia. A series of similar cases is mentioned in Dr. R. Neale's *Medical Digest*, Sect. 15–98. A valuable review on the subject, by Dr. Alban Doran, may be found in the *London Medical Record*, August, 1885, page 319.

Sprained Joints.

Before the Harveian Society of London, Mr. Edmund Owen read a paper upon this subject, in which he urged that a sprained joint should be dealt with on the same principles as those which guide the surgeon in his dealings with a fracture at or near the articulation. He advocated rest and compression for the joint, and maintained that if only the part be at once enclosed within a plaster-of-Paris casing, with even compression, effusion will be prevented, and pain allayed. He employed Croft's method of applying the gypsum splints, and urged its adoption in preference to lotions, ice-bags, simple bandaging, and strapping.

Mr. Gant would recognize two classes of sprains; those in which the tendons were affected, and those in which the ligaments only were injured. He related a case in which the extensor tendons had been torn by the foot being doubled under the leg. Passive movements should be employed early, even though pain was caused thereby.

Mr. Kiallmark advocated the use of American plaster, applied at once, instead of evaporating lotions. He would allow passive movement as soon as it was possible without pain.

Mr. Pick thought it difficult to decide when to begin passive motion, but he should generally begin early and persevere, using evaporating lotions at first. He referred to the use of very hot water in recent sprains on the stage.

Mr. Vasey mentioned the successful use of clay mould applied at once round a sprained joint.

Mr. Owen, in reply, observed that he would be guided by the heat or coldness of the joint, and not by pain, in deciding to begin passive motion.

Precautions to be Adopted in the Removal of Residual Urine.

Mr. E. Hurry Fenwick, in this paper, which he read before the West London Medico-Chirurgical Society, laid special stress upon three great causative features:

1. The reflex vaso-motor disturbance of the kidney set up by irritation of the posterior part of the urethra and the vesical nerve-plexuses.

2. The introduction of septic material upon, within, or through the catheter.

3. The injurious effects upon the badly-nourished, thin-walled vascular system of the kidney and bladder on the sudden withdrawal of its accustomed water-pressure counterpoise.

A week's rest in bed, cocainization of the prostate and membranous urethra, aseptic catheterism, the withdrawal, little by little, of the residual urine, and the replacement of

the same by antiseptic solutions, were precautions invariably adopted by Mr. Fenwick in introducing a patient to catheter-life.

Mr. Dunn, in the course of some observations, said that it was not necessary to admit that all rigors following catheterization were the result of septic infection. Some of these could be accounted for by attributing them to the manifestation of latent ague; and perhaps this would explain the rigors which have been regarded as having a neurotic origin. Sir James Paget had shown that an agueish attack might be provoked by an operation, many years after the patient had suffered primarily from the disease.

Compound Fracture of the Patella; Partial Necrosis of one Fragment; Recovery with a Movable Joint.

Mr. G. R. Turner read a paper on this subject before the Harveian Society of London. A fireman, aged 32, was admitted into the Seamen's Hospital on June 1st, 1885, with a compound transverse fracture of the patella. The cavity of the joint was open through a contused wound two inches and a half in width, from which blood was exuding, the patellar fragments being separated by about half an inch to one inch. Thorough cleansing under antiseptic precautions—the limb being fixed on a straight posterior splint, with the wound left open—constituted the first treatment. A blood-clot subsequently was found to be projecting between the fragments, but it was not disturbed. At the end of the sixth week, a small sequestrum came away from the lower fragment. He made an excellent recovery, and was discharged in October, with power to flex the knee nearly to a right angle, the fragments being then separated by about an inch and a quarter and by three quarters of an inch when the limb was extended. In his comments upon the case, the author referred to the slight separation of the fragments in cases of compound fracture, possibly due to the escape of fluid from the joint; to the aseptic course of the case, notwithstanding partial necrosis; and to the question of treatment, in which he gave the preference to the expectant plan, as opposed to wiring.

Case of Tuberculosis of the Skin.

A strumous boy, under treatment in Westminster Hospital, London, with supposed Barbadoes leg, was seen by many visitors to the International Medical Congress, when it met in London, in 1881, and no exception was taken to the diagnosis. The boy had never been beyond the environs of London. He died two years later (aged 18) of a bronchial affection, and a portion of the thickened skin was secured for microscopic examination. There was found to be general hypertrophy of skin; the dermis was thickened from overgrowth of its connective tissue, and the presence of collections of lymphoid cells; in many places there were aggregations of both large and small lymphoid cells, and among them numerous giant-cells, the spheroidal masses thus formed being practically indistinguishable from tubercles, such as were found in the liver and kidney; in the lymphatics, a red staining showed the presence of a small bacillus in great numbers, colonies being also found around the aggregations of lymphoid cells. The case was compared by Dr. Richard Hebb (who reported it), with one reported by the late Dr. Tilbury Fox, where the appearances and history were similar, but the microscopical specimens showed no trace of tubercle.

Great Distension of the Gall-bladder, Treated by Aspiration.

Such cases as the following, which Dr. Irving reported to a recent meeting of the Chester (England) Medical Society, are not common:

The patient, a woman, aged 60, of previous good health, was suddenly seized with severe epigastric pain, gradually spreading to the right hypochondrium, with tenderness. There were slight jaundice and an area of dulness in the region of the gall-bladder, both of which increased. The icterus decreased, but the motions remained pale. A syringe, inserted into the dull area, drew off a light brown fluid. Three days afterwards, there was much bulging, extending over the right side as far as the crest of the ilium. Sixty-two ounces of a yellowish-brown, partly viscid, fluid were withdrawn by an aspirator, with great relief. The faeces still remained pale, but, five days later, there was a copious evacuation per rectum of fluid similar to that aspirated; and, except on one day in which there was a rigor with pyrexia, the patient made a rapid and uninterrupted recovery. The fluid contained a sediment consisting mostly of cholesterine and bile-pigment.

Perforating Ulcer of Foot.

Of late we have several times called attention to this condition, and now we note that Mr. C. Atkin read a paper on this subject before the Sheffield Medical Society, and drew attention to the peculiar deformity of

the toes met with in some instances, a condition originally described by Mr. Bigg and Mr. S. Jones. A man was shown suffering from well marked ataxy, whose toes were not only very much shortened and twisted, but were in parts ankylosed. The existence of this peculiar condition, and the fact that perforating ulcer was often a premonitory symptom of locomotor ataxy, had been strangely overlooked in several recent textbooks on medicine and surgery. The case shown, taken in conjunction with two instances of Charcot's joint disease exhibited last year, proved that perforating ulcer could undergo spontaneous cure, as all three cases presented several scars of previous ulcers. Mr. Atkin considered that this fact ought to make surgeons very chary of advocating such serious operations as removal of bone or amputation of the foot.

Manure-heaps and Diphtheria.

M. Ferraud, in an article published in *Lyon Médical* for March, traces some relation between manure-heaps and epidemics of diphtheria, a disease more frequent in rural districts than in towns and cities. Statistics in Scotland and Prussia show that the rate of mortality from diphtheria is highest in rural districts. In Lyons, the outskirts and surrounding country suffer most. Manure-heaps do not exist in the urban districts, but are plentiful in the suburbs and adjacent country. These heaps consist of various obnoxious and infectious kinds of residue. Klebs, of Zurich, has observed the deadly influence of these manure heaps. He states that diphtheria, on one occasion, appeared on the day following a general street-cleaning. It may safely be concluded that the accumulations of dirt and refuse, known as manure-heaps, are formidable factors in the etiology of diseases among rural populations. M. Ferraud urges that the authorities in agricultural districts should enlighten the peasants on this subject. Manure should be kept in closed wells made of stone and glazed with bitumen, so constructed that all fluid filters away from the solid matter.

Protection from Phthisis.

The Conseil d'Hygiène et de Salubrité of Paris, at a recent meeting, adopted the following decisions: As the sputum of tuberculous patients contains the most active agent of transmission of tuberculosis, it ought not to be thrown on the floor or ground, nor allowed to cling to linen. Patients should use spittoons containing sawdust, which should be emptied at least once a day, and washed with boiling water. The sawdust should be burnt in the fire. These rules should be rigorously observed in schools, workshops, barracks, and hospitals. When a hired room has been inhabited a long time by a phthisical patient, it should be disinfected, more especially if death occur. The room, bed, and bedding should be disinfected by sulphur, according to preceding directions issued by the Conseil. The clothes of phthisical patients should not be used, until they have been washed and disinfected by overheated steam.

Cholesterine in Retina.

To the Sheffield Medical Society, Mr. Snell introduced a boy, aged 10, with cholesterine in the retina. He had been observed to be blind at two years of age. Now there was detached retina, which was much thickened at all parts, but especially so at the nasal side (right eye), where even the naked eye detected the glistening cholesterine plates, which were rendered very distinct with focal illumination or the mirror. The plates were clearly fixed in the retina, which appeared a little wavy at parts. Mr. Snell remarked on the unusual condition, and said that cholesterine had been found in most parts of the eye.

Brass-founder's Ague.

In a foreign exchange Dr. Suckling relates the case of a man who had worked in brass for twenty-six years. The casting-shop was immediately under the room in which the man worked; and whenever any casting was done, the dense fumes given off always made him ill, causing shivering and sweating, very frequently also vomiting, pains about the chest and limbs, and bronchial catarrh. The man had a well marked green line on the teeth, close to the gums, and his hair was of a greenish tint. Dr. Suckling met with the disease very frequently among the out-patients of the Queen's Hospital, and he found that iodide of potassium gave relief.

Rupture of Liver and Kidney.

In the *Brit. Med. Jour.*, March 27, Mr. Haslam relates a case of ruptured liver and right kidney, due to a kick on the abdomen from a horse. The patient, a man aged 29, had no symptoms indicative of a serious lesion until after five days; he was then seized with shock and collapse, his abdomen became distended, and there was suppression of urine.

He died after twenty hours. At the post-mortem examination, about half a pint of blood was found in the peritoneal cavity; this probably came from the damaged under-surface of the liver.

Lead-Tremor.

To the Midland Medical Society Dr. Suckling showed a man, a lapidary, who had suffered for years at times from lead colic. A week before coming to the hospital, he noticed trembling of the hands, which came on somewhat suddenly, and obliged him to give up work. There was marked rhythmical tremor of the hands and forearms on extension, ceasing during rest: also wasting of the thenar muscles, and some weakness of the extensors of the wrist. There was a well marked blue line on the gums.

Correspondence.

On "Emission of Semen as a Means of Diagnosis of Death by Hanging."

Eds. Med. and Surg. Reporter:

With no desire to have my name paraded frequently in the journals, still, it seems to me wrong to allow the statement, or insinuation, that there is an ejaculation of semen in every case of death by hanging, as the literary history of the subject will not bear out such a statement.

Twenty-six years ago I had much to do with the conviction and hanging of a notorious murderer. At that time I was well aware that some authorities spoke of such a discharge as an evidence of death, and I took special pains to investigate the matter.

When death had taken place, as I was the one selected by the sheriff to decide the matter, and before the body had been taken down, I made a careful examination of the urethra and found *not the slightest evidence of any discharge* whatever.

I also examined the parts afterwards, with the same negative result.

Klein (*Jour. de Med. prat. de Hufeland*, 1815,) speaks of this symptom as an evidence of death by hanging thus: "I did not perceive the semi-erect condition of the penis and emission of semen in any of the cases examined."

Beatty says, in *some* cases examined by him he found them wanting. "But as erection and emission are not constantly found in hanged persons, we cannot accord to this phenomenon much value as an indication of death by strangulation, unless accompanied with other characteristic signs, for it has been found in other forms of violent death."

Somewhere I remember to have read (and I regret that I cannot now turn to the authority) that at the hanging of fourteen criminals there was observed a *discharge of urine in five*, and a secretion which, upon careful examination, proved to be *prostatic*, in nine.

In 1839, at Lancaster, in your State, a man was executed, from whose penis there was ejected a fluid, which, after being scientifically examined, proved to be *mucus*.

So that I think we cannot depend upon this seminal discharge as any evidence of death by hanging unless strongly corroborated.

D. Colvin, M. D.

Clyde, N. Y., March 29, 1886.

Treatment of Rhus Poisoning.

Eds. Med. and Surg. Reporter:

I would say in reply to C. E. D., that the treatment which I always adopt, and have never known to fail, is as follows:

R.	Hyposulphite soda,	℥j.
	Aquæ distil.,	℥viij.
	Carbolic acid,	℥iss.
	Glycerine,	℥ss. M.

Shake well, and use as a wash three or four times a day, or as often as necessary.

At the same time that I order the wash I prescribe for internal use:

R.	Iodide potassium,	℥ij.
	Aquæ distil.,	℥vij.
	Syrup,	℥j. M.

Sig.—Dose, a tablespoonful four times a day (after eating and at bedtime).

I consider the internal use of the iodide of potassium of great benefit in the treatment of rhus poisoning, and these prescriptions usually promptly cure my patients without the necessity of repeating them. It is said that the rhus owes its poisonous properties to an acid which it contains, and this external and internal alkaline treatment neutralizes that acid, according to my experience.

J. B. Johnson, M. D.

Washington City, D. C.

Neuralgia Cured with Cocaine.

Eds. Med. and Surg. Reporter:

During September, 1885, Mr. Y——, a commercial traveler, came to my office suffering with neuralgia affecting the nerves supplying the temporal and orbital regions. He informed me that he had been subject to attacks of it more or less frequently for twenty years, and for the last few years he

had hardly known what it was to be free from pain, which was often so intense that he was obliged to resort to the inhalation of chloroform for relief. As he was at this time suffering intensely, I suggested the use of cocaine hypodermically for the purpose of rendering temporary relief. To this he readily assented, and two-thirds of a grain was injected midway between the external canthus and the ear on the affected side.

Relief was obtained in a few minutes, and up to this time he has never had a symptom of the old trouble.

I may add that his profound gratitude for deliverance from this life of torture prompted him, in addition to paying the usual office fee, to send me an *eighty-five cent key of mackerel*. "Such are the rewards of a noble profession." C. S. McClain, M. D.

Marionville, Mo., March 23d, 1886.

News and Miscellany.

London Dust.

Mr. Millar, the vestry clerk to St. George the Martyr, Southwark, has proposed to Sir Robert Rawlinson a comprehensive scheme for dealing with the dust and refuse of the metropolis. His suggestion is to reclaim the useless land from Tilbury to Southbend by removing to it all the refuse of London. The government for this purpose would have to engage wharves along the river which would be used as shoots by the various vestries and district boards, whence the dust would be conveyed to its destination by small tugs and barges. The cost of conveyance to Tilbury he proposes should be paid by a metropolitan rate, and the cost of reclaiming the land by the government. Mr. Millar's scheme will certainly commend itself to these who regard this subject from the public health point of view, but it could not be carried out without interference with certain industries. Brickmakers would argue that the present system which is carried on in London dust-yards is necessary for the purpose of enabling them to manufacture bricks for the growth of London. Farmers have learned to depend upon London road-sweepings and "soft core" for manure; and last, but not least, contractors have learned to make sufficient profits out of London dust to make their influence felt by local authorities. But this industry is less remunerative than formerly, and as a result there is often a tendency on the part of the contractor to leave the dust in dust-bins rather than devote it to the uses we have indicated. Hence, there has for some time been a growing feeling that some radical change was necessary in the method of dealing with the waste material of this large city. Efforts have been made by more than one metropolitan medical officer of health to bring to the notice of his sanitary authority the advantages of burning house refuse in some such manner as that practiced in the north of England. Vestries have been taught continually that they must learn to think of dust-removal in its health rather than its economic relations. But the influence of the contractor and the force of custom have always stood in the way of any alteration of procedure. Mr. Millar's scheme will, we hope, revive the whole subject. Subject to regular removal from houses, the money cost of dealing with refuse is an important consideration, and it is obvious that every effort would be made to utilize the material in some way that would make as much return as possible for the money expended in its collection. Mr. Millar calculates that the metropolis now pays £120,000 annually for this purpose. If his scheme be such as to cost no more than this, it is even then worthy of consideration, for the removal from houses would not then be dependent, as now, upon the requirements of the brickmaker or the farmer.

Explosive Drugs.

The *Cinn. Lancet and Clinic* says it is well known that the manipulation of certain pharmaceutical remedies or their preparation, may through ignorance or carelessness give rise to explosions which, if they do nothing more, are calculated to make the manipulator seriously consider the desirability of changing his occupation. The list of them is rather formidable, and we may be doing a good service in bringing a few of them to the notice of the profession, the members of which have quite enough worries of their own to enable them to dispense with any unnecessary and avoidable sources of excitement.

Without alluding to the elementary precautions to be employed in the manufacture and dispensing of nitro-glycerine, the now fashionable remedy, thanks to the advocacy of Dr. Murrell, we may call attention to the liability of mixtures of chlorate of potash and sulphur to explode on percussion or attrition. This is a constantly recurring accident, and yet it is one known to every schoolboy. Further, a mixture of chlorate of potash and caoutchouc has been known to explode when used as a tooth-powder. Not

long since, the fall of a bottle of lycopodium in a chemist's shop at Strasburg was followed by an explosion, as a result of the highly inflammable powder taking fire at the gas-jet. Elsewhere a druggist who was engaged in drying some hypophosphite of calcium over a sand bath was killed by the explosion. Oxalate and citrate of calcium are also liable to explode at a high temperature. Permanganate of potassium in combination with any organic substance is apt to explode spontaneously, and a mixture of chlorate of potassium, chloride of iron, and glycerine, has exploded in the pocket of the patient who carried it. A chemist at Paris prepared ozone with powders composed of equal parts of peroxide of manganese, permanganate of potassium, and powdered oxalic acid. Every precaution was taken, but the powders had not long been mixed before the bottle containing them was blown to atoms.

Quite recently a medical man wrote a doleful letter to a contemporary narrating his experience when endeavoring to manufacture terbene by acting on oil of turpentine with pure sulphuric acid. An explosion followed, and although, owing to his having taken care to envelop the bottle in a towel, nothing worse happened than serious damage to a new pair of trousers, he thought it his duty to warn others against this particular experiment.

Iodine, treated with ammonia, forms when dry a compound possessing violent detonating qualities, which has several times proved fatal.

Staining Wood.

On staining wood a writer in an exchange gives the following directions:

A good mahogany color can be had by dissolving maroon lake in water, adding a piece of potash about as large as a walnut to a quart of water, plenty of the color. This will give a good mahogany imitation on any wood, and can be used to darken the mahogany if so desired. Oak or ash may be stained brown by using linseed oil and benzine half and half, and burnt umber or Vandyke brown incorporated with this. Maple can be stained green grey by using copperas in water; oak will also be changed to a dark green blue through the same agency, the effect on ash being various shades of olive green. Ammonia applied to oak produces the bronze olive tint now used so much by architects. Staining by the fumes of ammonia results in all shades from light olive to the rich deep brown of extreme age. This method is considered the best for imparting to oak or mahogany the appearance of age; and for those wishing to avail themselves of an easy, clean, and certain means of gaining the result, fumigating offers no serious obstacle to its accomplishment, the articles necessary being easy of acquirement and at small expense.

Procure for your use a box sufficiently large to receive the article; any well-made packing box will be suitable, providing the joints or seams are close. Next get some strong full-strength liquid ammonia, not the diluted article of the druggist, pour some in a shallow receptacle—such, for instance, as a deep plate; place this in the bottom of the box, so that the fumes will rise and surround the object to be stained; close the box securely, so that the fumes will be confined as much as possible. When the article is small, of course the box need not be large—the smaller the better, for then you will not require so much ammonia. You can see how the staining progresses by wetting a portion from time to time; otherwise the change of color would not be perceptible. All that is now necessary is to leave the ammonia to do the work, remembering that the longer the exposure the darker the hue will be.

Mortality in the State of New York.

The total number of deaths during 1885, in the State of New York, was 80,407, of which 30,027 (or 37.3 per cent.) were of children under five years of age. The ratio per 1,000 of deaths from all zymotic diseases to the total mortality was 222.17, against 269.12 for nine months of 1884. This diminution was largely in typhoid fever and the diarrhœal diseases; the conjoined ratio per 1,000 from these diseases being 104.07, against 146.40 in 1884. As these are especially controlled by the public hygienic improvements, this indicates the efficiency of the sanitary work that has been done, and is emphasized by the ratio of diphtheria, which depends largely upon domiciliary conditions; namely, 56.06 per 1,000 total deaths in 1885, and 47.65 in 1884. These three typify the filth-diseases. There was no material change in the other zymotic diseases. Estimating the present population of the State at 5,400,000, an annual death-rate of 20 per 1,000 would give 108,000 total mortality. The reported mortality, with about 3,000 death-reports received after the bulletin is issued, and the mortality of Buffalo, account for about 88,000 deaths. During the year, about

5,000 more deaths were reported than in 1884, indicating that more local boards are organized, and that the returns are more complete.

Infantile Menstruation.

The *Semaine Médicale* publishes the history of a case, observed by Dr. Mengus, of a little girl of 23 months who menstruated regularly. The child was well formed and fully developed for her age. The menstrual flux proceeded from the genital organs; there was neither lesion, neoplasm, nor a foreign body to explain this. The hymeneal membrane was absent; examination could extend to the cervix uteri, which was excessively developed for a child of that age. After three days the catamenial flow stopped, and reappeared three weeks later on. The child presented signs of puberty, which increased after the second menstruation; the breasts were as developed as in the mobile period; the pelvis presented the signs of commencing puberty, and the skin lost the satin-like surface peculiar to children, and presented the rougher one characteristic of puberty in young girls; loss of blood weakened the child at first, but a few tonics restored her normal condition; she continued to menstruate regularly and have perfect health; she is now three years and a half old, precocious and intelligent, and measures 1.15 mètres in height, the stature of a child of seven. Her brother presents all the symptoms of cretinism.

Daltonism Amongst French Railway Officials.

Dr. Worms, medical officer to the Chemin de Fer du Nord, has recently published a report, and presented it to the Academy of Medicine. Among 1,173 railway officials whom he examined, in 224 the visual power for colors was imperfect, independent of any other lesion; 118 hesitated in distinguishing the different colors, 41 distinguished red easily, but confounded green, blue, and gray; 4 were perfectly color-blind; 63 confounded red, green, and gray. Those who presented an alteration of chromatic power sufficient to prevent clear distinction of signals, were not entrusted with the care of a train. The examination of railway servants before they are employed by the company, excludes men with Daltonism from being employed in running the trains. Dr. Worms states that the proportion of color-blind subjects was 5 per cent. Many others, however, did not distinguish colors clearly. These officials had been submitted to an examination previous to that made by Dr. Worms, who suggests that color-exercises should be included in public instruction.

Antiseptic Surgery.

In an able paper on this subject, recently read before the New York Academy of Medicine, Dr. Stephen Smith says:

"Cleanliness is the one great object sought to be attained in all operations. Whatever may be the final conclusion of scientific students as to the cause of putrefaction in wounds, practically it is determined that the surgeon may, with the most absolute certainty, protect an ordinary open wound from suppuration. To effect this object, he finds that he has simply to resort to those measures which are known to secure perfect cleanliness of the wound. The agents now relied upon and found efficient are:

"1. Soap and water to external parts.

"2. Carbolic solutions for the instruments.

"3. Bichloride solutions to all surfaces and tissues.

"4. Iodoform for external dressings.

"We may summarize the conditions regarded as essential to success as follows: that is, *a clean operator, clean assistants, a clean patient, clean instruments, clean dressings.*"

A Strange Disease.

According to the medical man who writes in the Chinese consular reports, near Changehow, "there is a form of hysterical disease or mania among adult males. The patient acquires the impression that his abdomen is inhabited by some animal, often a rat, whose excursions cause violent pain. Unheard-of efforts are made to expel the intruder, and often the savings of a whole family for a lifetime are wasted away on bonzes, sorcerers, and other quacks, in hope of obtaining relief for the sufferer. It is reported that in many cases death occurs from suffocation in the course of a violent convulsive paroxysm. The patient leads a double life, marked by the use of two voices of different timbres. As a rule his disposition alters in correspondence with the change of voice. Morally and mentally he is a different being in the two states. Whatever occurs during the period betokened by the unnatural voice is totally forgotten during the normal period."

Gonorrhœa in the Family.

M. P. Aubert contributes some facts to the *Lyon Médical* which show that gonorrhœa introduced into a family by the erring

husband may affect not only the wife, but children. Mme. X—— sent to him her little daughter, aged four, suffering from "whites," and Dr. Aubert found that she had gonorrhœa, with numerous gonococci in the secretions. The mother had herself suffered from excessive leucorrhœal discharge for several days, and she stated that her husband had had a discharge for some weeks. The family attributed it all, says Dr. Aubert, to some bad wine which had been used. In a second instance, father, mother, and little girl, all had the gonorrhœa. Here it was established that the mother, while suffering from the discharge, twice took her daughter into the bath with her. It was thought that the contagion came in this way.

Misfortune to the Graduates of the Jefferson Medical College.

After the college commencement, which was held on April 2, the Faculty gave a banquet to the newly-made doctors at Natatorium Hall. A temporary floor had been placed over the basin fixed for swimming in the west end of the room. On the temporary floor stood a piano, around which a number of doctors were standing. Suddenly the floor gave way, and about twenty-five of the party fell with the piano and the débris to the bottom of the basin, a distance of twenty feet. Three persons were seriously hurt, but there was no fatal injury.

Polygonum Aviculare.

Dr. Roschtschinin, of St. Petersburg, at the late Congress of Russian Physicians, spoke highly of the value of Polygonum aviculare (L.) in bronchial catarrh and asthma. According to the investigations of Werner, the plant contained considerable quantities of an alkaloid. The speaker employs an infusion of the plant, 30 grm. pro litre, of which a glassful was to be taken thrice daily with milk, kefir, or sweetened water. Chronic bronchial catarrhs were said to disappear in from 10 to 30 days. It was also useful in whooping-cough, but of no service in phthisis, although it was largely used as a vulgar remedy for the disease in Russia.

A Curious Trial.

A singular case has just been decided by the Paris Civil Tribunal. Dr. Peyrol, head surgeon at the Hôtel-Dieu, claimed 800 francs for extracting a bullet from Mme de Beauregard, who had accidentally shot herself. The claim was disputed on the ground that the plaintiff stated erroneously that the bullet was lodged in the right thigh, besides which, she had been attended by two other medical men. The tribunal overruled the plea, believing that it mattered very little whether the bullet was on the right or the left side, so long as the patient's sufferings had been relieved; and the medical man therefore won his suit.

Items.

—Bronzes, or more correctly, metallic powders resembling gold dust, were invented in 1648, by a monk, at Furth, in Bavaria. He took the scraps or cuttings of the metallic leaves, then known as Dutch leaf, and ground them with honey. This roughly-made bronze powder was used for ornamenting parchments, capital letters in Bibles, choral books, etc.

—It is said that there are at present at the various German universities no fewer than 157 professors between the ages of seventy and ninety. Of these, 122 deliver their lectures as usual. The oldest is the veteran Von Ranke, the historian, who is now in his ninetieth year, but is not considered fully equal in vigor, memory, and other faculties, to Professor Elvenich, who is thirty-nine days his junior.

—"I say, doctor," said a citizen, "do you know how Jim Bullard is getting on since he left town?"

"Jim was shot and killed, poor fellow, only last week."

"Is it possible!" exclaimed the shocked citizen; "where was he shot?"

"In the lumbar region, I believe."

"In the lumber region? Why, I understood that Jim had gone to the oil region."

—A woman once consulted Abernethy for an ulcer on her arm, and when asked, "What ails you?" exhibited the sore without speaking. "Poultice it, and take five grains of blue mass every night; come back in a week!" The woman offered the usual fee, which the surgeon refused. At the end of the week the patient appeared, and the same pantomime occurred. After a few more visits, the doctor looked at the arm and pronounced it well. The patient again offered a fee. "No," said Abernethy, "I will take nothing. You are the most sensible woman I ever met. *You don't talk!*" A few months afterwards he discovered that the woman was *dumb*.

MARRIAGE.

KELLEY—HINDS.—April 1, 1886, at Lynchburg, S. C., Dr. Thomas R. Kelley and Clara, daughter of Mr. William Hinds.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1521.] PHILADELPHIA, APRIL 24, 1886. [Vol. LIV.—No. 17.

Original Department.

Lecture.

CONGENITAL DISLOCATION OF THE HIP-JOINT—EXCISION OF THE HIP-JOINT.*

BY H. R. WHARTON, M. D.,

Surgeon to the Children's Hospital, Instructor in Clinical Surgery in the University of Penna., Assistant Surgeon to the University Hospital.

The first case I shall bring before you to-day, is this little girl, five years of age, whom I will ask to walk to the table so that you can observe her method of locomotion.

You notice she walks with a decided limp on the left side, and also that there is tilting of the pelvis, and that her gait is a peculiar waddling one.

I now have her undressed, and ask her to stand upon the table, and you see that the left limb is decidedly shorter than the right, and that when the weight of the body rests upon the left foot, the pelvis is tilted. You see also a projection of the left buttock, most marked a little below and behind the anterior superior spinous process of the ilium, and that the limb is adducted, so that the deformity we have here clearly resembles that seen in the third stage of hip-joint disease. In addition, on examining the most marked portion of the swelling, just mentioned, you see that there is some redness of the skin, and upon palpation I can detect a sense of fluctuation, so that the appearances are strongly those of an abscess, which is not an uncommon complication in the stage of coxalgia of which this patient presents the symptoms.

Now, when I place her in the recumbent posture, and grasp the affected limb firmly, and make extension, you see that I am able to overcome the shortening, and you will also notice that the projection on the buttock has in a measure disappeared.

I am also able to abduct, adduct and circumduct the limb, and to flex it by the use of little force and without causing the patient the slightest pain.

If I now withdraw the extending force, the shortening re-appears, and also the marked prominence on the buttock; and upon examining further, I find that the great trochanter has assumed a position behind and below the anterior superior process of the ilium, as may be proved by measurements according to Bryant's or Nelaton's line.

The prominence here upon the buttock is due to the head of the bone in this abnormal position, and also the development of an adventitious bursa in the tissues over its location, so that, I think, we have here a case of the so-called congenital dislocation of the hip-joint, and not one of coxalgia, as might, upon a superficial examination, be supposed. In this diagnosis, Prof. Ashhurst, who examined the case yesterday and referred her to the clinic to-day, concurs.

As regards the pathology of this so-called dislocation of the hip-joint, I think at the present time that all authorities agree that it is due to a malformation or want of development of the acetabulum which allows the head of the femur to slip upon the dorsum of the ilium, the capsular ligament being much lengthened and thickened.

The older theories of its production during fœtal life by uterine contraction and that of its traumatic origin during labor are

* Delivered in the Children's Hospital.

now generally disregarded, for if due to either of these causes, the head of the bone would be outside of the capsular ligament, which is proved not to be the case in the specimens that have been carefully examined post-mortem.

This condition is not generally recognized until the child begins to walk, and is then often mistaken for coxalgia, a mistake one might easily make unless a careful examination were made. You noticed the awkward gait this child exhibited in walking, and this is even more pronounced when both hip-joints are involved—when the waddling gait is most characteristic. When these cases are allowed to go about without any apparatus, we have developed a compensating spinal curvature from the tilting of the pelvis.

As regards treatment, the result to be obtained is not very satisfactory; various apparatus has been devised with the object of fixing the head of the bone in its normal position, and allowing a certain amount of motion so that it might form for itself an articular cavity in which the head of the bone might rest and be held by the thickening of the surrounding tissues. Dr. Buckminster Brown, of Boston, has reported one very good result of this kind, but the time and apparatus required to obtain such a result would only render it possible in a few selected cases.

The wearing of a pelvic belt with pads so arranged as to fix more or less completely the head of the bone has been recommended, but upon the whole, I think that those who have had the most experience with these cases advise the use of a high shoe on the affected limb to prevent tilting of the pelvis and its consequent compensating spinal curvature, and rest in the recumbent posture for a portion of the day.

So we will order for this little girl a shoe with a sole and heel one and a half inches high, and after she has worn it for a month we will ask her mother to bring her back to the hospital, so that we may see the result of the use of this appliance.

EXCISION OF THE HIP-JOINT.

The next case I bring before you is this little girl, aged nine years, who has been a patient in the hospital for some months, being admitted during the latter part of the summer suffering from coxalgia of the left hip-joint complicated with an immense abscess which occupied the anterior and lateral regions of the thigh. After her admission this was evacuated by aspiration, and she was put to bed with extension, but the abscess refilled and was then treated by a free incision and the introduction of drainage-tubes to secure free exit for the purulent matter.

The purulent discharge was very profuse, and as the child began to show marked symptoms of exhaustion, the question of excision of the hip was considerered at this time; but as the weather was very warm, an unfavorable condition for operation in this class of patients, we thought it better to defer operative interference at the time. Fortunately, she improved slowly from this time in her general condition, and she now has arrived at that point where we think the operation of excision of the hip may be performed with a fair chance of benefiting her condition.

You will notice on examining the case that there are several openings from which pus is discharged, one just below the great trochanter and one on the anterior surface of the thigh, which represents the point of opening of the large abscess of which I spoke. You will also notice marked deformity of the affected limb, which consists in great shortening and adduction of the limb, with eversion of the foot and a prominence upon the dorsum of the ilium, which is due to the fact that there has been in this case a spontaneous dislocation of the femur.

This spontaneous dislocation of the femur in the latter stages of hip-joint disease is not an uncommon accident, and is due to several causes, namely, to separation of the head of the bone at its epiphyseal line, to distention of and ulceration of the capsular ligament, and to muscular action combined with these conditions. Mr. Barwell remarks upon the suddenness of its occurrence, and this has been my experience, and in this case it occurred in the intervals of my daily visits.

The patient being etherized and turned upon her side, I will make the excision to expose the head of the bone, and the incision I make here is the one recommended by Heyfelder, and is the one we generally use in this hospital, as it gives a free exposure of the part to be removed, and leaves a wound, the edges of which can be brought into nice apposition.

It starts a short distance above the great trochanter, parallel with the fibres of the gluteus maximus muscle, is carried down to the great trochanter, then in a curve below it, and is brought forward to the line of the femur, and is finished by a straight incision. I now expose the great trochanter, and in dividing the muscles inserted into it and any fibrous adhesions which exist, use a probe-

pointed knife. Having divided these by manipulation of the limb, I next turn the head of the bone out of the wound. I now remove the head of the bone and great trochanter by sawing across the femur just below the great trochanter with a metacarpal saw, and you notice in examining the part removed, that the head and neck of the femur are represented only by an irregular mass of carious bone. I now explore the acetabulum, and find in it the separated head of the bone, which I remove with my fingers; as the acetabulum seems perfectly healthy, it requires no treatment. If I found carious bone in this location, I would remove it freely. I now round off the sawed end of the femur with bone forceps, and bring the thigh down into position, and find enough bone has been removed to allow the limb to be placed in fair position.

I now tie several small vessels which bleed, and you will notice that the amount of blood lost during the operation has been very small. I now wash out the wound with a one in forty solution of carbolic acid, and introduce a drainage-tube and bring the edges together with a few points of interrupted suture, and then apply an antiseptic gauze dressing and hold this in position by broad straps of adhesive plaster.

An adhesive plaster extension apparatus is now applied to the leg, and the child is put into her bed and lateral support is given to the limb by means of sand-bags. You notice the limb is kept well abducted, an important point in the after-treatment of these cases, and as the patient exhibits some symptoms of shock resulting from the operation, her temperature will be maintained by surrounding her with hot water cans, and she will be given small doses of carbonate of ammonium at frequent intervals, with the object of overcoming this condition.

The after-treatment of these cases consists in dressing the wound as frequently as is necessary, and keeping the limb in good position.

The results obtained after excision of the hip-joint are usually good, as regards the usefulness of the limb, and our object is to obtain fibrous union of the sawn surface of the femur with the pelvis in the region of the acetabulum, and by this means to secure a fairly movable false joint at this position. To encourage the formation of this as soon as the wound is solidly healed, we will practice passive motion, and encourage the patient to move the limb with the same object in view.

The immediate results of excision are generally very good, but in a large number of completed cases you will find that the mortality is not insignificant—many cases dying of exhaustion, following the profuse suppuration, or of visceral disease, the result of this; and in some cases recurrent caries occurs in the femur or acetabulum, for which a re-excision has been performed with satisfactory results.

In view of the mortality resulting from this operation, and it is a serious one in cases whose constitutional condition is such as you see here to-day, we in this hospital do not practice early excisions, but reserve the operation for cases in the later stages of the disease, when the patient's life is endangered from this cause, or when, as in the case you have just seen, there is great deformity associated with the previous condition, which, even if recovery took place, would leave the patient with a useless limb.

So that upon the whole we adopt a conservative method of treatment, endeavoring to obtain a cure if possible, even if some deformity results, and when the active symptoms of disease have subsided, we then correct this deformity by means of subcutaneous osteotomy of the femur in Gant's line, that is just below the lesser trochanter of the femur, which is a comparatively safe operation, and gives excellent results as regards the usefulness of the limb.

[This case was shown in the clinic a month after the operation, with the wound of excision solidly healed; the only point remaining open was the sinus on the thigh, from which a small amount of pus continued to escape. There was a fair amount of motion in the new false joint, and her general condition had much improved.]

Communications.

AN ADDRESS DELIVERED AT THE ANNUAL COMMENCEMENT OF THE MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.*

BY FRANK WOODBURY, M. D.,

Professor of Therapeutics, Materia Medica, and Clinical Medicine in the Medico-Chirurgical College.

Mr. President, Ladies, and Gentlemen: It is an honor to be here. No ordinary occasion now engages our attention; no summer-day pastime, which these flowers and sweet strains of music are meant to

*Delivered at Association Hall, Philadelphia, April 3, 1886.

gracefully adorn; but it is a solemn ceremonial at which you have been invited to assist. The deep significance of our proceedings is realized by these successful candidates who have been crowned in your presence; but still more is it felt by the Faculty, who have labored long and earnestly, in order that these shall be found fully prepared for the responsible duties which await them. The honorable Board of Trustees of the Medico-Chirurgical College, upon recommendation of the Faculty, have conferred upon each the degree of Doctor in Medicine, with all the honors, rights, and privileges thereunto pertaining. Their authority for so doing is derived directly from the Legislature of this Commonwealth, to which they are also responsible for its proper exercise. Among the rights conferred by the trustees, as witnessed by the diploma now in the hands of each of these graduates, is the right to practice medicine in the State of Pennsylvania. The diploma itself being the license to practice, it need only be registered at the prothonotary's office in order to allow its possessor to engage at once in the active duties of his profession. Owing to the preliminary examination required by this institution, and its three years' graded course, its diploma is also recognized elsewhere; for instance by the State Board of Health of Illinois, which refuses to acknowledge the diploma of those colleges which graduate students at the close of the second year's study, and which exact no preliminary examination.

The Legislature of Pennsylvania has not only required of the medical colleges of this State that they shall determine and pronounce upon the fitness of their own students, but as the law has been interpreted by the Supreme Court of Pennsylvania, they are also made to judge and pass upon the standing of all physicians graduating from foreign schools who wish to enter upon practice here. After examination, if they are found worthy, their diplomas must be endorsed by the dean of the faculty before they can be registered. Failure to do this is visited by a heavy penalty by the law.

The burden of responsibility resting upon Trustees and Faculty, is therefore no light one, and it is both gratifying and encouraging to us to have such an attentive and appreciative audience to assist in this ceremony.

And yet, such occasions are no novelty to the citizens of Philadelphia. More than a hundred years ago—nearly a century and a quarter—the foundation of the first medical school in this country was laid in this city, by Drs. Wm. Shippen, John Morgan, Adam Kuhn, Benjamin Rush, and Thomas Bond.

"The men of old built well."

Witness the present high standing of the Medical Department of the University of Pennsylvania, now 121 years old. Witness our other great school, founded in 1825, by George McClellan, the Jefferson Medical College, which has probably the largest number of living graduates in medicine of any college in this country. Witness our more recent accession, the Women's Medical College, which is doing more to fit women for the higher walks of the profession, than any similar institution in the world;—it is, I am happy to say, successful and prosperous, and deservedly so.

During the century and a quarter, with but few exceptions during the dark days of the Revolution, annually have the colleges called upon the community to aid in this public ceremonial. In that time, nearly twenty thousand graduates in medicine have gone out from these schools to all parts of the world, carrying to all lands the testimony of proficiency of their teaching, and broadly publishing the many attractions of our City of Brotherly Love. Well did William Penn describe it. He said: "Of all places in the world, I remember not one better seated."

You do well to cherish your medical schools. They bring every year hundreds of young men to this city to form acquaintances and friendships which are not broken by separation, but serve as bonds securely binding Philadelphia with other parts of the Union, thus establishing firmly its old-time position as the Keystone State. Not only have they encouraged strangers to visit the city, but the Colleges by their very existence have stimulated the growth of hospitals and dispensaries, and charitable work among the sick and needy, so that it can truly be said that no one in this city is so poor as to be unable to obtain medical care in sickness, and proper treatment, if he desire it.

Indeed, the medical schools and clinical opportunities of Philadelphia are not without a reflex influence upon the doctors themselves. It does us good, at times, to see ourselves as others see us; and I therefore, without affectation, may repeat what Mr. Bancroft has so well said in a recent article in the Century Magazine. (Article on Henry Clay, etc.) "Philadelphia, seemingly by some divine right of succession, has always a constellation of men, adepts in the science of life, and alike skilful and successful in practice."

I would not dare attempt to read over the long list of the distinguished physicians, who in the past have graced your annals, nor attempt the invidious task of sounding the praise of those who are now most prominent in maintaining its old-time reputation as the Mecca of American medicine. Nor would I, as *laudator temporis acti*, forget the obligations of the present Medicine is a progressive science. The times change, and we are changing with them. The science of medicine is not to-day what it was one year ago, much more is it not what it was a decade or a score of years ago. The advance in our knowledge of the nature of the disease within only a few years has been little short of marvelous. May I briefly indicate some of the more prominent traits which characterize modern medicine, and, incidentally, show how, in some respects at least, the problems presented to physicians of our own day involve peculiar responsibilities, and differ from those not only of the ancients, but from those of even the preceding generation?

In the first place, medicine has been taken from the realm of metaphysical disquisition, and is now firmly established as a branch of natural science. It has no laws at variance with those of the other inductive sciences, it recognizes no infallible dogma, it belongs to no "pathy," and acknowledges no "ism," it is neither "old school" nor "new school," but if some title is needed to distinguish it, let it be called RATIONAL MEDICINE. It admits no exclusive right to use particular remedies, and will permit none. When the question of the propriety of introducing homœopathy into the Medical School of Naples was presented some years ago, the faculty replied: "The University of Naples is not a proper field for instruction in homœopathy, because the rational system which is imparted here, on the basis of the natural sciences, excludes allopathy, as well as homœopathy, or any other absolute system or dogma. The study of rational medicine is as far removed from the ancient allopathy, with its blood-letting and purgation, as from the recent delusion of homœopathy, with its ridiculous infinitesimal doses and similia similibus medication."* I need not, after this, assure this audience that allopathic medication is not taught at the Medico-Chirurgical College of Philadelphia, any more than it is at the University of Naples.

In ancient Egypt the manner of treating diseases was established by law. The physician was obliged to conform his practice to the precepts of the sacred books, and was not permitted to change anything. To insure conformity it was decreed that, if by following this method he was unable to save his patient, he was not held responsible for the result; but if he departed from it, and the sick person happened to die, he was punished with death.* How great the contrast, with our present method! Medicine is now unfettered by such restrictive laws. Perhaps it may be thought that too much recklessness is sometimes displayed, and procedures adopted which are not directed by the single motive of the best good of the patient. Too often in such cases the operation is classed as a brilliant success—but the patient dies.

Rational medicine belongs to our own day, since in every age of the world medical science has been obliged to keep pace with other sciences, and the slow growth of intelligence in the process of civilization. The physical sciences, upon which our studies are most dependent, biological chemistry, physiology, and applied physics, have only within our own day attained a sufficient degree of perfection to give support to a system of medicine deserving the name of rational. It was only a year or two ago that the question of spontaneous generation was forever settled by the genius of Pasteur. I need not repeat the familiar story of the labors of Schwann, of Cohnheim, of Koch, of Obermeier, and a host of others in the field of microscopic botany, which have proven conclusively that in the acute infectious diseases generally, there are present in the blood of the patient, or the tissues, or both, microscopic organisms which are classed under the general title of bacteria, of various shapes and sizes, and belonging to the simplest vegetable forms. Not only have they been found in infectious diseases, but in others which are not ordinarily considered as such, like consumption.

The exact manner in which these bacteria act, if they are active, is unsettled; it is probable that they not only rob the blood of pabulum, and by their presence produce irritation and obstruction in the blood-vessels, but they also secrete or excrete in their processes of development certain substances which are highly deleterious to the human body. One of the most interesting and important problems before physicians to-day is, how may the susceptible human system be so modified as to enable it to successfully resist the development of the bacteria, so that the micro-organism may find in it no congenial

*Quoted from Physiology; Preliminary Course Lectures by J. T. Whittaker, M. D., Cincinnati, 1879, page 15.

* Diodorus, lib. i., p. 74.

soil for its development. We know that a patient with bronchitis is more liable to have tuberculosis than if no lesion existed; we know that a man with an exhausted nervous system is more liable to typhoid fever than a man in his normal condition; youth favors the appearance of eruptive fevers; residence in certain localities predisposes to malarial affections, etc.

Now, if men may become predisposed to disease, they may also be rendered indisposed or insusceptible to its influence. Towards this problem of protection from infection much study is now directed. Pasteur believes that he is able to make any one proof against receiving infection from the bite of a mad dog, just as Jenner taught how to vaccinate against small-pox. Researches are now going on in Brazil and Mexico into the protection from yellow fever by means of inoculation; and last year thousands of people in Spain were inoculated with cholera virus. I am informed that in Paris researches are now being conducted in investigation of the question of similar means of protection against diphtheria. The results of these experiments are anxiously looked for; their results upon medical practice I will not predict. Whatever may be the outcome, however, it is certain that epidemics of infectious diseases may be stamped out by other means. During the severe epidemic of small-pox which prevailed last winter in Montreal, where a large proportion of the population was opposed to vaccination, the adjoining communities were threatened by the disease. By the prompt action of the Boards of Health of New York and other states, the epidemic was stayed at their border by proper hygienic precautions, and it obtained no foothold in New York or in adjacent states. It is upon the intelligent appreciation of the laws of sanitary science by the people, and their willing aid in enforcing them, that we now rely when threatened by an epidemic whether of cholera or small-pox. Owing to improved sanitation the plague has disappeared from Europe. Epidemics are no longer regarded as visitations of the wrath of Divine Providence as a punishment for moral sins, but for physical ones. I would here call attention to the Sanitary Convention soon to be held in Philadelphia under the auspices of the State Board of Health, which is calculated to render great public service by directing general attention to the value of sanitary legislation.

Modern medicine has not only overcome epidemics, but it presents more hopeful prospects to sufferers from diseases hitherto regarded as beyond the reach of art. Jaccoud has shown that consumption is curable. Flint, whose recent death was such a severe loss to the profession, demonstrated that heart disease need not shorten life; typhoid fever, by modern methods, is very amenable to treatment; diabetes and Bright's diseases of the kidneys are no longer regarded as death-warrants, nor as necessarily debarring from active life. Locomotor ataxia and various paralyses which had been regarded as hopeless, have been successfully treated, and helpless invalids restored to health and usefulness. I will not detain you with the triumphs of modern surgery, the ease and safety with which abdominal tumors have been removed, the exsection of cancer of the stomach, or the wonderful operations upon the brain. I will merely say that modern medicine is distinguished not only by its scientific methods and achievements, but also by its appreciation of the importance of other agents than drugs in the treatment of diseased conditions. Everything in the daily life of the patient that can influence his health for good or ill is made the subject of careful scrutiny; his habits, his dress, occupation, food, and surroundings generally, are all passed in review, in order to determine the disturbing element, as a necessary preliminary to its removal; disease being now defined as a disorder or disturbance in the course of physiological life.

There is a problem which has not yet received the attention which it deserves, which I would discuss at some length had I the time and were this the place to do so; it is the influence of the imagination upon the body, and its rational employment in the treatment of disease.

Let us for a moment consider the question of the application of this force in causing and removing disease.

Strictly speaking, disease means a disordered state of the feeling, which may or may not be attended by bodily change. For instance, a patient will complain after amputation of his foot, that his corns still hurt him. Clearly, in this case it is a mental corn that is giving him pain. If you will pardon the illustration, let me ask if this is not the case in every lesion attended by suffering? Not only is there a local injury, but there is also, in direct connection with it by means of nerve tracts, a centre in the brain, which is thrown into activity, and the consciousness thereby becomes disagreeably impressed by a perception of pain.

This centre may be thrown into activity independently of external stimulus, and

pain be felt without a wound; or it may have its activity reduced, and no pain be felt, although a wound be inflicted. It is not generally known that the discovery of anæsthesia by ether, by Morton, checked completely, at least for a time, the growth of painless surgery without anæsthetics. I mean that by the aid of procedures the import of which was not well understood, it had been shown conclusively that many persons could be thrown into temporary unconsciousness, during which state of inactivity surgical operations might be performed without causing them to experience any pain whatever.

Elliotson reported a number of surgical operations done under what he considered as animal mesmerism or magnetism, but which is known as hypnotism at the present day.

In 1856, Dr. Esdaile reported 261 operations performed by him in the hospitals of Hooghly and Calcutta; and many others have been published since then. Repeated trials of this method have now shown that this method is applicable in many cases, and should be made the subject of further investigation. Its superiority over chloroform or ether, for short operations, such as the extraction of teeth, is very obvious, since it is entirely free from danger, and the patient can be restored at once to consciousness, and there are no after effects. In producing this condition, it is well known that the imagination is largely instrumental, as John Hunter was able to determine in his own person.

Physiology teaches that to some extent nutrition is influenced by the mind, and the various sensory, motor, vaso-motor, and trophic nerves, may have their action excited, perverted, or depressed, and thus bring about changes in sensation, muscular contraction, nutrition and secretion.* Disease, even death, has been caused simply by emotion, or by a purely mental state; and as the greater includes the less, we must admit the influence of the imagination upon the body in producing disease. Unzer, in his great work published in 1771, says: "Expectation of the action of a remedy often causes us to experience its action beforehand." This is analogous to the sour taste in the mouth when thinking of lemons, or the nausea excited by the thought of cold drawn castor-oil.

Dr. Oliver Wendell Holmes, in the course of some after-dinner remarks, at a reception in Boston at which I was present, said, apropos of old-fashioned doctors, that "when I was a boy I constantly lived in mortal dread of one thing—a dose of ipecac. It was the bane of my existence, and even now in the midst of a dinner party the thought of it makes me sick." He went on to state that a certain doctor with a face that was so yellow that it was almost the color of rhubarb, and who smelt of rhubarb, and who drove a dusty yellow gig that suggested rhubarb as soon as it came in sight, was in the habit of always giving the boys, when anything was the matter with them, a dose of ipecac followed by rhubarb. The mere recollection of it nauseated him half a century afterward.

Without pursuing this train of thought further, allow me to make the deduction that an agent which can modify sensation, motion, secretion, and circulation, so as to cause disease and even death, may be usefully employed in the treatment of disease by those who are wise enough to use it. Let me give an illustration. When Humphrey Davy was making some experiments upon patients with nitrous oxide gas, he placed a small pocket thermometer under the tongue of a patient afflicted with paralysis: the patient, mistaking the thermometer for a talisman, almost immediately said that he felt better; Davy requested him to return the next day, when the same routine was observed, with still greater improvement. This was repeated, says Dr. Paris, every succeeding day for a fortnight, the patient gradually improving during that period, when he was dismissed as cured, no other application having been used.*

The cure of this case was brought about by expectant attention combined with faith and hope, and similar instances abound in medical history. All the cases of healing by the Royal Touch were not impostures; Perkin's tractors did restore many to health, and so did the imitation wooden ones of Dr. Haygarth; metallo-therapy was not a deliberate attempt at deception, nor is the faith cure. The question naturally arises if the effects of medicines can be obtained without administering drugs, why do we continue to order our patients to take more or less nauseous medicine. The answer to this is, that the imagination is all-powerful within certain limits, which it is our duty to investigate and define; outside of these it is not, and there is still a wide field for usefulness of remedies skilfully administered.

* Illustrations of the Influence of the Mind upon the Body in Health and Disease Designed to Elucidate the Action of the Imagination. By Daniel Hack Tuke. London, 1884, 2d edition. A work which every thoughtful physician should be familiar with.

* Paris Pharmacologia, quoted by Pettigrew, Medical Superstitions.

A most interesting problem in connection with this is the scientific application of the imagination to *assist* the ordinary remedies in treatment of disease. Dr. Rush is reported as saying that he never gave a medicine without first sitting down and describing in detail the effects which the prescription was intended to produce. His observation had taught him that by following this course he had been much more successful in obtaining desired results, than when the patient was kept in ignorance of his object.

If a morbid condition can be cured by a mental impression alone, it would be morally wrong to give medicine, except for its mental effects.

"Canst thou minister to a mind diseased?
Then throw physic to the dogs."

Under such circumstances physic, beyond all question, should be thrown away; it is the physician's duty to minister to the diseased imagination; if he cannot, he is not fit for the responsible duties of his profession. In other cases, to which more or less of a physical element in the form of bodily ailment is added, the disease may or may not be curable by the same means; but in every case, except in very young children and idiots, or insane, the physician is brought in immediate contact with the mental element of disease, and he should recognize it and give it due consideration in his treatment.

Gentlemen of the graduating class of 1886: Through years of patient toil and arduous preparation, you have been sustained by the bright prospect which to-day is realized. I bid you, on behalf of this brilliant audience and the trustees and faculty here assembled —welcome to the medical profession. Keep your honor bright, stoop to no mean or unprofessional act,

"To thine own self be true;
And it must follow, as the night the day,
Thou canst not then be false to any man."

It was a poetical thought of the ancients that wherever a Greek colony was established, there was Hellas. So I bid you carry with you the thought, that wherever you go you are henceforth an integral portion of the profession; that you are individually responsible for its welfare or disgrace within the limits of your capacity, to serve it or to shame it. Do not dread adversity. Holmes has well said, that "There's no success possible without opposition. Force is always aggressive, and crowds something or other." Subjugate self to your ambition, and let your highest aim be to render yourselves useful.

The times need men—men who their duty know, and are determined that it shall not remain undone. Your fellow-man needs you —go into a world full of suffering and sorrow, and bind up wounds, soothe the aching brow, restore those who are down-cast, make the deaf to hear, the blind to see, the lame to walk. Bear ever in your mind the dignity of your calling, knowing, as the old Roman has said—

"In nothing do men approach so near to the Gods, as in giving health to man."

NEURASTHENIA.

BY C. C. THAYER, M. D.,
Of Clifton Springs, N. Y.

The dead often teach the living what life never reveals; but there are some diseases and disorders which flesh is heir to, not illuminated by any side-lights from the dead-house. Especially is this true of the heterogeneous forms of functional disorders of the nervous system, most of which present no tangible lesion, or morbid anatomy, but a complexity of symptoms, and an indefinite pathology. From this field of asthenology we have selected neurasthenia—nerve debility, nerve exhaustion—for contemplation and discussion at this regular meeting of this Medical Association.

DEFINITION.

Neurasthenia, from neuron (nerve), and asthenia (strengthless). Aristotle said, "Define your terms, and discussions cease." A clear definition of the *nature* of disease is a "sine qua non" in its intelligent management. Medical literature on this subject, until recently, has been noticeably deficient and defective. From time to time various able articles have been written on this subject, or at this subject, under quite diverse titles, and illustrating a great diversity of thought as to the true nature of the disease. Some of these incongruous titles are as follows: "Nervousness," "Functional weakness of the spinal cord," "functional debility," "exhaustion of spinal cord," "spinal irritation," "nervous debility," "nervous dyspepsia," "spinal anæmia," "spinal hyperæmia," etc. This diversity and indefiniteness are neither strange nor blamable. The same is true of the early history of most diseases both as to their nomenclature, their pathology, and their symptoms, while their treatment never ceases to change. If Prof. Bouchut considered this disease as "nervousness," and Erb as "spinal irritation," and Althaus as "spinal exhaustion," and Brachet as "nerve spasm," and Flint as "functional debility," etc., they in-

deed saw what actually existed, though each may not have seen all. Their views were diverse, and symptoms often taken for diseases, yet these and other experts builded better than they knew even, and laid permanent foundations for further scientific illumination of the nature, classification of the symptoms, and valuable suggestions of means and methods of the treatment of this disease; and let him who can, do more.

SYMPTOMS.

In defining or describing neurasthenia, what symptoms may we find? Every kind; though not all in any one case.

Allow me here to introduce the clinical history of one of many under daily treatment in this sanitarium (Clifton Springs). Age twenty-four (neurasthenia is a disease of mid-life); single; dark complexion; bilious-nervous temperament; skin pale, dry, and variable in temperature to the touch, made hot or cold by slight change of air or excitement; pulse weak, nervous, and variable (about 85); the thermometer temperature normal; tongue large, pale, and trembling; dyspepsia; cold extremities; urine loaded with phosphates, and sometimes oxalates; irritation of bladder, sometimes difficulty of voiding the urine; irritation of ovaries; menses scant; bowels constipated; abdomen flat and hard; appetite capricious; defective vision; dilated pupils; palpitation of heart; roaring in ears; oppressed breathing; a wavy "rushing of blood to the head;" sore or tender scalp; insomnia; voice weak and high in pitch; fear of crowds; an internal trembling or "crawling," and a desire for stimulants.

This patient exhibited all the above symptoms, though not all at the same time.

Dr. Geo. Beard, in his exhaustive treatise on "Nervous Exhaustion," mentions many of the above, and some others, to which I will call your attention: "Headache, congestion of conjunctiva, defective mental control, hopelessness, fear, defective thirst, salivation, podalgia, dysphagia, sense of exhaustion, yawning, rapid decay of teeth, pruritis, and surface paralysis." What an array of symptoms! and yet with equal propriety we might add many more, in fact, any functional symptom may not be considered inappropriate or illegitimate. How, then, may we arrive at an intelligent

DIAGNOSIS?

By the process of exclusion, or differential diagnosis. What diseases are likely to be confounded with neurasthenia? In "Ziemssen's Cyclopœdia" Prof. Erb says: "It cannot be denied that this complaint has a close resemblance in many respects to spinal irritation, ... and the opinion might perhaps be defended that this disease is essentially for the male sex that which corresponds with spinal irritation in females." That Prof. Erb's "neurasthenia spinalis" can be limited to the *spine* is not so clear. As clear to suppose that the root of a tree may suffer exhaustion, without a corresponding exhaustion of branches. If the neurasthenia spinalis stands for general nerve exhaustion, the subject in hand, then its comparison and essential relation to spinal irritation needs analysis.

That spinal irritation is more than a *symptom* has been denied by many since the able investigations of Dr. Brown, *Glasgow Med. Journ.*, 1828. Prof. Erb, of Heidelberg, one of Germany's ablest neurologists, and others, declare for its individuality; while Stilling refers it to hyperæmia of the cord, Hammond to anæmia of the cord, and Hirsh to some dynamic disorder or irritation which may be due to very different causes. But whether spinal irritation be an individual disease or not, should it ever be confounded with nerve exhaustion? Never, if we bear in mind the ever-distinguishing feature that spinal irritation is characterized by *sensory irritation*, neurasthenia by *motor debility*.

Again, dorsal pains, muscular contractions, and sensitive vertebræ, are prominent and ever-present symptoms of spinal irritation, but not of neurasthenia. And again, in spinal irritation the symptoms are more local, in nerve exhaustion they are more general, varied and complex.

Some have confounded neurasthenia with hysteria. Hamilton has well said "that hysteria simulates a multitude of organic and functional diseases so perfectly," and Beard occupies nearly two pages in showing their dissimilarities, that it may not seem folly to make an otherwise needless remark, that, with a careful consideration of the general and clinical history, muscular paroxysms, mental illusions and hallucinations, tempestuous transitions of tears and laughter, clavus hystericus and globus hystericus, none need to confound hysteria with neurasthenia.

There is another disorder, by far more liable to be confounded with nerve exhaustion than either of the above, and that is nervous dyspepsia. The pale dry skin, gastric and intestinal disorders, cerebral and cardiac disturbances, insomnia, and sense of oppresion, are quite likely to produce confusion, and this confusion is worse confounded by the fact that chronic functional atonic dyspepsia

has a similar pathological condition, and is usually a prominent complication of neurasthenia. How then shall we diagnose the latter with dyspepsia as a complicating symptom, from dyspepsia as a primary and unassociated disease. The following symptomatic comparison will aid in the differential diagnosis:

NEURASTHENIA.	DYSPEPSIA.
As a rule does not result from gastric disorders.	As a rule does result from gastric troubles.
As a rule does not present prominent stomach troubles.	As a rule is attended with pyrosis, fermentation, cardialgia, etc.
As a rule presents nervous *debility*.	As a rule presents nervous *excitability*.
As a rule is attended with a feeble, but regular appetite.	As a rule is attended with a capricious appetite.
As a rule does not diminish flesh	As a rule diminishes flesh.
As a rule does not produce purely mental disorders.	As a rule produces hebetude, depression, and fear concerning heart, kidneys, etc.
As a rule is attended with phosphatic, and often with strong alkaline urine.	As a rule is attended with lithates, urates, and often strongly acid urine.
As a rule is attended with normal secretions and excretions.	As a rule is attended with abnormal secretions and excretions.
Is a kind of paralysis.	Is a kind of a diaerises.

There is still another condition likely to confuse one in the diagnosis of neurasthenia, and that is anæmia or better oligæmia, signifying not a *lack* of blood, but a *poverty* of blood.

The cold, pale surface, the weak voice, low pulse, reduced strength, ringing in the ears, palpitation and mental incapacity, are all prominent symptoms of nerve exhaustion, as well as of oligæmia, but there are two pathognomonic symptoms that decide in the differential diagnosis. In nerve exhaustion *poverty* of blood is not characteristic; in anæmia it always is. In nerve exhaustion there is no "cardiac bruit," or "venous hum," but always, in anæmia. Then, reduced temperature, syncope, œdema, etc., are not prominent symptoms of nerve exhaustion.

Before concluding this paragraph on symptomatology, permit a reference to some zymotic, sporadic and toxic conditions, like sewer miasm, struma, leucocythenia, malaria and lead-poison, where there are so many symptoms in common that a scientific diagnosis is attainable only by the process of exclusion, or by following Micawber's plan, "to wait for something to turn up."

(To be continued).

—An Italian ship has been sheathed with glass plates, cast like iron plates, so as to fit the hull, to take the place of copper sheathings. The joints to the plates are made water-tight by the use of water-proof mastic. The advantages claimed for glass over copper are insensibility to oxidation and its exemption from incrustation.

Medical Societies.

THE BALTIMORE ACADEMY OF MEDICINE.

(Continued from page 495.)

Dr. B. B. Browne read a paper on

Traumatic Atresia of the Cervix Uteri, with Two Cases.

Obliteration of the cervical canal is due to various causes, the most frequent cause of traumatic atresia being long and difficult labors, accompanied by laceration and followed by suppuration and gangrene. Formerly when strong caustics were used more freely than at present, constriction and complete obliteration, either of the cervix or the upper part of the vagina, behind which the cervix became enclosed, frequently occurred. In the two cases which I relate the condition was caused by difficult and prolonged labor, followed by a protracted recovery.

Mary G., age 27, 13 years married, was delivered of twins 12 years ago. She was in labor three days, and had puerperal fever afterwards, and was an invalid for nearly one year. Her menses had not appeared, but she suffered with intense periodic headaches, and at times severe convulsions.

Upon examination the vagina ended in a cul-de-sac about two inches deep, which seemed to be separated from the uterus, which could be felt about one inch above. The uterus could also be clearly outlined by rectal examination.

The end of the cul-de-sac was in a line corresponding to the line of cicatricial union, and the cervix separated and dilated. A Gland glass tube was inserted into the cervical canal and a larger one in the vagina. It is a remarkable circumstance in connection with the history of atresia or absence of the vagina, even when no uterus can be found, or only a rudimentary one, incapable of performing its functions, that the artificial formation of a vagina brings considerable relief.

Mrs. Elizabeth W., of small size, aged 27, married three years, one child eighteen months ago, labor said to be very difficult, and accomplished after craniotomy; had a long and protracted recovery. Has not menstruated since, although has had the menstrual molitum.

Examination revealed a stellate laceration of the cervix and complete atresia of the uterus. The uterus was considerably enlarged.

Operation July 6. The canal, which con-

sisted of cicatricial tissue about one-half inch in thickness, was opened and about one-half a pint of thick grumous blood was discharged; the cavity was then thoroughly washed out with hot carbolized water, and the curette was also used to remove clots of the grumous mass which were adherent to the walls of the uterus.

One month later, first menstruation came on normally, and lasted three days.

In reviewing the history of these two cases it was evident that the atresia was the result of ulceration and sloughing following difficult instrumental delivery. In neither case was any treatment used to arrest the inflammatory process. The importance of thorough antiseptic vaginal irrigation in all such cases where the lochial discharges become mucopurulent and fetid, cannot be over-estimated.

DISCUSSION.

Dr. H. P. C. Wilson thinks the cessation of menstruation in apparently hearty women without any visible cause very singular. He has seen more women cease menstruating between 20 and 30 years of age than between 30 and 40.

Saw one woman, æt. 21, a picture of health, in whom the menstrual function suddenly ceased. No cause whatever could be found.

Dr. B. B. Browne said as to the opposite courses taken by his two cases after operation, he thought it could be explained by the fact that in the case in which the menstruation was not re-established, the atresia had existed for twelve years, while in the one in which the function was restored the atresia had only been present for eighteen months.

Dr. J. Edwin Michael reported a case of

Antiseptic Amputation of the Breast.

Mulatto woman, æt. 38 years, weighs 235 pounds, mother of ten children. Her breasts were in size proportionate to her weight. The growth was to the median side of the mamma; no axillary involvement. When the operation was finished, the wound measured nine inches in length. Wire sutures were used; drainage-tube laid in the wound throughout its entire length, and protruded from the most dependent angle.

Iodoform and oakum constituted the dressing.

The wound was opened for the first time on the ninth day, and everything was found to have healed; the tube had slipped into wound, and had to be dug out. There was no pus formation. At present the woman is apparently well.

Antiseptic precautions were strictly observed throughout the whole operation.

Dr. H. P. C. Wilson was strongly in favor of antiseptic precautions in all surgical procedures.

Dr. P. C. Williams has had union by first intention and complete healing of the wound by ninth day in his breast amputations, and he has never yet used antiseptics, nor drainage-tube.

Dr. J. E. Michael has also had good results without the use of antiseptics, but thinks as a rule we are safer in using them.

Dr. H. P. C. Wilson is satisfied that in this particular case, where such a large wound was necessary, had Dr. Michael avoided antiseptic precautions his result would not have been so good.

NEW YORK NEUROLOGICAL SOCIETY.

Stated meeting, March 2, 1886.

The vice-president, Leonard Weber, M. D., in the chair.

Dr. Spitzka exhibited the brain of a porpoise, demonstrating the absence of the pyramid tract in this animal, and the enormous size of the auditory nerve, which nearly equaled the lumbar cord of the same animal in transverse section. The comparatively small diameter and shortness of the segments of the lumbar cord, as compared with the dorsal segments, was dwelt upon. The brain weighed a few drachms short of 45 ounces; the animal—a bottle-nosed dolphin—weighed 236 pounds, and was obtained through Mr. Eugene Blackford.

Dr. Spitzka then presented the specimens and history of

A Case of Neurogliomatous Hypertrophy of the Pons Oblongata Transition.

The facial, pneumogastric, and hypoglossal nuclei were distinctly involved. The following was the condition of the tumor and the involved structures:

While the infiltration was diffused over a large area of the oblongata and pons, it was only in a comparatively limited compass that it could be considered as a destructive lesion. It had not advanced uniformly from a given original focus, but had extended in the direction of special tissues, which seemed to favor its progress. Thus, compact nerve-strands seemed to oppose resistance, while ganglionic tissue acted as a guide. The consequence was that the raphe, most nerve roots, and the great stränds, such as the ascending root of the fifth pair and the recti-

form column, were either perfectly free or so slightly involved that it was difficult to determine whether they were affected. The vascular districts, particularly of a capillary character, which abound in the reticular field of the tegmentum, also favored the extension of the growth.

Where the lesion was at its maximum, no trace of the normal tissues could be discovered. A finely molecular basis substance, crowded with bodies resembling neuroglia nuclei, but mostly of larger size, and others resembling the small variety of ganglionic cells, but without well-defined processes, predominated over the basis substance to such an extent that even in fairly thin sections nothing but these nuclei and granules could be seen. Many of these bodies were surrounded by a halo, resembling the cell capsule hydropsia, described by Hurbich and Forel; others were imbedded in a hyaline material, presenting an appearance like that of a cell body, including a nucleus. This stained brown in alum-hæmatoxylin, while the nuclei stained a deep blue. The former were not stained by carmine.

But the most remarkable feature were the blood-vessels of the neoplasm; these, distended to their utmost capacity, abounded in at least four-fold the number and size of the opposite side when unaffected. They presented every evidence of rapid growth and enlargement, and many were evidently newly formed, while signs of vascular new formation were common. They were contorted in the most bizarre fashion imaginable, The blood within these vessels was in a condition of stasis; the vascular walls were exceedingly thin, and in many places ectatic. In several places the infiltration had undergone rarification, probably owing to softening and absorption of its hyaline products. An irregular spot of this kind was situated immediately in the concavity of the genu facialis. Another was in the corresponding situation at the head of the roots of the vagus nerve. A third in the very centre of the reticular field, of the pneumogastric rootlets. A fourth has been described as situated in the interolivary layer. In some sections the neoplasm did not cut well, and did not remain in the section, the cut surface showing the appearance usually presented by spots of malacia that have been hardened. This was the case with a spot in the very centre of a focus of the disease, which accurately corresponded to the middle abducens nerve roots.

The motor nucleus of the right trigeminus was seriously involved. Sensory nucleus of the same in the exit level slightly involved. Right lower facial nucleus destroyed. Right abducens nucleus scarcely involved. Right vagus glosso-pharyngeal nucleus nearly destroyed in higher levels, free in the lowest. Left vacoglosso-pharyngeal nucleus slightly involved in intermediate levels. Hypoglossal nucleus destroyed on both sides in its upper, on the right side in the middle third. The nuclei of the fasciculi testes cannot be identified anywhere.

Of nerve tracts, the pyramids, the transverse pons fibres, and the cerebellar peduncles with their continuations, appear to be entirely free from disease.

The posterior longitudinal fasciculi are both normal above the abducens nuclei; in that level they show slight infiltration on the right side; in the hypoglossal level the right is intensely involved. The right solitary bundle, also known as the round and trineural bundle, is greatly involved in its proper substance in the evit level of the tenth and eleventh pairs. Singularly enough, its cephalic termination in the nervus intermedius is free. The ganglionic substance in which the fascicle is imbedded is entirely destroyed in the affected levels, and the destruction extends in the direction of the afferent and efferent fibres.

The nerve rootlets are mostly normal where identifiable. In all but the most intensely affected areas they pierce the lesion without showing any signs of disease. This is notably the case with the abducens nerve. Some of the glosso-pharyngeal levels were lost. The abducens and vagus fibres, however, are distinctly less numerous on the right than on the left side. The right facial nerve, whose peripheral over-hardened portion appears normal, is the seat of intense degeneration; the axis cylinders are destroyed.

The reader thought that in the light of the post-mortem finding, deducing from the intensity of the lesion its age, and correlating it with the observed symptoms, we may infer that the neoplasm originated in the reticular field, which it involved diffusely at the start, including in its area the emerging root of the right abducens and the facial nucleus; that it extended from the latter backwards into the deep nucleus of the mixed system, and progressing towards the raphe and ventricular floor, in the transverse direction extended to the trigeminal nuclei, and to the hypoglossal nuclei and posterior longitudinal fasciculi afterwards; its latest invasion being the interolivary layer.

The gastric vagus nerve functions were the first to be involved in the thirteen months' illness; nausea and vomiting inaugurating the illness, and culminating in attacks of vertigo during the first four months of her illness; drowsiness, aggravated when the stomach was full, was a prominent symptom, and boulimia preceding death. The cardiac functions were involved seven months after the disorder first manifested itself, and became aggravated *sub finem*, as well as the dyspnœa and præcordial fears which are dependent on disturbances of the same nerve. The motor functions of the lateral set of nerves were also considerably involved. Difficulty of deglutition was experienced after four months in continually increasing severity, so that swallowing finally became impossible. The paralysis of the palate was extreme for the last six months, and had been noticed in lesser degree since the fifth month of her illness.

With the above symptoms the destructive involvement of the right vagus nucleus, the invasion of the left nucleus, and the destruction of a part of the vagus roots is in accord. The considerable involvement of the deep or motor nucleus in its upper levels, which I have proposed to term the nucleus of the pharyngeal muscles, is equally in harmony with the progress of their functional insufficiency.

Symptoms of irritation in several instances preceded the evidences of nuclear paralysis, or existed alone. Thus, spasm of the muscles of mastication preceded a slight evanescent paresis of these muscles. The motor trigeminus nucleus was involved, but not destructively so. The total paralysis of the facial nerve was preceded by facial spasm, and the last step in the extinction of the facial nerve functions, the paralysis of the uvula, was preceded by what can be interpreted in no other way than a contracture of the subsequently paralyzed half. It is an interesting fact that the stapedius paralysis which probably accounts for the tinnitus, went parallel with the paralysis of the external branches of the facial nerve, and not with the pharyngeal rami.

The subjective hemi-numbness which at no time involved the left side of the face, was a crossed symptom, in harmony with all other observations. It began four and a half months after invasion, and as it increased became associated with hemi-paresthesia, hemi-paralysis of the pressure sense, and ultimately with hemi-ataxia due to hemi-paralysis of the muscular sense. As the focus of the lesion lay in the mesal half of the reticular field, we may attribute the maximal disturbance of the weight and pressure sense to it, and the lesser disturbances, due to irritative pressure of nerve tracts, to the infiltrated but undestroyed fields near the ascending fifth root. The terminal loss of muscular sense is to be attributed to the terminal lesion of the inter-olivary layer.

The paper concluded with the following proposition: Sensory disturbance of the extremities, when existing on the side opposite to a facial nerve paralysis, if due to a single focus of disease, is as pathognomonic of a unilateral pons lesion as alternate paralysis of motion is. The difference between the two is merely one of altitude; in the former case the lesion is in the tegmental part of the pons, in the latter case in the transverse fiber mass of the pons, which, as is well known, includes the sagittal bundles of the pyramid tract.

Paralyses of associated eye movements to the side of the lesion are peculiar to the affections of the brain axis; they are, when thus situated, always due to disease of the tegmental part of the pons, and to that part of it which lies inside of the emerging root series of the fifth and seventh pairs. The inter-olivary layer and the other part of the lemniscus are to be excluded from this area, whose focus appears to be near or in the posterior longitudinal fasciculus, as well as in the neighboring reticular area and raphe, and rather cephalad of the abducens nucleus than in the same level.

That form of associated eye movement paralysis which manifests itself in inability to move the eye globes in one lateral direction in the horizontal plane can be produced by lesion situated in and cephalad to the level of the abducens nucleus. It is for this reason that absolute paralysis of the external rectus muscle of that eye which is on the side of the lesion is commonly combined with the associated movement disturbance, as in the case presented.

Nystagmic oscillation in the plane of the disturbed movement may occur in such a case, as is shown by the one to-night related. I believe that this is the first observation of the kind in which the cerebellum and transverse or cerebellar pons fibers were intact. This was not the case with Graux's patient, whose cerebellum was the primary seat of the tumor.

Dr. E. C. Seguin being requested to open the discussion, said that he thought the paper was one which was hardly open to debate, but he welcomed it as a very valuable addition to our literature of these cases.

Dr. M. A. Starr had observed in the specimens and diagrams presented an apparent implication of the acoustic nerve.

Dr. Spiztka said this nerve was entirely unaffected, and explained its seeming implication.

Dr. C. L. Dana made a brief preliminary report of a case which he thought would be interesting in connection with lesions in this region. The man, about forty-five years old, was brought into his ward with a history of having been ill a very short time. He was strong and robust-looking. He was found to have static ataxia; was unable to walk or stand. There was no motor paralysis in any of the extremities. There was anæsthesia of the temperature sense, of the tactile sense, and of the pain sense on the right side from the shoulder down, involving the right arm, right leg, and right side of the trunk; the right half of the face was not involved. There was no anæsthesia of touch, temperature, or pain sense on the left side, but in the left hand and arm there was the most marked ataxia which the speaker had ever seen. The arm showed no tremor nor paresis, but any attempt to place it in a particular position would cause it to fly about in a most senseless manner. There were some cerebral symptoms, but the intellect was clear. In a few days there developed some signs of vagus trouble; there was some difficulty in swallowing, partial paralysis of the vocal cords, inability to speak loud. The patient died after about three days from the entrance of food into the respiratory tract.

At the post-mortem examination there were found a small aneurism of the basilar artery, a recent thrombus of both vertebral arteries; near the upper aspect of the right half of the floor of the fourth ventricle was a small spot of softening. The latter lesion, it seemed to him, would account for the ataxia of the left arm. He had not yet prepared the brain further than to photograph it.

Dr. A. D. Rockwell said the difficulty in locating cerebral lesions was greater than one's reading might lead him to suppose. Out of a large number of cases of hemiplegia which he had seen, there was only one in which the symptoms were so distinct that he felt quite sure as to the location of the lesion. This occurred about a year ago, in a man whom he saw with Dr. A. W. Garman. The patient had a profound apoplectic stroke; deep coma supervened, with unconsciousness for some time. There was hemiplegia upon the right side; upon the left side there was facial paralysis. There was conjugate deviation of the eyes. The symptoms were so distinct that he ventured to locate the lesion in the lower lateral portion of the pons. The patient died within a few days, but an autopsy was not obtained.

CHICAGO MEDICAL SOCIETY.

OFFICIAL REPORT.

Stated meeting, March 1, 1886.

The president, C. T. Parkes, M. D., in the chair.

Dr. P. C. Jensen read the first paper of the evening, entitled

Digestion and Dyspepsia.

The author entered into an elaborate discussion of the physiological processes of digestion, the departure from normal, and the treatment of gastritis, ulcer of stomach, and atonic and nervous dyspepsia. Owing to the length of the paper, the author was obliged to omit a large portion of it.

Dr. J. Frank thought that in the diagnosis of stomach disease, pain under the left shoulder would not be a pathognomonic sign in case any cardiac trouble co-existed. It is well known that patients with cardiac disease complain of pain under the left shoulder. He had found that the majority of cases of dyspepsia are due to dilatation of the stomach and disease of the pancreas.

Dr. C. C. P. Silva spoke of the omission, among the cases enumerated by the paper, of that common form of indigestion due to the excessive use of tea or coffee, especially when the tea or coffee has been boiled for a long time and drank after all the aromatic principles have been evaporated, and there is left only the tannic acid, which precipitates pepsin. This is one of the most frequent causes of indigestion with ladies who abstain from cooking much, and use only tea which is not freshly made, with bread and butter, taking such a lunch frequently.

Dr. Jensen, in concluding the discussion, said that he had found that in dyspeptic, as well as heart troubles, there is pain under the left shoulder. It is a symptom of dyspepsia when other affections can be excluded. As to dilatation of the stomach, it is often a cause of dyspepsia, and he had found it especially prevalent with beer drinkers who drink beer in large quantities, ten to twenty glasses a day. As to disease of the pancreas being a cause of dyspepsia, it is a very obscure organ, and it is difficult to diagnosticate disease in it. In regard to long-drawn tea and coffee being an influential factor in the production of dyspepsia, he had observed that drink-

ing too much liquid of any kind with the food has a very deleterious effect upon the digestion; reducing the quality of the gastric secretion, and thereby hindering the proper digestion of the food.

Dr. J. H. Etheridge read a report of

Two Unique Cases of Vesico-vaginal Fistula.

In the first case the bladder appeared to be torn across from side to side about 1¼ inches from the meatus urinarius, and the "flap" thus liberated was hermetically sealed to the posterior wall of the vagina. The cervix uteri was completely surrounded with adventitious connective tissue, in whose meshes was retained menstrual fluid.

In the second case, following a very protracted, severe labor, wherein the forceps had been fruitlessly used, and twelve hours later delivery was allowed to be spontaneously accomplished, the most extraordinary results ensued. *The right ovary and uterus had completely disappeared by sloughing.* The left ovary remained.

The President said he thought it a well-established fact that there is a possibility of an accidental expulsion of the uterus and its appendages occurring in connection with labor. During the past year there has been quite a discussion on the question whether it is possible for such a thing to happen; and so far as the extract published in the *British Medical Journal* goes, it seems to prove that cases do occur in which, as far as we know, no interference with forceps or otherwise was made, and yet there was extrusion of the uterus and its appendages, and sufficient constriction thereof to produce sloughing and entire loss of these organs.

Dr. F. M. Weller remembered a case in which rupture of the bladder into the vagina occurred, and the only cause to be observed was some gravel-stones found in the bladder. He had no doubt that they were the result of vesico-vaginal fistula.

Dr. R. Tilley inquired if he had asked the physicians who attended these cases if forceps were used?

Dr. Etheridge knew nothing of the antecedent histories of these patients. The first was a Bohemian woman, who spoke German indifferently, and it was difficult to get her history. The second patient was an American-born girl, and she gave a pretty succinct history of her experience. She was in labor forty-eight hours, consultation being called at the end of thirty-six. Instruments were tried but failed to deliver her, and the physicians gave it up and went home. Finally pains came on, and expulsion of the pelvic contents took place.

(To be continued.)

Editorial Department.

Periscope.

On a Cause of Uterine Displacement, not Hitherto Mentioned. Contraindicating the Use of Pessaries.

Dr. J. Braxton Hicks thus writes in a foreign exchange:

I write subject to correction, but I believe the cause about to be mentioned of uterine displacement and flexion has not been remarked upon, and yet it is not so very rare. Briefly stated, the concavity of the abdominal walls, noticeable in many spare women, will not permit the uterus to take its proper position in the pelvis, but, acting chiefly through the agency of the bladder more or less upon its fundus, pushes this portion back towards the promontory of the sacrum in a much more marked manner than occurs in a normal state, ending in flexion if the uterus be soft and its attachments to the front of the pelvis fairly firm. Again, if the uterus be tied by adhesions, or be already anteverted more than usual, then this condition is still more increased, and the bladder, unable wholly to rise above the uterus, expands by one arm of its Y-shaped cavity in its empty state above it, thus pressing the fundus down, and the other arm distending beneath the uterus tends to increase the anteversion, pushing up the lower end, thus increasing in two ways the anteversion; so that if the catheter be passed the fundus will be found projecting into the back of the bladder and closely opposite to the sphincter, preventing it easily entering, while it readily passes above and below to the full extent, and thus the functions of the bladder are materially interfered with. As most of these cases occur in single women, the uterus is generally held to the pubic segment of the pelvic floor fairly firmly; but in those who have been delivered the laxity of these front attachments permits the bladder to push the uterus backwards and downwards, so as to bring the back of the uterus in close contact with the anterior wall of the rectum.

In books of anatomy and obstetrics it is stated that the fundus of the uterus reaches to the level of the upper edge of the pubes. This may be taken as generally correct, though from clinical observation I should be inclined to say that it not infrequently rises a little above the plane of the conjugate. The abdominal walls, springing from the edge of the pubes, curve rather forward, and thus do not interfere with the distension of the bladder, at least not to any great extent; nor in the empty state of the bladder with the position of the uterus of normal anteversion; though when the bladder is full it retroposes the uterus towards the sacral promontory. In the condition, however, of the abdomen walls above alluded to, and described in my paper on "Abdominal Tension"*—namely, of extreme retraction—the walls become concave and are in close contact with the brim nearly throughout, in some cases resting nearly closely on the anterior surface of the iliacus and psoas, pressing to a not unimportant extent the viscera, etc. And thus it will readily be understood how that, as the bladder is being distended, unable to rise upwards, it pushes the uterus back to a degree to be measured by the difference of distance between the present incurved line of the inner surface of the walls and their former normal state. The uterus thus in course of time assumes a position with its axis approaching that of the conjugate of the middle of the pelvic cavity, the os in the retroposed position being somewhat apparently elevated, but pointing forwards, except when, to a certain extent, it becomes flexed. There is not much space between the rectum and the back of the uterus, and when fæces accumulate, as they are apt to do in this starved state of the system, they are more or less closely in contact. As I have pointed out, the pressure the walls exert is considerable—some of it due, as it apears to me, to a kind of permanent contraction of the muscles. This retraction of the walls could not take place without the absence of gas in the intestines; possibly the more solid contact of the inner face of the walls against the firm structures behind sets up a kind of chronic spasmodic state.

I am inclined to think that the uterine dartoid-like attachments are in a state of irritability also. That they are at times capable of this action I have no doubt, and this serves to explain the varying opinions of those who have seen the same case at different times, and it has its parallel in the action of the homologous dartoid tissue which causes retraction of the testicle. That all this can occur without some sort of uneasiness would be wonderful, and this it is which leads the patient to seek medical aid. Generally the patient is of a neurotic temperament, ill nourished, badly feeding, and much complaining; nor is this, perhaps, to be wondered at, seeing that owing to this incurved state and pressure the abdominal viscera are displaced and interfered with in their movements and functions, thus producing uneasiness, often visible on the face. Accordingly the medical attendant necessarily finds it a difficult task to determine whether the ailment had originated in the uterus, as a cause of reflex bad appetite and nausea, or not. If the pelvic region is much complained of, or if the medical man is overintent on uterine maladies, he would very possibly be led to examine the uterus, and, finding the organ out of place, might be led to think this the prime cause, and to attempt to correct the displacements by mechanical means. Again, if the digestive organs were most complained of, the cause of the pelvic distress might be overlooked, or attributed to ovarian irritation, or to the constipation, to neuroses, or to fancy. Supposing, then, that in the course of treatment attempts are made by the medical man to correct the position of the uterus by pessaries, the same forces which pushed the uterus into that position he will find now to resist his efforts; and although he may be able to restore the organ in part and get the pessary into place, he will find it will not—as it cannot, indeed—properly act, and that the patient, instead of being relieved, is more uncomfortable.

The same remarks apply to both conditions, whether retroversion or anteversion: so long as the abdominal walls remain in the same incurved state above described, it is difficult in most cases to elevate permanently the fundus; indeed, all attempts generally increase the distress, and the uterus shortly regains its former position. In this retracted condition of the walls, the ovaries also along with the uterus suffer from the pressure and restraint of free movement, without which none of the viscera can work painlessly and perfectly; but when pessaries are employed, these are almost certain to be brought in contact with the ovaries, and consequently much distress is felt; and this is naturally most severe when rigid pessaries are used, such as are made of vulcanite, coralline, or metal—the kinds most likely to be used in these difficult cases. In some of these cases, it is probable that the uterus was already

*Medical Society's Proceedings, 1881.

retroposed or anteposed—*i. e.*, before the retracted state of the walls occurred; but the clinical aspect of the case is the same, whatever the order of arrival. From a survey of this state of things, I think it will be conceded that the uterus has assumed the position of neutrality to the forces existing about it, and that the treatment should rather be directed to remove these abnormal forces than to drive the uterus in antagonism to them, and thus place it, as it were, between the upper and nether millstones.

Saving Condemned Limbs.

Dr. Sampson Gamgee, in the *Brit. Med. Jour.*, says:

A surgeon's responsibilities are never more delicate and weighty than when he is called upon to review a decision to amputate a limb. To the cases elsewhere published,* in which, from inability to coincide with proposed amputations, I have successfully adopted measures to save limbs, brief notes of a more recent case may be added preliminary to comment.

In compliance with an urgent call into the country, I visited a patient whose leg was to be amputated next day. I gathered from the medical attendant that a fracture through the right ankle had occurred about a fortnight previously; great swelling having supervened, a considerable number of leeches were applied, and then padded wooden splints. When these were removed, after four or five days' intense suffering, a large wound was exposed on the inner aspect of the limb, which was much swollen. Splints were then discontinued, carbolic acid lotion applied, and amputation advised after consultation with a hospital surgeon.

I found the limb from foot to knee greatly swollen and tense, of deep red color, and exquisitely sensitive to the slightest touch. The skin, to the extent of several square inches over the tendo Achillis and on the outer part of the leg, threatened disorganization; and on the inner side of the ankle was an irregularly shaped, deeply excavated wound, measuring from side to side five inches and five-eighths, from above downwards three inches and seven-eighths, and seemingly penetrating in its depressed centre into the ankle-joint. The patient's constitutional state was sound, but pain and want of sleep had produced considerable exhaustion. Unable to concur in the proposed amputation, I advised twenty-four hours' delay, to test the effect of the treatment which I proceeded to carry out. Carefully supporting the limb, I raised the foot and placed on the outer side from the lower third of the thigh downwards, a double millboard splint, gummed, and padded three inches thick with dry absorbent gauze and cotton tissue. The splint embraced the sole of the foot, which, as well as the whole inner side of the limb, was padded with equally thick and perfectly smooth folds of the tissue. The whole was now smoothly bandaged with long spirals and without reverses, and with equable but decided pressure. Four six-yard bandages were used. The limb was then placed on the outer side in a swing, and I visited the patient with the medical attendant the next day. Pain had been much less, and the loosened bandages denoted great subsidence in the swelling. Taking the limb out of the swing, the bandages on the inner aspect were cut, and the absorbent tissue, soaked with a great quantity of matter, removed; but the millboard splint on the *outer* side was not touched for some days. The skin was paler and much less sensitive and tense. The same dressing was repeated on the following three days. The improvement locally and constitutionally was then so marked that the question of amputation was not reopened; and henceforward the dressing was only renewed every other day. A considerable slough separated from over the tendo Achillis and the outer part of the leg, and the absorbent tissue before application was lightly sprinkled with some of the following lotion: Four grains of sulphate of zinc, half an ounce of methylated spirits of wine, one ounce of glycerine, and one ounce of water. The wound surface was occasionally touched with solid sulphate of copper. The dense deposit in the leg above the wound softened, and gave evidence of subcutaneous pus, which was carried off by drainage-tubes, one of which was passed several inches up the inner side of the leg, by corkscrew movement, from beneath the upper edge of the wound. Another tube was introduced through a small incision just outside the middle of the tibia. The outer ends of the drainage-tubes were made to project out of the dressings into a tin tray containing dry earth, which could be changed whenever necessary. The more perfectly to immobilize the foot and ankle, a bracket millboard splint was secured on the outer side, so as to embrace the leg just below the calf, and also the outer edge of the foot. Later on, gummed millboard splints were placed on the inner

* Case 49, p. 132, Case 51, p. 137, Case 63, p. 171, Case 84, p. 228, in Treatment of Wounds and Fractures, by the author, second edition, Churchills.

and posterior aspects; and it may give some idea of the amount of padding to state that at each dressing half a pound of the absorbent gauze and cotton tissue was used. For the first six weeks the dressing was renewed every other day, after that on Mondays and Thursdays. The patient left her bed for the couch at the end of two months; in another fortnight she removed downstairs, and then the wound on the inner side of the ankle was solidly healed, with fair and steadily improving movement in the joint.

The recovery of the limb was due to a variety of agencies, chief amongst which were immobility, position, pressure, infrequent and dry dressings, with drainage by absorbent tissue, glycerine and tubes. It was remarkable how the very tender limb, which at first could scarcely bear the slightest touch, became comfortable under equable elastic pressure, physiological position, and absolute rest. I have elsewhere* recorded a case in which a patient with a tender swollen leg, similarly treated, spontaneously expressed himself in these words: "It is wonderful how I can bear the limb handled now, and I could not stand a feather touching it last night." Glycerine in such cases acts as an antiputrescent, and by its great affinity for water powerfully aids absorbent tissues in securing perfect surface drainage, and keeping parts clean and sweet without the use of water. The plan of wound treatment, based on physiological principles, which I have enjoyed the frequent privilege of illustrating in these columns, was strikingly exemplified in the case above related. The limb was in such a condition that it was impossible to foretell its recovery with certainty, and it was only by the utmost care at every dressing that the result was attained. But I was from the first hopeful. In a large proportion of cases in hospital and private practice in which I have been called upon to amputate, I have not touched the knife and have spared the limb. A clear conception of physical and physiological principles, unprejudiced application and combination of therapeutic resources according to the circumstances of particular cases, gentle yet firm, painstaking yet not meddlesome manipulation, are very powerful agencies in saving condemned limbs.

The Causation and Treatment of Pneumonia.

Before the Academy of Medicine in Ireland, Dr. Martin read a paper on the occurrence of a large number of cases of pneumonia, within a period of three months, in a space about equal to half a square mile in the town of Portlaw. In only one instance did two cases occur in the same house, and one of these was seized while working at a place six miles distant, where he had been residing for three weeks previously, and only returned home to be nursed. No person occupied in attending on or nursing a case was affected, even under circumstances particularly favorable to such a result. In almost every instance a certain amount of unsanitary surroundings existed; and to this, aided by the particularly unfavorable climatic influence which prevailed, he attributed the outbreak—the more so that, in almost every instance, the patient stated that the illness was produced by a chill, caused by exposure when heated by exertion to the peculiarly severe easterly winds which prevailed. Of the twenty-eight cases, twenty-six recovered. The treatment was based on old-fashioned lines; in the early stage, aconite, salines, diaphoretics, poultices, leeches; and in the advanced stage, occasionally flying blisters, and, after their removal, cotton-wool covered by gutta-percha paper; the patient's strength being supported all through by milk, beef-tea, eggs, and occasionally stimulants, but in very moderate quantities. He tried quinine in some cases, and perhaps with advantage; but he preferred brandy when temperature was high, as it agreed better with the patient, and acted more speedily; but, when one considered the very unfavorable circumstances under which he had to treat these patients in their own homes—seldom clean, and amidst extreme dirt and poverty—his opinion on the action of a special drug like quinine could not be very positive or reliable.

Dr. J. W. Moore remarked that while Dr. Martin regarded the infective theory as non-proven, because, save in one instance, no two cases of pneumonia occurred in the same family, yet there was a general history of exposure to chill; and this exposure to chill has been recently advanced as one of the strongest arguments in support of the infective theory in acute pneumonia. The chill caused a certain amount of bronchial catarrh, enabling the virus of the pneumonia to find ready entrance into the system; in fact, the chill produced a traumatic condition of the bronchial mucous membrane, facilitating the entrance of the virus. The specific theory was also objected to on the ground that the disease commonly resulted from a blow or injury, rending the lung, and producing a lesion by which the virus entered the blood.

* Wounds and Fractures, page 187.

From his own observations in Cork Street Hospital, he concluded that in most cases there was an essential or true pneumonic fever; sometimes, a pythogenic pneumonia. The relation of the local lesion to the disorder seemed to be analogous to that of the lesion of Peyer's patches to the essential disorder in enteric fever. That a second case did not occur in the same house, told very little against the zymotic theory, because other people might not have been exposed to the chill.

A Case of Prolonged Rigor in an Epileptic.

Dr. J. Harrington Douty thus writes in the *Lancet:*

H. B——, aged seventy-five; epileptic since an apoplexy two years and a half ago; dementia. I was called the other day to see this patient, who was said by the charge nurse of the hospital ward to be in a rigor. The following note describes briefly the symptoms which presented themselves: She was shivering from head to foot, like one who was in the early stage of an acute febrile illness; her teeth chattered violently; the skin was pale and in a state of "cutis anserina;" her face wore an expression of distress and anxiety; she groaned at times and complained of violent pain "down the back," and said now and then in a stammering way, "Oh, so cold, so cold!" It was impossible to count her pulse or hear her heart-sounds. Respirations were 36. As each breath was drawn the shivering became more violent up to the end of inspiration; the inspiration was noisy, and ended prematurely with a jerky closure of the vocal cords; during each expiration there was a slight but distinct quieting down of the convulsions. The temperature, taken carefully in the axilla, was 98.4°. She was as conscious as she ever is, and, though in a slow stammering way, answered one's questions pretty well. The rigor went on without intermission, the spasmodic muscular contractions which constituted the shivering becoming gradually more severe, and the skin colder and of a blue tint. Twenty-five minutes from the onset of the rigor the patient became unconscious, and a violent epileptic "fit" occurred, the tonic stage of which was absent; a comatose condition followed, lasting for twenty minutes, after which the patient resumed her usual state, though, of course, she was much prostrated. The temperature throughout was at the normal.

Remarks.—Amongst the almost innumerable phenomena which usher in epileptic seizures, an aura such as this, presenting all the subjective and objective symptoms (excepting pyrexia) of an ordinary rigor would seem to be rare. In this case the stage of "contraction of the facial," which usually precedes that of the "cerebral vessels," seems to have been exaggerated; the spasm spread over the whole cutaneous vascular system, and hence the subjective "cold" and the complete rigor. It was interesting to note that the tonic stage of the fit was absent; probably the muscles were too much exhausted by the twenty-five minutes' duration of the rigor to develop any strong tonic spasm. The "fit," however, was distinctly separable from the rigor, the patient suddenly becoming unconscious, and the spasms of the rigor developing into clonic convulsions of a very severe type. The case is of some interest, too, when viewed in the light of a further testimony to the close pathological analogy between the two phenomena ordinarily distinguished by the names "rigor" and "convulsion."

Gas-forming Bacteria of the Digestive Tract.

The formation of gas in the stomach, such as occurs, for example, a short time after food, causing swelling of the organ, has never been completely explained. Though usually ascribed to fermentation, the exact nature of the process has not been discovered. Professor Miller, in a paper in the *Deutsche Medizinische Wochenschrift*, has investigated this subject. He ascribes the formation of gas in the stomach and intestines to the action of certain forms of bacteria on the carbo-hydrates of the food. These organisms have the common property of withstanding for six to eight hours the acidity of the dog's stomach, which is 0.1 per cent. greater than that of man. If a culture of the organisms be mixed with the food of the animals, diarrhœa ensues in twenty-four to thirty-six hours; and the same result Dr. Miller experienced when he took some of the culture after a meal of potatoes and bread. The symptoms were relieved by a large dose of hydrochloric acid, but he found the bacteria in the fæces for six days afterwards. In the other experiments which were performed, the organisms were added to a digestive mixture containing the food experimented upon, and a large amount of saliva. The amount of gas formed was then roughly estimated by comparing the level of the food before and after digestion. It was found that, of ordinary food, bread and potatoes gave rise to the greatest quantity of gas; while meat, fish,

and some vegetables (for example, boiled endive), gave rise to exceedingly little. Connecting these two series of facts together, Professor Miller states that, in some conditions of the alimentary tract, the organisms will give rise to flatulence, in others to diarrhœa and colic, in others, again, to both sets of symptoms combined. As an indication for the treatment of such conditions, it is evident that the antiseptic drug used must be given before meals, from which the greater part of the carbo-hydrates must be removed.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Two Annual Addresses before us treat of the general subject of the progress of medical science with uncommon force of expression and clearness of thought. One is entitled, "The Now and Then of Medicine," and is by Dr. Edward R. Mayer; the other, "What is Medicine?" by Dr. Albert L. Gihon, U. S. N.

——The Physicians' Almanac for 1886, is published by Wells, Richardson & Co., Burlington, Vt., for the purpose of introducing "lactated food" to the profession.

——In recent otological literature two interesting reprints are worthy of note. One is on Examinations of the Auditory Organs of School Children, by Dr. Friederich Rezold, of Munich, translated by Dr. Isidor Furst, of New York; and the other is on Catarrh of the Upper Air-Tract, especially in its Effects on the Ear, with Suggestions as to Treatment, by Dr. Samuel Sexton, of New York City. (Vail & Co.)

—*The Weekly Medical Review* announces that it will have a special department on Railway Surgery. We are told that the number of cases treated in the hospitals of the Missouri Pacific system alone, during one year, was over one hundred thousand, and that that system employs one hundred and forty-nine surgeons.

BOOK NOTICES.

Practical Clinical Lessons on Syphilis and the Genito-urinary Diseases. By Fessenden N. Otis, M. D. 8vo., pp. 584. Cloth. Price $2.00. New York: G. P. Putnam's Sons, 1886.

The present edition of Dr. Otis's work is in all respects the same as the previous one; as he explains in the preface, he has had a limited number of copies struck off from the plates, principally for the use of his students, and to supply the immediate orders, pending the preparation of a thoroughly revised edition upon which he is now engaged. As the profession have learned to know, and by knowing highly to esteem his treatise, we do not doubt that the revision he will give it will largely increase its future sales.

The Disorders of Menstruation. A Practical treatise by John N. Upshur, M. D. 12mo., pp. 200. Price $1.25. New York, 1886.

In a series of short chapters, the author describes the symptoms and treatment of amenorrhœa, menorrhagia, dysmenorrhœa, ovaritis, vesical irritation, pelvic cellulitis, the neuroses of menstruation, and the menopause. His style is clear, and from a wide range of reading and observation he presents the most essential features of these pathological conditions and the therapeutical methods which have proved effective. To one who wishes a small manual on this large subject, the present one can be recommended.

Von Ziemssen's Hand-book of General Therapeutics. Vol. IV. William Wood & Co., New York.

The present volume of this comprehensive work is occupied by two essays, one by Dr. Hermann Weber on the Treatment of Disease by Climate, the other on General Balneo-Therpeutics by Prof. Otto Leichtenstern.

Dr. Weber divides his subject into three parts. The first treats of the elements or factors of climate, as warmth, moisture, light, barometric pressure, and electrical conditions; the second, of the classification of climates, which he groups under the marine and inland; and third, the choice of a climate for the treatment or prevention of disease. In the latter part of the volume Prof. Leichtenstern discusses the physiological and therapeutic action of different kinds of baths and of waters when taken internally, and then proceeds to the therapeutic action of the most important groups of natural wells.

It is unnecessary to say that the review of the principles here given is thorough and most instructive. The authors are eminent teachers, and they have had the advantage of long personal acquantance with the German wells and springs where the science of Balneo-therapeutics arose; nevertheless, we cannot but regret that so little of what they say is applicable to this country without important modifications.

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OF

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THE RIGHTS OF THE AMERICAN MEDICAL ASSOCIATION.

Throughout the controversy over the International Medical Congress, we have always maintained that the American Medical Association had the unquestioned right to do with its committees, with its creatures, that which it chose to do. In a recent editorial, we strongly urged this position, and for so doing we have been taken to task by the *Medical Record* in the following language:

"We fear that our usually alert contemporary, THE MEDICAL AND SURGICAL REPORTER, does not read his exchanges. It says: 'The Association has, we maintain, the right to do just exactly that which it chooses; and when it has announced its decision, it then becomes the plain duty of all right-meaning medical men to uncomplainingly abide by this decision. The claim that the Association has not the right of arbitration has been, we say, clearly abandoned by those who at first made this claim, as is evidenced by their determination to refer the matter in dispute to the Association for arbitration.' Turning now to *The American Practitioner and News*, one of the journals which first made this claim, we read: 'The new committee pledged the Association to accept the work of the Committee on Organization. It gave the latter full power to create or destroy, to do or undo, according to what it believed would inure most to the interests of the Congress. It promised that its acts should neither be altered, nor revised, nor interfered with, in any manner whatever. It is true that such a pledge was an unusual one to give, and such a promise an unusual one to make, but both were incorporated in the bond executed by the legal representatives and accredited agents of the Association, and nothing remains for that body, when it meets in St. Louis, but to ratify the contract. This it is in honor clearly bound to do. It has absolutely no choice in the matter.'"

In reply to this criticism, we can only say that while we have great respect for *The American Practitioner and News*, yet we cannot accept its dictum as final, and we must again repeat and adhere to what we have already said, that the American Medical Association, as creator, has perfect control over that which it has created.

ILLEGAL PRACTICE.

In a recent issue we related the effort that is being made by the County Medical Society to break up the illegal practice of medi-

cine in this county, and we are glad now to be able to record the fact that the scoundrel whose case we then detailed has been sentenced to an imprisonment of six weeks; a very light sentence, it is true, but nevertheless it was a conviction and a punishment, and as this is all that the Society demands or the public requires, it is enough. There has been brought to light a law passed in 1860, part of the penal code, that makes it a criminal offence for any man, whether qualified and registered or not, to advertise special treatment for the cure of secret or venereal diseases; and under this act several men, who for years have been carrying on this nefarious practice in this city, were recently arrested. This work is being pushed with great energy, and it is a question of but a short time until the fair fame of Philadelphia's profession will be purged of its parasites.

STATE SANITARY CONVENTION.

We are informed that the State Sanitary Convention, the preliminary circular of which we noticed in a recent issue, promises to be a gathering of great practical value. Dr. William Pepper, the Provost of the University of Pennsylvania, has accepted the Presidency of the Convention; among the Vice-Presidents, we note the names of Ex-Governors, Ex-Mayors, and gentlemen distinguished in all the different walks of life. There will be representatives present from many of the different State Boards of Health, while the State Board of Maryland has signified its intention of being present in a body. A large number of subjects of vital import will be discussed, and altogether the Convention promises to be a most important affair. McCaull's Opera House, on Broad street below Locust, has been secured for the sessions of the Convention.

THE RIGHT TO EXPRESS YOUR OPINION.

Dr. Carl Seiler, of Philadelphia, has been recently subjected to a great deal of inconvenience because he saw fit some months ago, in the course of a scientific lecture before a body of scientific men, to condemn the use of a certain proprietary article, calling it by name, but using, as we understand it, this particular article as an illustration whereby to condemn the use of all proprietary articles, the constitution of which are mysteries to us.

The proprietor of this particular article felt aggrieved by this reference to his wares, and instituted a suit for slander, or libel, against Dr. Seiler.

We are happy to say that, after weary months of litigation, this suit has been decided in Dr. Seiler's favor, thus vindicating the right of freedom of speech of scientific men, who desire to protect the people from the uncertain and unknown results of secret and mysterious nostrums.

Notes and Comments.

Poisoning by Paraffin-oil.

Such cases are sufficiently rare to warrant the reproduction of the case which Dr. George Vincent publishes in the *Brit. Med. Jour.*, March 20:

He was called to a girl aged 15½ years, at 8:15 p. m., and was informed that she had taken a good drink of paraffin-oil in mistake for ginger-beer nearly an hour previously. The quantity was estimated at nearly half a pint; the girl, having put the neck of the bottle into her mouth, did not detect the mistake until she had swallowed this. After the lapse of fifteen or twenty minutes, her friends gave her some salt and water, and she vomited. The following was her condition at the time of his arrival: The surface of the body and the extremities were cold, the face pale and anxious; the pulse feeble but regular, 132 per minute; respiration sighing; and she complained bitterly of pain in the throat and in the epigastric and the left hypochondriac regions. He gave her an emetic of sulphate of zinc, and she vomited freely. He then gave her some chalk suspended in milk, whilst hot-water bottles and the bed were being prepared. The emetic was repeated, and she again vomited freely. She was now placed in bed, rolled up in blankets, and with hot water bottles to her feet and sides. She was perfectly conscious throughout. At 9 p. m. the pulse was 120, respiration sighing, temperature 98.6° Fahr. The pain was less severe. She complained of thirst and chilly sensations. At 11 p. m. reaction had thoroughly set in. The pulse was 104, stronger and fuller. The surface of the body was warm. The axillary temperature was 99.6° Fahr. Pain was less severe in the throat and left hypochondrium, but still severe in the epigastric region. The type of respiration was unaltered, and during the past two hours she had vomited several times.

She passed a restless night, being troubled with an insatiable thirst, for which she was

given milk and a solution of carbonate of magnesia, and upon which she was kept for several days, in fact, as long as the sighing respiration and the abdominal pain continued. The tonsils remained permanently enlarged, and were subsequently excised; but as she was a strumous girl, it is probable that they were enlarged before the accident.

Congenital Malformation of the Hands.

Dr. W. J. Middleton, of Steelton, Pa., reports to the *Med. Record* the following case of congenital deformity, seen in the person of a negro, now twenty-one years of age. He writes: "Each hand has a thumb and three fingers, while the middle finger is absent. The only bones lacking in the right hand are the last two phalanges of the middle finger. The proximal phalanx exists, and is of normal size, but instead of presenting in a straight line, it inclines toward the ring finger and articulates with a second phalanx common to both of these proximal phalanges. Both bones are encased in one integumentary covering, and form but one finger. The metacarpo-phalangeal articulation of the middle finger is very loose, and flexion leaves an interspace at the knuckle. The extremities of the two phalanges are not united into one bone, but are movable upon each other. The left hand lacks all the bones of the middle finger, and is cleft to the carpus. The two almost equal halves of the hand can be approximated and separated at will. The index finger of this hand has a veritable double joint at the knuckle. This joint has the usual forward flexion motion, and an almost equally perfect lateral flexion toward the ring finger. This motion results from the introduction of a sesamoid bone into the joint, a wedge-shaped bone, larger on the thumb side of the joint. The finger is as nearly straight as is usual. The man says that his parents and brothers are perfectly formed, and he knows of no reason for the deformity. His hands, notwithstanding the malformation, are large and strong. His business is to carry pig-iron from the cars at the Bessemer works."

Puerperal Insanity.

Before the Liverpool Medical Institution, Dr. J. Wiglesworth read a paper which consisted in an analysis of seventy-three recent cases of this affection, under observation in Rainhill Asylum. Puerperal insanity was looked upon as a genus of which the insanities of pregnancy, parturition, and lactation constituted the species, and the report dealt with ten cases of the first class, thirty-one of the second, and thirty-two of the third. The insanity of pregnancy was found to be the least frequent of the three varieties, and it was also the least curable; the disorder showed a tendency to develop in the later, rather than in the earlier months of gestation, and the influence of parturition was not immediately beneficial, in some cases having a contrary effect; the form of mental disorder was as often mania as melancholia. In the second variety of the disorder—the insanity of parturition—the most salient points were, that it occurred most frequently in primiparæ, and that the symptoms in the great majority of cases commenced in the first three weeks after parturition; that the form of mental disorder was more frequently mania than melancholia, and that the percentage of recoveries was high. The opinion was given that there was nothing at all peculiar in the character of the mental symptoms taken by themselves. The third variety—the insanity of lactation—presented the highest recovery rate; first lactations were not specially liable to insanity, the tendency being the other way, and the affection showed a tendency to commence in the earlier, rather than the later, months of lactation; the form of mental disorder was more frequently melancholia than mania. The prognosis was least favorable in the insanity of pregnancy, and most so in that of lactation, as shown by the following percentages:

	Pregnancy.	*Parturition.*	*Lactation.*
Recovery rate	60	74	85.7
Death rate	20	14.8	7.1
Incurable rate	20	11.1	7.1
Average duration of recovered cases	1 year.	8 4-5th mos.	7¼ mos.

Traumatic Inguinal Aneurism—Rupture of Sac—Ligature of the Common Femoral and External Iliac Arteries.

Before the Clinical Society of London (February 26), Mr. C. Mansell Moullin read a paper on this case. The patient, a slight-built man, æt. 34, had received a severe blow in the groin from the edge of a flat piece of iron about four weeks before admission. There was a good deal of swelling and discoloration about the part for some days, but this, according to his account, disappeared almost completely. Three weeks after the blow the swelling reappeared again, and continued to increase, until the morning of admission, when during some effort he was seized with violent pain and a large pulsating tumor made its appearance in the groin, extending into the scrotum and perinæum. The foot and leg were not much swollen, but

the skin in the groin was red and œdematous, and the scrotum much discolored. An incision was made into the swelling over the femoral artery (after an abdominal tourniquet had been applied), and a longitudinal slit found in the wall of the vessel, immediately under Poupart's ligament. A director was passed down it, the artery separated and tied below the injured part with catgut. A fresh incision was then made above Poupart's ligament for the purpose of securing the external iliac above the rupture. No other vessel was tied. The blood clot, some of which was old and very adherent, some quite recent, was turned out as far as possible, a large drainage-tube inserted, and the limb carefully wrapped up in cotton wool. The subsequent course was perfectly simple, except that the wound suppurated freely, and until a side opening was made, remained full of decomposing clots. The limb wasted exceedingly, and a small slough formed on the side of the heel, but the gangrenous patch was only the size of a shilling. Four months after, pulsation could just be detected in the posterior tibial and perhaps in the anterior.

Necrosis of the Lower Jaw from the Medicinal Use of Phosphorus.

Before a recent meeting of the Clinical Society of London, Mr. Hutchinson read brief notes of this case. The patient was a lady, aged 65, who was seen by Mr. Hutchinson in November last, when the whole lower half of the face was enlarged, and several sinuses opened externally. Bare discolored bone was exposed in the mouth along the whole length of the alveolus. There was also a large deposit of new shell. The discharge was profuse and fœtid in the extreme. As to the origin of the necrosis, which resembled that due to phosphorus, it was elicited from the patient that she had "been taking phosphorus for the last two years, and had quite renovated her brain thereby;" the truth being that, save for a few intervals, she had during the time named been taking three Kirby's pills daily, each containing one thirty-third of a grain of phosphorus. The condition of the patient being much reduced, operation was deferred, pending improvement in her general health, until the present month, when, after consultation with Sir James Paget, Mr. Hutchinson removed about four inches of the dead bone, without having to resort to cutting instruments, although he feared at first that this would be necessary. The patient made an excellent recovery. Mr. Hutchinson remarked that Kirby's phosphorus pills were in very extensive use, but that this was the first case that he had seen in which jaw-disease could be traced to the medical use of phosphorus. The patient had carious teeth, and inflammation of the jaw had begun in connection with one of them, and probably about six or nine months after the taking of the pills commenced.

A Unique Case.

The well-known Prof. Westphal reports the following highly interesting and unique case in the *Berl. Klin. Woch.*, 3, 1886:

A boy, æt. 12, four or five years ago suffered with scarlatina. He got well, and for four weeks remained healthy. Suddenly in the night he was seized with complete paralysis of all four extremities, and perfect immobility. The day before he is said to have complained of a peculiar sensation in his limbs, formication in the hands, and pains in the feet. While paralyzed he suffered greatly from thirst, heat, and profuse perspiration. In the beginning these attacks occurred every four to six weeks, later several times a week, and they usually lasted one day and one night, though occasionally also 48 hours. In the intervals the boy enjoyed perfect health. There is no neuropathic hereditary disposition. In the hospital, from January 7 to April 23, 1885, eight attacks were observed, which all reached their acme during the night. First, weakness of the lower, then such of the upper extremities set in; then a sharp pain attacked the legs, especially the heels; the thirst became intolerable, and the boy had a frequent desire to urinate, to which occasional inability to pass it became added. The weakness ended in complete palsy. Turning of the head, coughing, and sneezing, also became difficult. General sensation normal; feet, reflex wanting, cremaster and abdominal reflexes normal. Knee phenomenon diminished at height of seizure. Sensorium intact. For about fifteen minutes, near the acme of the attack, faradic as well as galvanic electro-muscular contractility *was completely abolished.*

Prof. Westphal shows that this unique case must not be mistaken for one of periodical paralysis as usually described. The spleen was not enlarged, there never was any regularity in the attacks, and quinine had no effect, so that latent malaria could not have been the cause. Westphal admits his inability to discover the pathogenic element and the real nature of the malady.

Pelvic Abscess Simulating Uterine Fibroid.

In this case, wherein the diagnosis of soft uterine fibroid was made, the patient was thin and anæmic. The abdomen was somewhat distended. A smooth, elastic swelling was felt rising up from the pelvis to the level of the umbilicus; it was not tender. The swelling was symmetrically situated with regard to the middle line. It was dull on percussion; laterally, beyond the limits of the swelling, the abdomen was resonant. Nothing could be heard on auscultation over the tumor. The patient was put under the influence of ether in order that the relations of the swelling might be the more thoroughly determined. Through the speculum a sanious discharge was seen to be issuing from the os externum. A catheter having been passed to make certain that the bladder was empty, a swelling was felt in front of the cervix, depressing the anterior fornix. Bimanually, this swelling was found continuous with that already noted in the hypogastric region. The uterus was movable; every upward impulse given to the cervix moved the tumor with it. The body of the uterus could not be made out distinct from the tumor. It was thought that the latter extended rather further towards the left than to the right. The sound was not used on this occasion. The temperature was 101.4° on admission, and varied for some six weeks subsequently from 102° at night (on one occasion 103.5°) to 99° in the morning. Dr. A. H. N. Lewers, who reports the case in the *Lancet*, March 6th, drew off a pint of very offensive pus by the aspirator, and the patient made a good recovery.

Application of Iodoform in Diphtheria.

Dr. A. F. Richmond writes to the *Lancet* to say that he has cured a very severe case of diphtheria by means of iodoform only. It was applied to the patches on the palate and the fauces (with a camel-hair pencil moistened with mucilage) three times a day. The child also inhaled vapor of iodoform whenever he suffered from dyspnœa, and was invariably relieved by it. The vapor was produced at the lowest possible temperature, so as not to change its chemical and curative properties. The child was unable to swallow for two days previously to being seen by Dr. Richmond, and within half an hour of the application of the iodoform he was able to take a little milk, and afterwards continued to drink with ease. The tongue became clean, and remained so. The child cut three teeth during his illness (which lasted thirteen days) and was highly salivated towards the termination of the complaint. The salivation was, however, only a little more than might take place in a perfectly healthy child when teething. There was no hyperpyrexia, and the muscular nerve-twigs were not affected; consequently he has had no paralytic symptoms, and is now in good health. Dr. Richmond has also been using iodoform with marked benefit in the treatment of various other complaints, viz., phthisis, erysipelas, herpes, burns, and scalds.

Deformed Penis.

In the *Virginia Med. Mo.*, Dr. R. H. Baylor says that he was called to visit an infant child. On reaching the house, the mother presented her child for an examination, saying, the "bottom parts were out of order." The child was two weeks old and had a very healthy look, and was as large as children at that age. Upon an examination of the privates of the child, he found a very uncommon deformity. He had never, in an active practice for thirty-five years, read of or seen a case like it. The root of the penis was attached firmly to the ossa pubis, but the body of the penis could not be seen, being deeply buried under a continuation of the abdominal skin and muscles. The scrotum was not divided into two lateral halves by the raphé, but the scrotum resembled a large bag and was sinuous. After examining the scrotum carefully, the two testes were found, and between them the penis could be distinctly felt. The glans-penis made its exit about the middle of the scrotum, between the testes. The glans-penis had its usual appearance and was covered with the prepuce, and at the apex the meatus urinarius was seen. The child passed water freely while he was making the examination. An operation will relieve the deformity.

Cyclic Albuminuria.

This condition, to which we have already called attention, is one that should be understood by all, for it will frequently happen that cases will offer, such as the one presented to Dr. Pavy (*Lancet*, March 6), where a young man, who supposed himself, and who was supposed by all about him, to be perfectly healthy, was rejected for a position because albumen was found in his urine. In this case albumen was never to be found early in the morning; about noon it was abundant, and by bed-time it was gone. The experiment of fasting was tried, without any effect, but when he remained in bed until

noon, no albumen was found. This is an important fact, the intimate nature of which Dr. Pavy does not attempt to explain. We ourselves have frequently examined urine from patients in the morning, when we would find scarcely a trace of albumen, and, in some cases, none at all, whereas that passed after an active day would be full of it. The moral of such cases is not to jump at a conclusion that a patient has organic disease of the kidney, because we find albumen in the urine.

The Pathology of Arterio-Capillary Fibroid Kidney.

Next to or even equal with the pulmonary functions, the renal functions stand foremost for the maintenance of health. If the former represents aërial respiration, the latter represents aquatic respiration. The one clears the system of gaseous, the other of solid excreta. The function of water in the body is probably not yet as much considered as it deserves to be, and our practical ideas of the circulation are too much restricted to the onward current through the capillary vessels, whilst the interstitial circulation, the transit of the blood plasma and water through the textures of the organs, is too often ignored.

Sir William Gull points out, in the April number of *The American Journal of the Medical Sciences*, that it is in the course of this interstitial circulation through the arteriole and capillary walls, that the first difficulty occurs which leads on to arterio-capillary fibroid changes, whether in the kidney or elsewhere. The changes are characteristic of a wide-spread pathology of the vascular system, supervening about the middle and later periods of life.

The Size of the Incision in Ovariotomy.

This question has been much discussed, and the size that the incision should be made is given variously by different authors. In the *Med. Press* (March 3) Dr. Lombe Atthill tell us that he has always followed the example set by Sir Spencer Wells, and made as large an opening in the abdominal wall as would enable him to see what he was doing, holding that the size of the incision does not affect the chance of recovery. Of course it should not be larger than necessary; but he holds that it is not wise to force a semi-solid tumor through a small opening, and still more so not to leave space sufficient to enable you to see clearly any bleeding point. Mr. Lawson Tait, on the other hand, insists strongly that the incision should be as small as possible, and that a large one tends to favor the formation of a hernia. We cannot agree in this. He has now been watching cases for fifteen years; several of these have had children, and others have large pendulous abdomens, but in not one has he seen a hernia to form through the line of the incision, and the fear of its occurrence will never deter him from making one sufficiently large for the object he has in view.

Case of Reproduction of Upper End of Femur after Jordan's Operation.

To a recent meeting of the Medical Society of London Mr. Edmund Owen showed a boy, aged 6, who had been admitted for long standing hip-disease on the left side. An abscess had formed in the knee of the same side, and another in the right wrist, which were both opened. The wound in the knee did badly, and the hip-mischief became more pronounced, so that ultimately it was decided to amputate at the hip by Jordan's method. The operation was successfully carried out, but in this case the periosteum was stripped from the bone and left in. At this time the boy's liver was enormously enlarged, and his urine was solid with albumen. As soon as he came round somewhat from the operation he was put on tonics, and treated to a liberal dietary, and plenty of fresh air and sunlight, and his condition rapidly improved, the liver becoming smaller and the albumen less. The result as regarded the hip was very satisfactory, bone having reformed from the periosteum, with the result of leaving a stump which would be very useful for the purposes of an artificial limb.

The Effects of Loud Sounds on the Organs of Hearing.

At the Philosophical and Medico-Chirurgical Societies of Glasgow, Dr. Barr has read papers embodying the results of his inquiries into the effects of loud sounds on the organ of hearing, in the case of boiler-makers and others who work among noisy surroundings. The facts he has brought out are only what might be expected from continuous noise acting on a delicate structure like the human ear; but the extent to which defective hearing proceeds under these abnormal conditions is brought out more fully, when we learn that the hearing-power of boiler-makers is only about 9¾ per cent., as compared with the normal standard of hearing. Dr. Barr's graphic description of the influences that bring about this state of matters in the case of the "holders-on," men who work inside of

boilers, readily explains this unfortunate result of our advanced industrial civilization. Dr. Barr suggests as a remedy for preventing this defective hearing, the wearing of an India-rubber hollow cushion or plug.

The Panacea of Modern Gynecology.

Dr. Parvin thus writes in the *Med. News:* Winckel, in his *Lehrbuch der Frauenkrankheiten*, which has just been published, speaks of laparotomy as the panacea of modern gynecology. Such conservatism is not in correspondence with the spirit of the times when so many speak of a "Battey," or of a "Tait," as a frequent event, and regard extirpation of the ovaries, or of the tubes, or of both, as an operation the indications for which are often presented and are unequivocal. Possibly, however, the voice of conservatism ought to be heard in this, as well as in some other departments of operative gynecology. If the history of some at least of those whose sound ovaries have been removed were given months or a year or two after the extraction, it would be found that no good had resulted. Winckel regards the time as not far distant when the extirpation of the healthy ovaries for the cure of dysmenorrhœa, ovaralgia, epilepsy, hysteria, and mental disorders, will be considered in the same light as clitoridectomy, except that the latter was much more innocent and harmless.

Syphilis Transmitted by an Eustachian Catheter.

A strong man, aged 58, consulted M. Lancereaux at the Pitié Hospital in Paris for an eruption which began to appear a month ago, and eventually invaded the limbs, trunk, and head. This eruption presented the characteristic features of syphilis. The occipital and submaxillary glands were congested. The patient did not present any indication of primary syphilis. He was deaf, and had consulted an aurist on September 13th. A catheter was then passed into the Eustachian tube; the operation was repeated, when the patient's nose bled. M. Lancereaux, remembering former cases of contagion under similar circumstances, immediately recognized the possibility of contamination from the bougie. Infection must have taken place the first time the bougie was passed. On the second occasion, there was probably a chancre, which explained the bleeding from the nose.

Amblyopia and Monoplegia.

Dr. Suckling showed to a recent meeting of an English medical society a child with paralysis of the right hand, and amblyopia. Several months previously, it had been seized with vomiting, followed by Jacksonian epilepsy; the convulsions always beginning in the right hand, and then passing to the right side of the face, then to the right leg. Three months ago, the convulsions ceased to occur; but the right upper extremity remained paralyzed, and had become rigid. Latterly, the child had lost its sight, running into objects, and not recognizing its parents. The pupils responded normally, and there was no change in either fundus; there was a marked history of phthisis on the mother's side. Dr. Suckling considered that the monoplegia indicated mischief in the convolutions around the left fissure of Roland, and that the amblyopia was due to extension backwards to, and implication of the angular gyrus, and possibly, also, of the outer surface of the occipital lobe.

A Case of Multiple Myomata of the Skin, accompanied by Severe Pain.

Dr. W. A. Hardaway records, in the April number of the *American Journal of the Medical Sciences*, an interesting case which, viewed from a purely clinical standpoint, bears a strikingly close resemblance to the cases recorded by Duhring and Kosinski, which were looked upon by the authors mentioned as instances of pure neuroma of the skin. From a careful study of these cases, Dr. Hardaway feels justified in concluding that certain new growths in the skin and subcutaneous tissues, accompanied by severe pain, both of a spontaneous character, and as produced by direct irritation, may be of widely different histological structure; and that, therefore, from a clinical standpoint, we are not justified in assuming that a painful tumor or tubercle is a neuroma (fibro-neuroma) from the subjective symptoms that it presents, or from the macroscopic character of the lesions.

Partial and Sometimes General Chorea Minor from Naso-pharyngeal Reflex.

In the April number of the *American Journal of the Medical Sciences*, Dr. A. Jacobi calls attention to a form of partial or local chorea minor, affecting the muscles of the face and upper portions of the trunk, which has for its local cause an abnormal condition of the nasal and pharyngeal mucous membrane, with its influence on the terminal sensitive ends of the trifacial nerve. It is the muscles which are supplied by the terminal ends of this nerve which are first affected, but later the other muscles of the

upper extremity, and finally of the whole body, may participate in the choreic movements.

Correspondence.

Pruritus of the Anus.

Eds. Med. and Surg. Reporter:

"W. E. C." asks for suggestions for the treatment of pruritus ani. These local manifestations of disease usually owe their origin in part to derangement of the general system, and any indication in this respect should be attended to at once. If the patient's tongue is furred, he should have five grains of calomel and five grains of blue mass made into a pill once or twice a week (for a week or two), followed by a saline purgative the morning after the mercurial dose, and take for a few weeks, (with or without the addition of five drops of Fowler's solution with each dose,) the following alterative:

℞. Iodide potassium, ℥ ij.
Aqua distil., ℥ vj.
Fld. ext. quassia, ℥ ss.
Sig.—Shake well.
Dose.—A tablespoonful after each meal.

The local treatment should be commenced by the institution of the most perfect cleanliness. The patient should be instructed to wash his anus well with a cloth and cold water after each action of the bowels, and then to bathe his anus with the following wash:

℞. Hyposulphite of soda, ℥ ss.
Carbolic acid, ℥ ij.
Aqua distil., ℥ iv.
Glycerine, ℥ ij.
Mix. Sig.—Shake the wash well, and use freely after first thoroughly washing the anus with cold water.

In addition to this treatment, the patient must every night or two, after undressing for bed and washing and drying his anus, lie upon his face, and with his hands behind him, separate his nates as widely as possible, and be instructed to strain as at stool, and while thus straining the anus will protrude, and while the anus is protruding in consequence of the strong effort, five or ten grains of pulv. iodoform must be sprinkled upon the anus from a knife or spatula by an assistant. The minute eruption which causes this most distressing itching will be found most abundant at the junction of the mucous membrane of the rectum and the skin of the anus, and it is at this situation that the application does the most good. The patient should allow the iodoform to remain in the position of its application during the night, repeating during the day his ablutions of the anus after each action. The probability is that after two or three nightly applications of the iodoform all pruritus will disappear; but the patient should be directed to have the application of the iodoform continued three or four times a week until he is entirely relieved. I have never known a case to resist this treatment, and frequently washing the anus well, and nightly applying the iodoform, is the only treatment I prescribe.

J. B. Johnson, M. D.

Washington City, D. C.

News and Miscellany.

American Medical Association.

SPECIAL NOTICE.

To delegates and others who will attend the meeting of the American Medical Association, St. Louis, May 4th to 8th. Parties located east of Buffalo, Niagara Falls, Pittsburgh, and Parkersburg, will apply by mail to Secretary of Trunk Line Committee, 346 Broadway, N. Y., for certificates. Parties west of points named above and east of the Mississippi river, and north of the Ohio river, will apply to Geo. H. Daniels, Commissioner C. P. C. Chicago, Ills., for certificates. Parties south of the Ohio river, and east of the Mississippi river, will apply to M. Slaughter, Commissioner, Richmond, Va. Parties from Missouri river points, and from Chicago, will apply to E. P. Wilson, Arbitrator, Chicago. Points in the west and local points on the lines centering in St. Louis, will be arranged for by agent at starting point or upon arrival here.

Delegates in making application to the above-named persons for a certificate, must not forget to enclose a two-cent stamp to pay postage on the return letter enclosing to them the certificate. This must be done to insure the certificate being sent. Any delegate who fails, after making every effort, to get a certificate in due form, will take a receipt from the Ticket Agent at the point from which he starts, for amount of full fare paid by him, coming to the meeting; and in this receipt be particular to have named the form and number of ticket, and the road over which he will come. If not directly on one of the lines entering into this arrangement of reduced rates, pay your fare only to it, and then pay your full fare from that point, securing your certificate or receipt as above directed. State, County, or City Societies

can apply for the number of certificates they may wish, and have the number wanted sent in one envelope, instead of applying individually.

Round trip tickets from Chicago, Ills., also from New York, Richmond, Va., and Washington City, D. C., by Chesapeake and Ohio Railroad.

Members of the American Medical Association, or members of any medical societies, who may see the above, will please report it to individual members, or their societies, and try to get a notice of same in their city or county newspaper.

R. M. JORDAN, M. D.,
Chairman Transportation Committee,
St. Louis, Mo.

The Vanderbilt Clinic.

At a meeting of the trustees of the College of Physicians and Surgeons of New York recently, Dr. James W. McLane, a member of the faculty, and the physician of the late William H. Vanderbilt, announced that the four sons, Cornelius, William K., Frederick W., and George W., wished him to present to the trustees, on their behalf, the sum of $250,000 for a building in memory of their father. They contributed in equal shares to the gift. The building will be especially designed for the purpose of clinical instruction, a part of the sum only to be used for the structure, and the rest to be invested as an endowment fund. It is the desire of the donors to have it a charitable institution also, at which people may be treated gratuitously for any disease.

The trustees accepted the gift with pleasure. The new building will probably cost about $100,000, and will stand on the corner of Tenth avenue and Sixtieth street, on the land bought with W. H. Vanderbilt's $500,000 gift, and next to the Sloan Maternity. It will be called "The Vanderbilt Clinic." Its Board of Management will consist of Frederick W. Vanderbilt for the donors, Dr. J. C. Dalton as President of the College, Dr. W. H. Draper for the trustees, and Dr. H. B. Sands and Dr. J. W. McLane for the faculty. The new clinical buildings will form, with the other new buildings now being erected, a set of structures perfectly adapted for a medical college.

This gift makes an even million which has been given to the college since October, 1884, the date of William H. Vanderbilt's $500,000 gift. Of this $500,000, $200,000 was used in purchasing the twenty-nine lots between Fifty-ninth and Sixtieth streets on Tenth avenue, and the rest is to be expended on the new building. In January, Mr. and Mrs. Sloan will give $250,000 for the Sloan Maternity.

The work on the new building will be begun at once, and it will be completed as soon as the others. The corner-stone of the college building was laid on Saturday, April 24, by George W. Vanderbilt, and Chauncey M. Depew delivered an oration.

Professor of Anatomy in the Jefferson.

The election of a successor to Dr. W. H. Pancoast as Professor of Descriptive and Surgical Anatomy in the Jefferson Medical College has become a leading topic in medical circles, because of the failure of the trustees to make a selection at their last meeting, none of the applicants having received a majority of all of the votes cast. The applicants are: Drs. S. W. Forbes, W. W. Keen, O. H. Allis, G. W. McClellan, and J. Ewing Mears. The selection is made by the trustees in secret session from the list of applicants, and they vote by ballot. The trustees are Dr. E. B. Gardette, President; General Charles M. Prevost, Judge James R. Ludlow, James Campbell, George W. Fairman, Joseph Patterson, Joseph Allison, Furman Sheppard, D. B. Cummins, Simon Gratz, Edward H. Weil, Dr. Ellwood Wilson, B. B. Comegys, Henry C. Gibson, and Joseph B. Townsend. They were all seen recently, except Messrs. Gibson and Sheppard, who were out of the city, and Messrs. Ludlow and Gratz, who are ill, and declined to express any preference. There is no difference among the trustees that is likely to lead to any trouble over the selection of a Professor of Anatomy, and the general opinion is that a selection will be made without difficulty at the next meeting, which will be held on the 26th inst., at 8 o'clock p. m.

Water, and Plenty of It, Wanted.

A petition to Councils is in circulation, signed by men who represent the greater part of the five hundred million dollars which are invested in local industries. They ask for an abundant and certain supply of water.

The petitioners—all merchants or manufacturers—declare that they now pay a higher water rate in many parts of the city than is paid in New York, Boston, or Baltimore. They say that at present, and for years past, there has neither been enough water nor has the supply been reliable and

sufficiently free from foreign matter, thus hampering the growth of industries.

This is true, and worse than true. The remedy lies within the power of Councils. They have now the means to provide for a better water supply, and there should be no delay in getting it. The health and prosperity of the city depends on an adequate water supply. The warning raised by the manufacturers is too serious to be overlooked by Councils.

The Vagaries of an English Jury.

The verdict of acquittal in the Bartlett poisoning case, which has caused much excitement in England for several weeks past, is a curious comment on the insight of a British jury, as the case itself has been a curious comment on certain phases of British domestic life. Mrs. Bartlett expected Mr. Bartlett to die, and as she had grown to think a good deal more of her minister, Mr. Dyson, than of her husband, she concluded, with the consent of the sick husband, to treat the parson as if Mr. Bartlett were dead or did not care. So the parson and the Bartlett woman enjoyed their mutual attachment till Mr. Bartlett began to get better, when Mrs. Bartlett concluded to remove him by means of chloroform. According to common sense, Preacher Dyson and Mrs. Bartlett both ought to have been hanged; but this London jury did not think so. They will all probably join the Dilke colony and live down mere refined notions of morality.

The Burn-Brae Hospital for Mental Diseases.

This excellent institution, located a few miles from Philadelphia, has been in operation for more than a quarter of a century, and now numbers its friends in all sections of the Union. No better proof of the confidence reposed in its management by the profession and the community at large could be given, than the extensive improvements and additions that have been made during the last few years. The object of the institution is that it shall be made in every respect a home for its inmates. The location is beautiful and salubrious; the house, though possessing all the safeguards and appliances of a public hospital in external appearances and internal regulations, presents nothing forbidding or gloomy. We can speak from long personal knowledge of the confidence which may safely be placed in the management of Burn-Brae. The post-office address is Dr. R. A. Given, Clifton Heights, Delaware county, Pa.

Oleomargarine.

The Dairymen's Association of this city are proceeding to prosecute all persons found selling or manufacturing oleomargarine or any imitations of butter. This action will doubtless result in a judicial determination of the constitutionality of the law of May 21, 1885. Similar laws have been declared unconstitutional in other States, but Judge Simonton, of the Dauphin district, decided some time ago that as the act was entitled "an act for the protection of the public and to prevent adulteration of dairy products and fraud in the sale thereof," the Legislature had the constitutional power to pass such an act in the interest of the public health. The Supreme Court has not rendered any decision upon the subject, but the action of the Dairymen's Association is sure to lead to the carrying of a case to that body for final adjudication.

Atlantic City in Spring.

Dr. Boardman Reed, of Atlantic City, says of the spring season there: "Lent having begun later than usual this year, our spring business was a little late in beginning. But the hotels have never been fuller in any previous spring than they have this year since the season has been fairly open. The proprietors of all the principal houses bear testimony to this. The smaller houses, especially the boarding cottages, have not all done so well. They do not usually fill up entirely until well along in April or May. You ought to mention the important fact that Atlantic City is now the best sewered of all the New Jersey resorts.

Measles at the Prussian Court.

A dispatch from Berlin says that the epidemic of measles is spreading throughout the highest circles. The seven members of the Crown Prince's family affected by the disease have all recovered. The Prince himself furnished the severest case in his family. Other sufferers are Duke Earnest, the brother of the wife of Prince William; the Princess Charlotte, of Mecklenburg-Schwerin, and Count Olynhausen, the master of court ceremonies.

Apparent Hydrophobia.

Arthur S. Parvin, a farmer at Parvin's Mills, near Vineland, N. J., died recently, after suffering great agony for two weeks, during which he manifested all the symptoms of hydrophobia, although his disease

was supposed to be congestion of the brain. It is remembered that about a year ago he was bitten by a dog.

Artificial Cocaine.

Mr. Merck, of Darmstadt, according to a German journal, has succeeded in manufacturing cocaine from benzoyl-ecgonin, a body previously discovered by himself. He proceeds in the following manner: Several grams of benzoyl-ecgonin, with a slightly larger quantity of iodide of methyl and a little methyl alcohol, are heated in a tube to 100°. The mixture is digested in a water-bath, to expel the undecomposed iodide of methyl and methyl alcohol. From the syrupy residue cocaine is extracted as a hydriodate. From this salt, pure cocaine, dissolving at 98°—the same as natural cocaine—is produced. The artificial substance is found to answer all tests.

American Medical Association.

The special arrangements for St. Louis having been completed, those who desire to go at the reduced rates should *at once* apply to the undersigned. The entire expenses from Philadelphia and return will be $40; this includes railroad ticket, sleeper, and meals. Those who desire can stop over at Baltimore, Washington, and Cincinnati.

Wm. B. Atkinson.

The Fasting Girl of Lacrosse.

Anna Belle Langan, the nine-year-old girl who has been fasting for forty-seven days, is still strong and lively. She has an abhorrence of food, and positively refuses to eat a mouthful, even the juice of oranges. She looks comparatively well, and weighs about sixty-five pounds.

American Medical Association.

The Rush Monument Committee will meet on Monday, May 3, at 4 p. m., in the large parlor of the Lindell House, St. Louis, Mo., which will be the headquarters of the committee during the meeting of the Association.

Albert L. Gihon, M. D., *Chairman.*
Geo. H. Rohé, M. D., *Secretary.*

Personal.

—Dr. Getchell will sail for Europe on June 26, to remain till October. Mrs. Getchell and her daughter go with him.

—Sir Henry Taylor, although eighty-six years old, was in good health and took lunch with his family up to the day of his unexpected death. After that meal he remained sitting at the table after the others left the room. Presently a servant spoke to him, but received no answer, and approaching found him dead.

—Dr. Oliver Wendell Holmes will leave Boston for Europe during the present month, and will pass the summer in Europe. It is just fifty years since he last visited Europe.

Items.

—The use of calf-lymph for vaccination has been made compulsory in the Grand Duchy of Baden, from March 1.

—A gratis vaccination service has been organized at Tunis. Prizes are given to parents of children from whom vaccine can be taken.

—For *nervous vomiting*, with constipation, in a healthy girl, Prof. Bartholow directed one of the officinal pills of aloes and asafœtida, ter die.

—Herr v. Gossler, medicinalrath, has announced that from next summer students in Prussian universities must undergo instruction in vaccination with animal lymph.

—Cholera is now prevalent in Brittany, France, the nearest point to America yet reached. There have been about twenty deaths this winter,

—The demand for cocaine has, like that for bromides and chloral, extended to the general public. One drug store in New York City sells no less than six ounces each month.

—Vaccination from the calf is now practiced at four of the public vaccine stations at Calcutta; and Dr. O'Brien, the health officer, reports that it is not now regarded with disfavor by the people.

—Dr. H. J. Bigelow has declined to accept the appointment which was tendered him at the Massachusetts General Hospital as "surgeon emeritus," and also the five beds which were placed at his disposal.

—For a case of *gonorrhœal rheumatism*, Prof. Da Costa directed that blisters be applied around the joint, and that the patient take a capsule containing ♏v, of the oil of sandal-wood, four times a day.

—Prof. Da Costa treated a case of *cerebral embolism*, causing right hemiplegia, with digitalis; to aid in restoring the collateral circulation, potassium iodide, quinine and laxatives. Result, perfect recovery.

—The Western Pennsylvania Medical College is the name chosen for the newly-organized college in Pittsburgh, Pa. We are informed that it has been liberally endowed, and will begin lectures in October next.

—Col. Waring will deliver the annual oration before the Medical and Chirurgical Faculty of Maryland, on the second day of the meeting (April 28, at 12 o'clock m.); title, "The Removal and Destruction of Organic Wastes."

—Dr. Joseph Holt, President of the Louisiana State Board of Health, has been appointed a member of the Council of the Section on Public Health and Hygiene of the next International Congress, Dr. Joseph Jones, of New Orleans, being President of the Council.

—The Society of the Alumni of the Medical Department of the University of Pennsylvania held its annual meeting March 26, in the chapel of the University. The address was delivered by Dr. Charles Gilman Smith, of Chicago. A reception to the orator followed the business session.

—Dr. M. Bertin, of Dijon, having ligated the common carotid for the cure of an "angioma," found, two years later, that a new carotid artery had formed, slightly smaller perhaps than the original, but the pulsations were distinctly visible.

—The government of Spain have information to the effect that suspicious cases of illness have occurred in the mining district of Bilbao, and that two cases have been pronounced to be cholera. A later account contains the usual denial, but it will be recollected that the disease prevailed in this locality late during the course of last autumn.

OBITUARY NOTICE.

Dr. Andrew Nebinger.

Dr. Andrew Nebinger died in this city last week at a good old age. Dr. Nebinger worthily represented the active life of the old Southwark district of this city, which even after the nominal consolidation of the city retained, and still retains, like half a dozen other districts, so much of the character of a separate community. This is not saying that Dr. Nebinger was any less a Philadelphian, or that his interests were narrow or sectional. It is simply a recognition of a very important fact, that a mere act of Assembly cannot wipe out a social organization, though it may change its political relations and lead to its ultimate absorption. In the neighborhood in which he lived Dr. Nebinger occupied a position like that of a village doctor, and a nobler position than this no man need aspire to. He was the first ma nof the community, the guide, philosopher and friend of all—a sort of patriarch, in his later days, around whom the best impulses of the neighborhood always centered. The people knew him and trusted him, and though they repeatedly rebelled against his counsel, they generally came back to him at last, when there was need to defend the interests or the honor of the ward.

Dr. Andrew Nebinger and his brother, Dr. George W. Nebinger, represented the Second ward in the Board of Education continuously for more than a quarter of a century, with the single exception of an interval of two months in 1865. At the fall election of 1864 the Republicans elected three members of the local school board in the Second ward, the Democrats electing only one. These, with the three holding over members, made the school board a tie, each party having six members. Dr. George W. Nebinger had long represented the section in the Board of Education, but partisan feeling was as strong then as now, and when the school board met the following June to elect a member of the Board of Education, six members voted for Dr. Nebinger and six voted against him. The sectional board continued balloting with the same result throughout July, August, and on up to the middle of September, when one Republican member broke the tie by voting for Dr. Nebinger.

QUERIES AND REPLIES.

Answer to the query of W. C. E., of Minn.—Wash locally night and morning with a solution of borax f 5i to a pint of hot water, with a sponge, and apply with a camel's-hair pencil continuously for three minutes the following:

℞. Sodii bicarbonat.,	5ij
Acidi carbolici,	gr. xxx.
Glycerini,	5ij.

Mix, bottle and fasten a camel's-hair pencil by means of a cork-cutter in the cork, and apply the mixture thoroughly and continuously each night and morning to the itching parts, until relief is produced.

The suggestion came from an article somewhere in the Reporter, and has been found to be entirely effective.

Very respectfully, J. W. C. O'Neal, M. D.

Gettysburg, Pa.

Dr. W., of Indiana.—1. What is the technical name of the opium habit? 2. What is its best treatment?

Ans.—The technical name is opiism, or morphiomania. For the treatment we must refer you to the various monographs on this subject.

Eds. Med. and Surg. Reporter:

Dr. W. C. E., of Minn., asks, in the issue of the Reporter for April 3, for suggestions in the treatment of obstinate "pruriuts ani." Anoint the part freely with an unguent composed of citrine ointment, 1; cosmoline, 3; then apply as much dry calomel as can be made to adhere by rubbing. Repeat this process once daily for a week, when the cure will be complete.

The same treatment is equally efficacious in "pruritus vulvæ," as well as chronic eczema, tetter, and some other cutaneous affections, although not so prompt in the latter disease as in pruritus. The amount of citrine ointments must vary with the indications in each case.

Meadville, Pa., April 14, 1886. J. C. Cotton, M. D.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1522.] PHILADELPHIA, MAY 1, 1886. [Vol. LIV.—No. 18.

Original Department.

Lecture.

SOME POINTS ON THE HEALING OF WOUNDS.*

BY J. S. WIGHT, M. D.,

Professor of Operative and Clinical Surgery at the Long Island College (Brooklyn) Hospital.

Gentlemen: The cases which I have shown you to-day illustrate the healing of wounds—a subject always of interest to the surgeon. In the spirit that does not affirm by any master, and that does not fear the dictations of any self-constituted authority, let me bring to your attention some points of importance on the healing of wounds. But in the first place, let me say to you that the process by which wounded surfaces grow together is the healing process. And it is to this process that I invite your attention. This process has interested surgeons for all time, and it ought to interest you, who are just beginning to lay the foundations of your profession.

At the basis of this subject lie some important principles that must be understood before we can comprehend the subject itself. As we have already seen, the healing of a wound means that the several parts grow together; so that we are dealing with the subject of growth in so far as it relates to the question of repair. And we may briefly here state that the process of repair consists in the orderly proliferation of cells, which, when young and active, form granulation tissue, and which, when old and firm, form scar tissue. And this process is, after all, the substance of the healing of wounds.

Now, there is another principle of vital importance involved in the healing process: *When nature sets about a piece of work, it supplies an abundance of material.* This is the rule. Sometimes there is failure. Such is the case if there is not enough material. In the great majority of cases in which wounds are to be repaired, or healed, a considerable quantity of material is supplied that is not used. I could give you many significant illustrations of this important principle in other departments of knowledge. You will do well to grasp and hold this principle, for it has important practical bearings.

In the next place, let us try to understand the steps of the process of healing. The cells of the connective tissue of the wound-surface are irritated; they proliferate, forming new cells; these new cells grow together and make scar-tissue; and this scar-tissue is the bond of union between the tissues that have been severed by the wounding instrument. It is not my object now to raise the question of the proliferation of the wandering cells. My simple proposition is that the wounded surfaces grow together. And this growing together is the substance of all kinds of union; and hence, as a matter of fact, there is only one kind of union, and that is union by scar-tissue.

Now what is the nature of the differences in the process of union? It is only one of time and degree. If the surfaces of wounds grow together in a short time with slight proliferation, we call the process primary union. If the cavity of a wound is allowed to fill up with granulations, taking considerable time and being accompanied by considerable proliferation, we call the process healing by granulation. If we bring together

*From a clinical lecture, for the Medical and Surgical Reporter.

two granulating surfaces, so that the new cells can form scar-tissue in a short time and with but little further proliferation, we call this process secondary union. In any event we obtain union—which means that the surfaces of the wound have grown together by means of scar-tissue.

What is the one leading and elementary process going on in the surfaces of a wound? Have we not already said that it is the proliferation of cells? And have we not intimated that this proliferation is generally going on abundantly? And the surgeon expects that this proliferation will eventuate in the formation of scar-tissue. Does this always happen in the same way? Let me illustrate: A man has his foot crushed, as well as the lower part of his leg. The surgeon amputates the patient's leg in the middle third. The tissues appear healthy. In a few days excessive proliferation takes place. The flaps are separated; parts of them mortify, and abscesses form in the perijacent tissues. What has happened? The amputation may have been through tissues so much injured that they had not the power to proliferate in the normal way. There may have been the effusion of blood between the surfaces of the amputation wound. The blood-vessels of the flaps may contain an excessive quantity of coagulated blood. The perivascular spaces may be largely distended with serum. The dressings may have been so applied as to damage tissues that have been already greatly and seriously injured. *Infecting germs may have found their way to the wound surfaces. They may have proliferated, producing septic suppuration.* And this process of septic suppuration is a form of proliferation.

The great practical questions are these: How to promote the normal proliferation that eventuates in scar-tissue; how to prevent the action of those agents that interfere with this normal proliferation. For he who can make or induce scar-tissue to grow in the least possible time and with the least necessary proliferation, is no doubt the best surgeon.

How often have I seen an amputation through damaged tissues, performed with all the appliances of modern antiseptic surgery, followed by excessive proliferation, suppuration, and local mortification! And more than once in case of a crushing injury of the leg have I amputated at the knee-joint, and obtained primary union of the flaps. Now, what is the point at issue? Is it not the integrity of the cells—the cells in the continuity of the wounded surfaces? Can you compel the man with fever to climb the mountain height? Can the man with broken leg engage in pedestrian contests? Can sick and damaged cells perform the legitimate work of repair?

I once amputated the leg at the junction of the lower and middle thirds, and after securing the posterior tibial and peroneal arteries, then searched long and faithfully for the anterior tibial artery without success. When several hours had elapsed, I found the flaps distended with blood. I opened them, removed the blood, and found a small artery in an abnormal location. When this artery was tied, I sutured the flaps again, but they united in a short time by granulation. This case illustrates the importance of arresting the flow of blood.

Now, what are the precepts that we should follow? Tie the main blood vessels, as well as the muscular branches. In this work I give the preference to absorbable ligatures. And it is important to separate and pull out the artery for ligation. But how shall we arrest the oozing from the wound-surface? Two points are involved: The small blood-vessels contract and retract, and thus diminish the oozing; the thin layer of blood on the surface of the wound, in a little time coagulates, and produces contraction. I often find this point illustrated, when the blood of my patient remains on my hands for a few minutes. But then this oozing, especially after the use of the elastic bandage, does not always diminish rapidly and completely. So it is left for us to imitate the natural process—just as we do in the management of arterial hemorrhage: we apply hot water alone, or containing some astringent or antiseptic. I have often applied with a sponge both hot water and equal parts of carbolic acid and glycerine: first the carbolized glycerine, and then the water too hot for the surgeon's hand to bear with comfort. The more or less continued irrigation of the wounded surfaces—during an operation—with a warm solution of mercuric chloride will generally act promptly in arresting the oozing of blood; the strength of the solution, one to a thousand. And it is worthy of mention, that we sometimes apply the actual cautery, the electro-cautery, or the thermo-cautery, to arrest oozing, deeming the cauterized tissue more favorable to union than effused blood.

(*To be continued*).

—A porous plaster has been boycotted in Newark. The manufacturer should clap one to his backbone and stick it out.

COMMUNICATIONS.

THE VALUE OF BINIODIDE OF MERCURY AS AN ANTISEPTIC IN OBSTETRICS.—SECOND PAPER.*

BY EUGENE P. BERNARDY, M. D.

Of Philadelphia.

At a meeting held June 4, 1885, I had the pleasure of reading before this Society a paper on the "Value of Biniodide of Mercury as an Antiseptic in Obstetrics." It was with hesitancy that I brought forward the claims of a new agent whose properties were at that time comparatively unknown. My only knowledge of its effects was that which I had derived from reading the experiments of Dr. Miquel, of France, and from my experience in three cases. To-night I again bring it to your notice, not as an unknown and untried antiseptic, but as one which has proved itself far superior to any of this class of preparations which I have thus far used in obstetric practice.

Since writing my first paper, I have learned that the biniodide of mercury has been used for the past year in preference to all other antiseptics at the Lariboisière Maternité of Paris, and the reports of the results obtained have likewise been highly favorable.

In a letter written by Dr. Thomas Linn, from Paris, France, to the *Philadelphia Med. Times* (March 6, 1886), referring to the subject of antisepsis, the following passage occurs:

"Professor Panas has again something to say about antisepsis in eye surgery, principally in the treatment of cataract. The principles that guide him are, first, to make use of an antiseptic that is *sure* and *not irritating* in its action . . . Of all the antiseptics which he has used during the last two years, Dr. Panas has now definitely adopted a solution of the biniodide of mercury in 20 to 1000 ($\frac{1}{20}$ to 1000?).† Even in 40 to 1000 ($\frac{1}{40}$ to 1000?), this salt possesses a very strong anti-fermentative power, so that at double the strength nothing should resist it . . . As to the other antiseptics used: boric acid is not irritating, but its antiseptic power is doubtful; the bichloride of mercury is more irritating than the biniodide, and its antiseptic power is not half so great."

These remarks fully substantiate the opinion expressed in my former paper, that "I considered the biniodide of mercury far superior to the bichloride of mercury as an antiseptic." Of course, the cases of Dr. Panas belong to eye-surgery; but still the experiments made in both classes of cases led to the same conclusions.

I have here the history of eight other cases in which I found it necessary to use the biniodide. I have perhaps given a fuller detail of circumstances than may appear necessary. If I have so erred, I have done it for the purpose of fully and clearly showing under what conditions the antiseptic was used.

It will be observed how readily offensive odors disappeared after only a few injections of the biniodide. In some of the cases the odor around the patient was perfectly horrible.

Case 1. On September 9, 1885, I was requested to attend Mrs. F., residing at Fifty-fifth and Vine streets, in her fifth confinement. Her previous labors had taken place in Belgium, and had always been terminated by the forceps; only two children being born alive. The first and third lyings-in were complicated by attacks of puerperal fever.

I arrived about 2 p. m. Found the patient had been in labor since the previous evening (8 p. m.). On examination, found the os completely dilated, head presenting; while to the left I felt what seemed to be a prolapsed cord. The head seemed jammed between the promontory of the sacrum and the pubes. I ruptured the bag of waters so I could make a more decisive examination. Down came a loop of non-pulsating cord, which proved to be irreducible on account of the position of the head. The presentation was now made out to be a partial brow; an antero-posterior contraction existed; the promontory of the sacrum caught the side of the head and pinned it in position. I attempted to push the head up, but soon found it could not be done. I then attempted to produce flexion, but failed. Wallace's forceps met with similar results; on account of the unnatural position of the head, the forceps constantly slipped. By this time I was completely exhausted. I gave one-half grain of morphiæ sulph., which would insure the patient needed rest, as her pains had all along been active.

On my return at 5 p. m., found the condition of things the same. Dr. A. E. Roussel, who came with me, etherized the patient. I again attempted to change the position of the head, but failed. Pagot's long forceps were applied, but on the slightest traction they would slip. Tarnier's forceps seemed

* Read before the Obstetrical Society of Philadelphia, April 1, 1886.

† Evidently an error in proportion, as in the formula given, it is 1-20 gramme to the litre, or 1 to 20,000.

to grasp the head in a firmer manner, but they finally gave way. I had now worked continuously for two hours. Seeing there was no other resource, I perforated the head, and within twenty minutes the child was extracted, which weighed, without the brains, fifteen and one-half pounds.

The patient was living on the second floor, in a room partitioned off the main room of a factory. The room was well located and freely supplied with fresh air; her husband was the nurse. The next day found the pulse 100, temperature 101°; extreme tenderness over the abdomen, especially over the region of the uterus. I washed out the uterus with the $\frac{1}{15000}$ solution of the biniodide of mercury, and left orders to have it done four times a day. The second visit found the patient free from pain; pulse 80, temperature 98⅘°. Convalescence went straight on as in a normal labor. On the fourth day there was considerable pain over the uterus. Towards evening, while washing out the vagina, a clot of blood about the size of a pigeon's egg was expelled, perfectly free from odor. The patient was up on the eighth day.

Case 2. Was called (October 5, 1885,) to attend Mrs. Mc., age 30, third confinement. After an easy labor, she was delivered of twins. The placenta came away naturally, and everything went well up to the evening of the sixth day, when she became suddenly feverish and thirsty. The vaginal discharges became highly offensive, so much so that the windows had to be constantly kept opened. I immediately ordered injections (hot) of the $\frac{1}{10000}$ solution of the biniodide of mercury, asking the patient to note particularly when the odor disappeared. The first injection was followed by no effect; but on the second injection being made, the odor disappeared and remained so during convalescence. Discharged on the tenth day, well.

Case 3. On the morning of October 7, 1885, I was called to attend Mrs. B., age 28, sixth confinement. About a month previously she had called at my office, and I had given my opinion that the child she was carrying was undoubtedly dead, and that she was likely to fall in labor at any time. On my arrival at the house, found, after examination, the os perfectly dilated, and the bag of waters protruding between the vulvæ. Ruptured the bag of waters, and of all stenches, I never smelled the like. The windows had to be thrown open. On pushing my examination, found a small hydrocephalic child descending. Labor was lingering, but finally the child (in a putrid condition) was expelled naturally. The placenta came away without any trouble.

I ordered the patient to be washed out with $\frac{1}{4000}$ solution of the biniodide of mercury four times a day. The first injection I administered myself. The second and third injections were followed by a slight stinging sensation, which I believe came from using water which was too hot; but, to make certain, I reduced the biniodide to the $\frac{1}{8000}$. Within two days the discharges became perfectly odorless. Each injection was followed by a feeling of ease and comfort. Discharged well on the ninth day.

Case 4. On October 23, 1885, I was requested to attend Mrs. R. in her fourth confinement. Her third lying-in had been followed by a severe attack of puerperal fever. Upon examination, found the os rigid, dilated about an inch; waters ruptured; vertex presentation, right occipito-posterior position. Labor was lingering, os remaining somewhat rigid. About 9 p. m., finding that no headway had been made, and the patient by this time commenced showing symptoms of exhaustion, she was then fully etherized. I then applied Wallace's forceps and delivered her of a living child; no laceration. The next day she complained of pain over the region of the uterus. Ordered one-eighth grain morphiæ sulph. in tablespoonful of camphor-water every two hours. On my next visit found the tenderness had increased and the discharges from the vagina were becoming offensive. Ordered hot injections of the $\frac{1}{10000}$ solution biniodide of mercury. The following day the discharges were free from odor, the tenderness of the uterus abated. Discharged well on the fourteenth day.

Case 5. On the morning of November 3, 1885, I was asked to see Mrs. C.; first confinement. In this patient a year previously I had dilated a constricted os. Pregnancy was ushered in with marked kidney trouble; the urine yielded over thirty per cent. of albumen. The patient was enormously swollen from dropsical effusion. The case from the start was not a promising one. On arriving at the house, found the patient very nervous; on examination, found the os slightly rigid, but dilating, the waters ruptured; labor dragged on slowly all day, with very little advance. Towards twelve, midnight, she suddenly went into a spasm; I immediately etherized her; by the time she was completely etherized, Dr. Curtin, whom I had sent for, arrived. On examination the os was found dilated, slightly rigid; the ether was pushed, with the effect of softening the os. I then applied Simpson's forceps, but

they would not hold; Wallace's long forceps were applied, and in a short time the patient was delivered of a fine bouncing boy; no laceration.

The next visit found the patient doing well; pulse about 80, temperature normal. On my second visit the temperature was 102°, pulse 120–130, great fever, excessive tenderness of the uterus, the discharges very offensive. This sudden change was caused by the stupidity and incompetency of the nurse. The nurse being discharged, the mother of the patient undertook to nurse her. I immediately ordered hot injections of $\frac{1}{5000}$ solution of biniodide of mercury. The second injection the odor disappeared, but in this case did not remain away; I believe it was on account of not having a competent person to use the injections. Even as imperfectly as my orders were carried out, the biniodide held the odor under control, as the discharges were never as offensive as before its use. The patient was discharged well on the fifteenth day.

Case 6. On November 11, 1885, I attended Mrs. L., in her fifth confinement; her last two confinements had been followed by puerperal fever. She had been delivered by an excellent and careful obstetrician. She dreaded the present confinement. On arrival found the child was born; in a short time the placenta came away. The next visit found the patient doing well, with the exception of some tenderness over the uterus. Being compelled to leave the city, I handed the case over to Dr. A. E. Roussel. On his first visit, the patient was feverish, pulse 100, temperature 101°, discharges extremely offensive, excessive tenderness over the uterus. Internally, two grains of quinia and one-eighth grain morph. sulph. were ordered every three hours, and four times a day hot injections of the $\frac{1}{5000}$ solution of the biniodide of mercury. On his next visit found the patient better and the discharges free from odor. The patient was discharged on the ninth day well, feeling satisfied that the *red pills*, as she called the pellets of the biniodide, had saved her from another attack of puerperal fever.

Case 7. Mrs. B., on December 28, 1885, miscarried about the fifth month. On my arrival at the bedside, found the fœtus had been expelled early during the day; the hemorrhage had been excessive; on examination, found shreds of placenta in the vagina, could detect a larger portion in the uterus; the patient declined any interference, stating that it would come away itself. The patient lived in a small ill-ventilated house, up a court, having for nurse the neighboring women. Gave freely of ergot, but without effect; within twenty-four hours the odor from the vaginal discharges was highly offensive; ordered the $\frac{1}{5000}$ solution of the biniodide of mercury to be thrown up the vagina four times a day; a few injections readily dissipated the odor. On the fifth day the remaining portion of the placenta came away, free from odor. The patient was discharged well on the tenth day.

Case 8. On March 20, 1886, I was requested to attend Mrs. ——, wife of a physician. On my arrival at the house, found that labor pains had set in about 4 a. m. Saturday morning; examination showed the os soft and dilating, waters broken, vertex presentation; labor continued throughout the day, and terminated naturally at 10:15 p. m.; no rupture of the perineum, but the mucous membrane of the vagina, just behind the posterior fourchette, yielded to the extent of half an inch; there was a tendency to post-partum hemorrhage, which was readily checked by compression and the administration of ergot. Next day: pulse 92, skin rather hot, natural flow from the vagina. On my next visit, Monday, March 22, pulse 130, temperature 103½°, pain over the left side of the uterus; the uterus appeared flabby; not having well contracted. Same day at five o'clock, pulse 130, temperature 104°, discharges from the vagina highly offensive. Ordered the vagina to be washed out with a solution of carbolic acid (twenty per cent.), ten grains sulphate of quinine morning and night, and twenty drops of tincture of digitalis every three hours. Midnight, same day, pulse irritable, quick, and compressible; pulse 128, temperature 103°, the discharges from the vagina still offensive. Next morning, temperature and pulse the same; no change. Ordered the $\frac{1}{5000}$ solution of the biniodide of mercury to be thrown up the vagina, and if possible into the uterus; the injections were administered by the husband, and were thoroughly applied. On the 24th, the condition of the patient seemed improved; temperature 102°, pulse 115–120.

On the next morning the husband called at my house and informed me that his wife was in every way worse; the pulse was so irregular that he could not count it; temperature 104°; patient vomited several times; tendency to diarrhœa. I asked Dr. Goodell to meet me in consultation. On arriving at the bedside of the patient, found her in a remarkably good condition; pulse 100, temperature 102°; examination showed slight laceration of the mucous membrane in the

vagina, uterus was contracted; treatment to be continued, with this addition if the case did not get along well: to use ten-grain vaginal suppositories of iodoform in conjunction with the biniodide injections. These suppositories were not used, as the case from this day did well, with this exception, that on the 27th of March, or the seventh day of confinement, she was allowed to get up and use the night-vase. This was followed by a severe secondary hemorrhage, which was checked by hot-water injection and ergot. From the time the biniodide was used the vaginal discharges were free from any offensive odor, and it seemed to have a decided influence on the temperature. The patient is still under treatment.

We have here eight cases added to the three of my first paper, making in all eleven cases. This certainly gives us sufficient data to draw conclusions.

The deductions drawn from my early cases are fully sustained by my subsequent experience, and in my mind fully establish the value of the biniodide of mercury as an antiseptic in obstetric practice.

In my first series of experiments, to make my solution of the biniodide I took one and three-quarter grains of the salt, placed it in a mortar, and gradually broke up its particles, after which I slowly added one pint of boiling distilled water. This gave me a $\frac{1}{1000}$ solution. This took a long time, and often alcohol had to be added to dissolve the mercury.

Mr. J. F. Hayes, of The St. George Pharmacy, conducted a series of experiments for the purpose of placing the biniodide in the hands of the physicians in a convenient and readily-soluble form. To obtain this end, pellets were made of three different strengths. In making them sufficient iodide of potassium was added for the purpose, though not enough to cause any chemical change with the biniodide. The following is the method pursued in making the pellets. Both salts should be perfectly dry. The potassium iodide is first placed in a mortar which has been slightly warmed (just enough to take the chill out of it), and thoroughly powdered; the biniodide is then added and well mixed, but not rubbed hard, or the powder will be apt to cake. Care must be taken not to compress the pellets too hard; they keep just as well and are more easily dissolved when they are compressed just hard enough to make a firm pill. The following is the formula for the pellets:

$\frac{1}{500}$ = mercuric iodide $3\frac{1}{4}$ grains, potassium iodide 2 grains. Mix as above, and compress in pellet.

$\frac{1}{1000}$ = mercuric iodide $1\frac{3}{25}$ grains, potassium iodide $\frac{1}{4}$ grain. Mix as above, and compress in pellet.

$\frac{1}{2000}$ = mercuric iodide $1\frac{6}{25}$ grains, potassium iodide $\frac{1}{2}$ grain. Mix as above, and compress in pellet.

In this form the preparations can easily be carried in the satchel. When required for use, one pellet is to be added to a quart of hot water (110°). It dissolves easily, and does not stain the clothing or bedding.

The strength which I generally use is the $\frac{1}{1000}$. Should it appear too strong, the pellet can be cut in half or twice as much water used, thus giving a $\frac{1}{2000}$ strength.

221 *South 17th St., April* 1, 1886.

NEURASTHENIA.

BY C. C. THAYER, M. D.,

Of Clifton Springs, N. Y.

(*Concluded from page* 522.)

The ground of difficulty in diagnosis, one readily sees, lies in the multiplied, complex, and unclassified symptoms growing out of an unstable and irritable condition of the nervous system, reflected from the three great centres of nervous sensation, the brain, the stomach, and the genito-urinary organs, upon or through every other organ—each organ of sensory influence shading the reflection with its own peculiar nature and functions. Had neurasthenic patients only *one* organ, the symptoms would be simple and concordant—oh! how many times, in examinations, we have wished they had but one. The vaso-motor system which supplies the blood vessels, in a great degree controls the vascular *circulation*, *secretion*, and *nutrition*, and through the cerebro-spinal system, connects each organ with every other, and their nerve centres, hence the irritable heart, the irritable stomach, irritable ovary, irritable spine, irritable everything, disconcerting and obscuring discrimination till the bewildered doctor wishes his unfortunate patient where the good old deacon thought his darling, but bed-ridden wife, was so eminently fitted for.

ÆTIOLOGY.

The definition and symptoms of neurasthenia suggest at least three causes—hereditary predisposition, malnutrition, and overtaxation. Let us consider these general heads in detail:

1. Hereditary Predisposition. In this sanitarium, where are yearly gathered numerous neurasthenic patients, we find by far the greatest number from neuropathic families, where psychosis, hysteria, and other neuroses

are characteristic and historical features. Children of chronically tired and nervous parents are born tired and nervous, and henceforth too often continue in their deplorable heritage. Being born bankrupt, it matters not how you reckon, plus minus, or minus minus, the result is the same. Their weary, unstable, and restless nerves, like Noah's dove, never find rest. Accumulating but little, yet existing like the Apostle, "cast down but not destroyed," never dying, but half dead always, as Watts has it, "living at a poor dying rate." Their assets being less than their liabilities, any extra taxation throws them into nerve insolvency — hereditary nervousness producing nervous irritation, and nervous irritation producing malnutrition, and malnutrition *strengthless nerves*.

2. Malnutrition. Physical power, like physical growth, forever depends on nutrition. Innervation follows ingesta, and exhaustion malnutrition. Scrofula, syphilis, leucocythæmia, and other constitutional morbid conditions, poisoning, perverting, and preventing healthy nutrition, naturally induce nerve exhaustion. The rationale of this, according to physiology, is that *nerve force* is developed from cell nuclei; and *cell nuclei* are developed by their elective affinity for their appropriate constituents in the blood, and by a formative capacity in the blood itself; and the *blood* is produced at the expense of the organic and inorganic constituents of the food. Hence it is self-evident that in the histogenesis of cell formation, and development of nerve force, the *character and quantity of the food shapes the destiny of nerve force*.

3. Over-taxation. Contrary to the opinion of some neurologists, and the common fears of the laity, I am compelled to affirm that purely muscular taxation is far from being a common cause of neurasthenia. During three and a half years in the United States Army, a longer time among the Armenians and Mohammedans, who make long and intentionally tedious journeys to Jerusalem and Mecca, while in our hospitals, and six years in this sanitarium, I have never seen a case *originating* or *produced solely* by muscular exercise. Mental strain is a fruitful cause of neurasthenia. Yet not so much *work* as *worry*, not fidelity but friction, not the quantity but the quality—whatever produces mental irritation, irritates the sensory and motor nerves direct, and the sympathetic by reflection, and this accounts for impaired sleep, secretion, and nutrition. Neurasthenic patients come mostly from an anxious pastorate, an oppressive school system, and from business embarrassments. Grief also marks its thousands, and when it possesses the mind it ravages the system, like the mythological representation of "Mars seated in his chariot drawn by Flight and Terror; Discord goes before him in tattered garments with a torch; Anger, and Clamor, and Devastation follow."

TREATMENT.

1. Should nerve exhaustion depend upon or be associated with a hereditary cachexia, phtheiræmia, scrofula, or leucocythemia, the constitutional and hygienic methods of treatment are the most natural and the most efficient. Such patients with vitality low, formative capacity feeble, capillary circulation embarrassed, with irritable nerves, rendered more irritable by cold, require warmth and fresh air. Salt air is best for some, while mountains and woodlands better suit others. Too high altitudes are injurious, though at first stimulating at last exhausting, just as a candle shines brighter and burns faster under the same conditions. I have sent many patients with profit to the lowlands of Colorado, but none with profit to the highlands. In latitude 50 on the *highlands* of the United States, neurasthenia is most common, less so in Great Britain, still less in Germany, and still less in Asia, on the same latitude; and says Dr. Beard, it diminishes gradually as we go from this latitude towards either pole. But something more than warmth and fresh air is needed. Appropriate systematic muscular exercise is one of the best prophylactics. Windship, a feeble, consumptive youth, by strenuous and daily muscular application, not only became able to lift at one effort 2,000 pounds, but to overcome disease, and round out a goodly term of life.

2. Should the neurasthenia depend on malnutrition, attention must be paid to the food and digestion. Some eat too much; many not enough. Fitness in quality is paramount. Not the greatest amount ingested, but assimilated, is the point to be gained. Food as near as possible to nature's simplicity, either raw or cooked, without dressings and unmixed, is most easily digested and readily assimilated. This part of the treatment presents two necessities: the promotion of heat and tissue metamorphosis—oleaginous substances for their calorifying powers, and albuminous substances for their histogenetic powers—milk being their best compound representative. If there be digestive inability, an exclusive milk diet for a few weeks is best, lime-water being added to the milk not only for its antacid but styptic and reconstructive qualities. If there be acetic fermentations, starchy and saccharine

substances should be excluded and an exclusive meat diet adopted for a season. In this case all liquids should be excluded during the process of digestion. If butyric fermentation be present, meats and fats should be dropped, and the cereal grains adopted with vegetables—the *variety* at each meal small, the *quantity* sufficient.

3. Should the neurasthenia result from over-taxation, *rest* is the specific, not *recreation*; but prolonged rest of the member overtaxed. Mental rest is often promoted by *muscular exercise*, by prepossessing the thought, and by attracting the blood from the head to the muscles. I have treated successfully many patients with no other remedy than a bucksaw, saddle, fishing-rod, and gun. Where the patient is able, a light and pleasant change of business, with a little pecuniary income for condiment, is remedial.

The treatment in general of neurasthenic patients may be classed under three general heads—internal, external, and eternal.

1. We will head the list with oxygen. "Of these injurious ingredients, carbonic acid is, without doubt, the one most abundantly introduced into the nutritive fluid, and it is also the most deleterious in its effects on the system."* Oxygen is the only agent by which the system is delivered of this poison. In the systemic circulation, oxygen is exchanged for carbonic acid, and in the general circulation, carbonic acid is exchanged for oxygen. "Again, albumen is changed to fibrin in the blood in the presence of oxygen."† Hence, oxygen stands as the natural blood purifier, cell reformer, and nerve vitalizer; and this suggests fresh air, one-fifth of which is oxygen, and pure water, eight-ninths of which is oxygen. Such patients should live day and night in *free* air, and drink largely of pure water, on an empty stomach, which, indeed, they are disinclined to do.

2. The reconstructive remedies are indicated. Where there is phosphatic urine, leucocythemia, struma, etc., hypophosphites, alterative chalybeates, with light vegetable tonics; soda for the liver, potash for the kidneys, chamomile, nux and pepsin for appetite and digestion. Belladonna, ignatia and cannabis indica combined for insomnia, also Jamaica dogwood and bromidia. For external treatment a sea voyage where there is dyspepsia but not melancholy; for surface hyperæmia, with steady pulse and vaso-motor debility, a small stream of cold water on the spine striking on the last cervical vertebra for one or two minutes, followed by a brisk hand-rub; for great debility, the rest cure for three months, with an exclusive milk diet for the first two months; for aphonia, dysphagia, and spinal irritation, hot douches to the spine for one or two minutes. Oil rubs furnish warmth, nourishment, quiet, and protection. Massage furnishes exercise and magnetism. Galvanism is a restful, stimulating alterative. Faradism produces molecular motion and modification of vital processes. Franklinism I prefer for the removal of the varied "aches and pains." The electro-thermal and electro-chemical baths are efficient: the utility of electricity, however, depends upon its appropriate use, it cannot be given any way without as much harm as good. Salt rubs, acetic acid, alcohol (dilute), and quinia, are valuable.

Let us never forget, in the treatment of nerve exhaustion, that this manifestation of force in organized matter that we call life is ever dependent on and supported by the physical forces of nature—light, heat, and electricity — which, acting upon organic germs, are transformed into vital force. Light, heat, and electricity, with nature's food, nature's air, nature's exercise, and nature's rest, are nature's remedies, *par excellence*, for nerve exhaustion.

* Carpt. Phys., p. 502.
† Carpt. Phys., p. 179.

Medical Societies.

THE PHILADELPHIA NEUROLOGICAL SOCIETY.

The President, S. Weir Mitchell, M. D., in the chair.

Drs. Charles K. Mills and James Hendrie Lloyd read

Notes on the Diagnosis of Spinal Tumors.

The subjects of general and differential diagnosis of spinal tumors were alone considered; that of local diagnosis—*i. e.*, of position of the growth at different levels of the spinal axis—was deferred for another paper. The conclusions were based on a study of fifty cases, three of which were personal observations, and the remainder were collected from American, English, French, and German literature. The general diagnosis—*i. e.*, the decision as to the existence of a spinal growth—can be made from a certain train of symptoms. These are of two classes:

1. Those which are directly indicative of such a lesion.

2. Those which are corroborative.

The facts which point directly to a growth within the canal are: History of a constitutional or other cause, as of syphilis, cancer, tuberculosis, or traumatism. The onset and development are gradual and of a peculiar character. The first symptoms are those of an irritative lesion. This is probably due to the fact that tumors usually involve the membranes, as demonstrated by the cases studied. Hence, pain in the back or limbs is usually, but not always, present. The *sensory phenomena*, such as hyperæsthesia, anæsthesia, and paræsthesia, come on with more or less rapidity, with oscillating and irregular manifestations. *Motor symptoms*, such as paresis, spasm (tonic or clonic), contracture, tremor, ataxia, also manifest themselves in a similar oscillating manner. Exaggerated *reflexes* present themselves in most cases. *Trophic* and *vaso-motor disturbances* develop as the lesion progresses. These are such as wasting, ischæmia, œdema, and decubitus. *Visceral disorders*, such as paralysis of the bladder or rectum, or of their sphincters, and disorders of the heart and respiration, are, sooner or later, marked symptoms. Vomiting and gastric intestinal disorders are present in a limited number of cases. Mental disorders are present in only a very limited number of cases of tumors high in the spinal axis, but are not of diagnostic importance. Briefly stated, the phenomena which point with comparative certainty to the existence of spinal tumors are symptoms of meningeal irritation gradually increasing, and symptoms of slow compression of the cord. The data in the cases studied were somewhat meagre as to duration. The usual duration is from six months to three years.

It may be noted that fever was present at some stage in a considerable percentage of cases, but was so irregular as not to be of much diagnostic value.

The differential diagnosis of spinal tumors was considered in reference to the following affections: Spinal congestion, hemorrhage, meningitis, caries, traumatisms, sclerosis, aneurisms, neuritis, metallic and infectious disorders, and hysteria.

Spinal tumors are of constitutional or special origin, as syphilis, cancer, tuberculosis, etc.

Onset is gradual and irregular. Duration is comparatively long.

Progress is gradual, by irregular advances, toward a fatal termination.

Symptoms are inclined to be irregular, *i. e.*, unilateral or local; later, bilateral. Special symptoms, as paralysis, spasm, sensory and visceral disorders, are irregular as to time.

Decubitus and trophic changes are common late.

Reactions of degeneration are often present.

In *spinal congestion*, constitutional cause not present.

Onset is usually sudden and after exposure. Duration is short, from a few days to four months.

Disease is stationary, then retrogression of symptoms toward recovery occurs.

Symptoms are more uniformly bilateral; motor and other symptoms develop about same time.

Decubitus is rare.

Reactions of degeneration are rare.

In *spinal hemorrhages*, there is no special history, or a history of cardiac or vascular degeneration.

Onset is sudden.

Progress is more regular.

The first symptoms persist, and secondary degenerations follow, and differ according to extent and location of lesion, but are more likely to be uniformly bilateral.

In *meningitis*, the symptoms of localized compression are absent. The girdle symptom is absent. The affection is sometimes curable.

Reactions of degeneration are absent.

In *caries*, deformity is rarely absent. Rigidity of the muscles of back is a very important symptom.

In *traumatisms*, there is usually a history. The symptoms are those of caries, myelitis, meningitis, or combinations of these, according to the character of the case.

In *sclerosis*, the symptoms are usually of progressive systemic affections. Compression symptoms are absent.

Duration is longer.

Progress is gradual, and more regular.

Aneurisms are only to be distinguished when extra-spinal, causing erosion and compression.

In *neuritis*, irregular sensory, motor, and reflex disturbances are present; compression symptoms and visceral disorders being absent. It is curable.

In *metallic and infectious disorders*, a history of definite causation is present. In metallic disorders there may be special characteristic signs, such as lead-line, etc.

In *hysteria* a precedent hysterical history is usual.

Onset is often sudden. An emotional element is present. The symptoms are bilateral. Trophic changes are absent. No reactions of degeneration are present.

Dr. E. N. Brush presented

The Brain and Spinal Cord Removed that Day from a Case of General Paresis.

This case was an interesting one in connection with the question of the association of the physical and mental symptoms of paresis. In this instance physical symptoms preceded the mental by some months. In the winter of 1883–84 the patient was discovered by his physician to be ataxic; symptoms of posterior spinal sclerosis increased, and in January were associated with some mental disturbance. The patient was irritable and forgetful, but in a general way complacent. He thought his business was unusually successful, and that he possessed remarkable ability to transact business affairs. He was easily confused, and in attempting to make a short journey alone over a route with which he was perfectly familiar, lost his way, and found himself several miles from home on the wrong train.

His mental disturbance became more aggravated, and at last it became necessary to place him in a hospital. He was first placed in a private institution in a neighboring State, but there—doubtless after a slight epileptiform seizure—became so much disturbed that his removal was requested. In August last he was admitted to the Insane Department of the Pennsylvania Hospital.

On admission, his mind was markedly impaired. He was complacent, quietly submitted to suggestion, and was apparently demented. There were considerable disturbance of speech, marked tremor of tongue and lips and of upper extremities. Patellar tendon reflex abolished; pupils contracted to pinpoints and not responsive to light; Argyll-Robertson symptom was present; gait ataxic.

During his time in the hospital the patient had three epileptiform seizures, such as are met with in cases of paresis. From these he readily recovered, but with increased impairment of mental and physical powers. After two of the seizures he was aphasic for some hours.

At eight o'clock on the morning of the day of his death, the patient had a slight vertiginous attack, followed by loss of power in arms and legs to a great degree, and disturbances of the power of coördination to such an extent that he could not, except after repeated trial, direct his hand to grasp an article held up before him. He protruded his tongue, opened and closed his eyes, and did other simple things upon direction; but to everything responded "yes," and did not seem able to articulate anything else.

At 3:30 p. m. the nurse's attention was attracted by the dusky appearance of his face, which had previously been pale.

The patient was seen at once by Dr. Brush, who found his face almost cyanotic, eyes injected, pupils closely contracted. In a few minutes he had a severe convulsion. At this time the temperature was 102⅘° F. The convulsion continued, and at 4:15 the temperature was 108½° F. Death occurred at 5:45. The temperature was then 107⅘°, and the body was bathed in perspiration. An hour after death the temperature of the body was 107° F. Post-mortem rigidity came on rapidly, and at eight o'clock was very pronounced.

Examination sixteen hours after death.—The conditions found were but briefly referred to, as the speaker intends to report this and some other cases more in detail to the Society.

The skull, especially in the temporal region, was quite thin; the dura was strongly adherent to the skull, and along the median fissure to the arachnoid opia; the arachnoid was, as would be seen, thickened and opaque, over the frontal and temporal convolutions, and along the Sylvian fissures; the pia in these locations was intimately connected with the cortex, and could not be separated without tearing it or the cortex cerebri. The sections made through the brain showed marked sclerosis; indeed, sections made through the anterior convolutions gave considerable resistance to the knife. The cord in the middle dorsal region was much injected.

(*To be continued.*)

CHICAGO MEDICAL SOCIETY.

(*Continued from page* 527.)

Dr. H. P. Newman read a report of

A Case of Ruptured Ovarian Cyst, with Specimens.

Mary H., unmarried; occupation, housework; age, 25; Norwegian. Since her first menstruation at 13 years of age, the menses have been regular but scanty, accompanied by severe pain, necessitating her lying in bed the first day of each period. After coming to this country, four years ago, she seemed to suffer less in this respect, and while not strong, enjoyed a fair degree of health. In September of last year she had a mild attack of typhoid fever, convalescing at the end of the second week. During October she gained rapidly in flesh, and experienced less pain than usual at the menstrual molimen, as he afterward learned. In the second week of

November following she was taken ill with peritonitis. It was during this attack, which was of several weeks' duration in the subacute and localized form, that his attention was first called to any abnormal condition of the pelvic organs. The tenderness of the abdomen and pelvic viscera rendered a thorough exploration impossible, and it was not until January that a satisfactory examination was made.

The patient first came to his office January 25, when he found a tumor extending upward and a little to the right of the median line, from the lesser pelvic basin to midway between umbilicus and symphysis pubis, and corresponding in size and general outline to the gravid uterus at the fourth month. Further investigation revealed fluctuation in the tumor, also that it was detached from the uterus; the latter being crowded to the left and back into the hollow of the sacrum. Although the fluid contents were not examined, the growth was pronounced a probable cyst of the right ovary, and the patient so advised. To any operative procedure the patient demurred, but promised to consider the matter and report at his office the following week. Nothing was heard from her until February 3, ten days later, when he was called to her house at about 6 p. m. He found the patient up, but complaining of pain and soreness of the abdomen, which was slightly tympanitic. Temperature 99½°, pulse slightly accelerated. With the use of an opiate and hot fomentations, the following morning he found her free from pain, with less tenderness over the abdomen, and no tympanitis. Pulse and temperature normal. He enjoined rest in bed, and directed that he should be called in case of further trouble.

On the night of February 6 he was summoned by the message that the patient was very low, and not expected to live through the night. He found the patient at 11 p. m. bolstered up in a chair, in a crouching attitude, with the thighs flexed upon the abdomen. The countenance bore such a pinched and anxious expression as gave striking evidence of grave peril. He was informed that following his visit on Thursday the patient had grown quite comfortable and free from pain, and contrary to his instructions, sat up a large share of Friday. In the evening, while reading a letter, still sitting up in bed, she suddenly cried out that something had broken inside the abdomen. She suffered great distress, and was very much prostrated until 2 o'clock a. m., when she became more quiet. From this time she grew weaker, and had a very "bad feeling," as she described it, vomiting at intervals during the day, but suffering no particular pain. He was not called until late at night, twenty-four hours after the accident related. He found a rapid, feeble pulse of 140, skin moist, extremities cool, temperature 99° F., bowels tympanitic, but no pain, and little tenderness. She had passed no urine since the preceding night, and hardly a tablespoonful of dark fluid could be obtained by the catheter. A digital and bimanual examination revealed little or no change in the consistency and general outline of the tumor, as far as could be ascertained through the distended abdomen.

The gravity of the situation was explained to the friends, and an exploratory operation insisted upon as the only hope. As immediate consent could not be obtained, he advised a consultation. He therefore met Dr. A. B. Strong at ten o'clock that morning. Through the stimulants which had been freely administered during the night, the condition of the woman remained much the same. Suppression of the urine was still a marked symptom, abdominal tympanitis somewhat increased, temperature normal. The possibility of ruptured pelvic abscess, or intestinal perforation from fæcal impaction, was considered, the doctor concurring with me in urging an immediate operation. As soon as arrangements could be made the patient was etherized and placed upon a table. He requested Dr. Strong to perform the operation. The incision through the abdominal wall was about three inches in length, midway between umbilicus and pubis, in the median line. As soon as the peritoneal sac was opened there poured forth about three pints of purulent fluid. When this had been washed away, the tumor was readily recognized, filling the entire hypogastrium, its peritoneal surface engorged and discolored by the existing inflammation. Owing to the extensive adhesions, it became necessary to carry the original incision upward and through the umbilicus to a point two inches beyond, and downward to the symphisis. The fundus of the tumor was firmly attached along the under surface of the mesentery, making it necessary to ligate before removal; and, on closer inspection, a recently torn adhesion was observed, exposing a minute opening in the thinned wall of the sac, through which was oozing the purulent contents. In this connection it should be said that since her former attack of peritonitis, the patient had complained of increasing pain on resuming the recumbent posture, a fact now easily accounted for by the extent

and nature of the adhesions, which must have been thereby put upon the stretch. It is also probable that while sitting up in bed, movements of the body or abdominal viscera, together with the softening of adhesions by recent inflammation, had produced the rupture here found and so perceptible to the patient. The complete separation of the remaining adhesions, and the removal of its growth with the right ovary and fallopian tube, was accomplished. The pedicle was tied with waxed silk, the ligature cut short and left within the pelvic cavity. All torn surfaces inclined to bleed were cauterized with a hot iron. The peritoneal cavity was washed out with hot water, dried with clean sponges, the wound closed, leaving a drainage-tube in its lower angle, and the abdomen covered with antiseptic dressings.

Notwithstanding the free use of stimulants previously to the operation, and hypodermic injections of brandy toward its completion, within the next hour the woman's pulse became hardly perceptible at the wrist, and her immediate condition critical in the extreme. After the use of further injections of whisky and ammonia, and the application of bottles of hot water to the extremities, the patient rallied slightly, and recognized those about her. From nine o'clock in the evening, however, she gradually sank, and died at eleven p. m. The abdomen was opened the next morning by Dr. Strong and the writer. Though covered with recent exudations of lymph, the peritoneal surfaces were of a better color, nor had bleeding occurred from any of the points of detachment.

The tumor as here presented is a unilocular, dermoid cyst, its purulent contents (about a pint and a half) resembling very much the fluid found in the pelvic cavity. It also contained a mass of fatty substances bound together with a quantity of hair. The right fallopian tube here attached was uniformly enlarged, and held a number of drops of pus. The left ovary, which was removed post-mortem, also contained a few small cysts. The uterus was normal both in size and appearance.

The points of interest are: first, the disparity between the temperature noted and the extreme inflammatory changes in the peritoneal cavity; second, the difficulty in differentiating between rupture of this cyst and a possible pelvic abscess; also the resemblance of the symptoms to those observed in a case of twisted pedicle, as reported to the Society by our President, Dr. Parkes, at a recent meeting; and third, the liability of rupture of ovarian cysts, even of small size, where inflammation occurs, constitute additional arguments in favor of early operatian.

Dr. A. B. Strong said he believed it was generally supposed by the profession that peritonitis is always accompanied by an elevation of temperature, as indicated by the thermometer. He had recently seen a case in which a large quantity of pus was removed by section from the abdomen of a boy, in which the thermometer did not indicate any rise of temperature. These two cases seem to show that in purulent peritonitis the temperature is not always a practical aid in diagnosis, unless in a negative way.

The President was inclined to think from some of the symptoms reported that this was a case of twisted pedicle, and that the rupture was caused by the twisting of the pedicle, which is quite often the result of the subsequent distension of the cyst walls; if it is weak at any point, it ruptures. Darkness in color is one noticeable change found in twisted pedicle, and if this was not a case of twisting, there was great resemblance in the symptoms and those of cases he had seen, viz., rapid distension of the abdomen, increased temperature, symptoms of peritonitis, and suppression of urine. In case the ruptured cyst was dependent upon twisted pedicle, it might account for the separation of the adhesion which was found. The mere fact of the movement of the body which was advised against might have precipitated a turn of the tumor upon itself, which led to the rupture by a diffusion of blood. He thought it a very interesting case, and one calling attention to the necessity of insisting upon early interference in all cases where there is supposed tumor of the abdomen, accompanied by the symptoms mentioned. And where the operation is done early there is very little difference in the fatality as compared with the operation done without peritonitis being present.

Dr. Newman said, in conclusion, that he did not think twisted pedicle was present in this case. The adhesions of the upper part and sides of the tumor were of such a nature that there could be but slight twisting of the base on the pedicle, and if it had occurred as a factor in separating the adhesions it must have returned to its normal position again, for the tumor when found occupied its usual position.

Dr. Strong said he was sure the pedicle was not twisted. There were two points of attachment to the tumor, one adhering to the base of the mesentery on the right side,

the other to the sigmoid flexure, both old adhesions, and the points of attachment so located that it would be impossible for the pedicle to be twisted.

The President wished to know how the dark color was accounted for.

Dr. Strong said that it looked at first very much like a uterine tumor, being thick and vascular. It was a light mahogany color, but was not such a color as is found in a strangulated gut.

Dr. J. H. Etheridge said, in reference to the lack of correspondence between the temperature as indicated by the thermometer, and a high degree of inflammation, that the temperature will often be found in cases of peritonitis to be subnormal. In cases of gonorrhœa in the female, complicated by pelvic peritonitis, physicians are often misled by the fact that the inflammation which produces great pain in the abdomen is not accompanied by a temperature which would lead him to suppose that peritonitis is present, thus causing him to erroneously rule out the possibility of there being peritonitis.

Dr. G. W. Webster exhibited a convenient

Case of Antidotes for Poisons, with Stomach Tube.

He said that in his limited experience in the treatment of patients who had taken poison either accidentally or otherwise, he had often found it difficult to procure the proper antidotes quickly enough and in suitable form. It was this that led him to devise this case, intending at the time to have only one made for his own use. The case itself contains a pamphlet concerning poisons and their antidotes, a stomach tube, and the following drugs: ether, ammonia carbonate, nitrate of amyl, apomorphia, sulphate of atropia, brandy, camphor, animal charcoal, chloral hydrate, chloroform, digitaline, dialyzed iron, sulphate of iron, tr. of chloride of iron, mucilage, calcined magnesia, sulphate of morphia, iodide of potassium, liquor potassæ, acetate of strychnia, chloride of sodium, sulphuric acid, tannic acid, sulphate of zinc. The atropia, morphia, apomorphia, strychnia, and digitaline have been made up in compressed tablets and combined with soda, so that they can be given hypodermically.

Dr. J. Frank exhibited a specimen of

Degenerated Kidney,

with a brief history of the case. Thirteen weeks ago, lithotrity was attempted on a man sixty-nine years of age. The lithotrite broke, and the next day lithotomy was performed. The patient did well for about three weeks, when he seemed to fail again, and pus appeared in the urine. Then he got better, and the pus disappeared. But a relapse came, and he died. During the time he was voiding pus, Dr. Frank had made microscopic examinations to find casts, but was unsuccessful. There was total degeneration of the medullary substance of the kidney exhibited, while the other one was full of renal calculi.

The President remarked that the degeneration of the kidney was so great that the tube-cast formation would be impossible.

Dr. R. Tilley exhibited a sample of

Lanolin,

which he obtained through favor from Frazer & Co., of New York. He said lanolin has lately been brought prominently before the medical public by the researches of Prof. Oscar Liebreich, of Berlin, and its clinical applications by Liebreich and others. The substance exhibited, you will observe, is of a yellowish-brown color, and of a plastic consistency. The upper layer is darker than that immediately beneath. Its odor is slight, but *sui generis*. Liebreich says it should smell like wool. It is found in practically all the keratine tissues of the animal economy, but the commercial article is undoubtedly obtained from wool. The sample he supposed to be a mixture of equal parts of pure lanolin and water. Liebreich calls it a cholesterin fat, that is, a substance composed of fatty acid and cholesterin—the more commonly-recognized animal fats being, of course, compounds of fatty acids and glyrceine. He promises later to give us its exact chemical composition. The special point of interest about it to us as physicians, is, that it seems to be absorbed by the integument with much greater facility than the substances now in general use as bases for ointments. In the *Brit. Med. Jour.* of February 13, 1886, a number of formulæ are given, being so far the result of Prof. Liebreich's observations as to the most convenient method of associating it with other substances. He there refers to several clinical cases of interest, psoriasis, favus, and eczema. He regards it as an excellent base for blue ointment. He claims that when a small quantity of a sublimate ointment, 1 in 1000, made with lanolin is rubbed on the skin, in a few minutes the characteristic metallic taste of mercury appears in the mouth, and from this and other observations, concludes that all toxic agents should be used, when associated with lanolin, with great caution.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

Regular meeting, January 25, 1886. The President, Daniel Lewis, M. D., in the chair.

The President announced with regard to the subject of a medical directory, referred to the Comitia Minora, that one for the county and city of New York would be issued about the first of May.

On the Advanced Treatment for Radical Cure of Hernia.

Dr. Robert Abbe read a paper with this title, in which he said of previous operations introduced for the radical cure of hernia, that if they were safe they were not effective, and consequently they had been abandoned. This might almost be said of Heaton's injection method. With regard to the open method, of which his paper treated, it was essentially the same whether performed by surgeons here or abroad. In Liverpool it was the custom to use the silver-wire suture for closing the ring, instead of catgut.

In view of the importance of the operation and the variety of results reported, he thought he should put on record a somewhat detailed history of all our operations, in order that its true merits might be judged of. For this reason the author related the histories of twenty-one cases in which he performed the open operation for the radical cure of hernia. In all of these there were urgent reasons why some operation should be performed which would offer the patient relief, giving him comfort either by effecting a radical cure or enabling him to wear a truss and to follow his vocation. According to the reports of the Liverpool surgeons, the operation was a safe one, but Dr. Abbe said the results which they had given were unusually good, and there had been in the hands of other surgeons one death in eight operations. It was true, however, that the cases operated upon were severe ones, for until the present, few others had submitted to the operation. In sixteen of Dr. Abbe's cases there was not absolute strangulation, but in all there was inabilitity to wear a truss with benefit, and to attend to business. There were three deaths. In one it was due to suppuration in varicose veins of the leg, which were operated upon at the time the open operation for hernia was performed. At the autopsy, the hernial wound and abdominal contents were in a healthy state. It was a mistake, he said, to have done the two operations at the one sitting. In another case death was due to fatty heart and to intestinal obstruction from an omental band. In the third case, death was due to hemorrhage from shrinkage of the omental tissue and loosening of the ligature. This occurred notwithstanding special precautions had been taken during the operation to avoid it. Several cases of death from hemorrhage had been reported, and Dr. Abbe thought it was due, as in his case, to a large, thick omental mass, which soon shrunk, and allowed loosening of the ligature. For this reason he advised the use of three, four, or even five ligatures or carbolized silk, and ligation of any bleeding vessels.

As to the final result of the operation, Dr. Abbe said there would in probability be a recurrence of the hernia within one or two years, if not sooner, but it was made manageable, and all of his patients had expressed great satisfaction with the relief which they had obtained. Femoral herniæ were those which caused the patients most trouble, and it was in these that the operation was most effective.

Dr. A. G. Gerster had operated in twenty-seven or more cases, in eight or nine of which herniotomy had been demanded. In three in which herniotomy had been called for, death took place, being due in one to necrosis of the returned gut, which had been thought to be viable; in another, due possibly to the same cause; and in the third, due to follicular diphtheritic inflammation. In all the cases in which herniotomy had not been called for, no disturbance followed the operation. He did not believe a radical cure was ever effected, but benefit was produced from the fact that the patient was enabled to wear a light truss and follow his vocation.

Dr. R. F. Weir had operated in eight or nine cases in which herniotomy had been called for. In two or three of these there was considerable disturbance following the operation, and he was anxious lest peritonitis should develop, but it did not. The operation he thought was useful in those cases of hernia in which a truss could not be worn, in which the inguinal ring had become much enlarged, and the patient was a sufferer or unable to attend to his business. But in milder cases, in which a light truss would control the hernia, he could not see the advantage in resorting to the open operation, which was not without risk, and which, as had been said, did not effect a radical cure, it being necessary afterward that a light truss be worn. He had not lost all faith in Heaton's injection method in light herniæ; he thought that it had resulted in a cure in his hands of from one-third to one-half of the cases.

Dr. D. A. White presented a modification of Wutzer's instrument for invaginating the inguinal canal and exciting an adhesive inflammation. Out of forty or more cases so treated, he had not had to operate twice in more than five.

Dr. P. Albert Morrow then read a paper on

The Diagnosis of Small-pox.

Dr. Gouverneur M. Smith read a report from the committeee on contagious eye disease, in which it was recommended that the state legislature be urged to pass a bill (which he read) providing for a physician attaché to institutions other than hospitals which received children. By the report it appeared that contagious eye diseases in the city institutions were alarmingly common. The report was adopted.

Dr. P. A. Morrow was elected delegate to the State Medical Society, to fill the vacancy created by the resignation of Dr. Alexander.

Editorial Department.

Periscope.

A Case in which a Gunshot Wound was Followed by Symptoms of Chronic Tetanus, which Resisted All Treatment, but Eventually Subsided after a Fall from a Donkey.

Dr. Tobin thus writes in the *Medical Press:*

Notes of this case while under treatment at Netley were published by me in the "Army Medical Reports," but its subsequent history, lately come to my knowledge, so adds to the interest of it, that I now send it forth in its entirety.

Private J. D., æt. 24. Service three years. Family and previous personal medical history good. At the action of Bronkhurst Spruit, South Africa, 20th December, 1880, he received two bullet wounds. The first was a flesh wound in the right cervico-scapular region. The second, received ten minutes later, was caused by a bullet which struck the right clavicle at the junction of the middle and outward third, fractured it, and travelled backwards. The most noticeable and immediate result of this second wound was a violent spasm of the muscles of the right arm and right side of neck, so that the arm, semi-flexed, was fixed to the side, and the head drawn down to the right shoulder at an angle of 45°. On the day after the battle the bullet which caused the first wound was removed, and a search was made for the second unsuccessfully. At a later period this search was repeated, and a general examination of the parts made under chloroform, with no result except that evidence was obtained that the neck of the scapula had been fractured by the bullet. The patient arrived at Netley in August, 1881, eight months after the receipt of the injury. His wounds had healed. He was a strong healthy man, presenting at the lower part of right side of neck a scar an inch and a half long, and another of about the same size at the junction of the middle and outer third of the right clavicle. The bone at this point was deeply grooved, and had evidently been completely fractured. The patient's right arm, flexed at a right angle, was apasmodically fixed to his side. The spasm did not extend in the same degree to the fingers and wrist, as he could move these a little. His head was drawn to the right side, from contraction of the trapezius. He suffered from constant aching pain, worse at night, in the affected parts. During the first few months of his stay at Netley, there was no perceptible change, but about the 12th of October the pain in the arm and shoulder grew worse, and the following remarkable symptoms, which represent his condition on the 16th of October, became developed. The neck and right arm were as already described. Underneath the blade of the scapula, about its centre, there was a spot painful on pressure. From this spot, at intervals of about three hours, a painful spasm extended round the front of the chest to the region of the heart, causing the patient to clutch at that organ with his hands. A few seconds later the spasmodic condition extended to the whole body; the teeth were clenched, the masseter muscles worked violently, the eyeballs became prominent, the pupils contracted, the left arm was drawn to the side in a position similar to that in which the right was constantly fixed; finally the muscles of the back became rigidly contracted and drew the body into a bow for about a minute, during which time the breathing almost ceased, the heart's action became tumultuous, and the face flushed. At the conclusion of each attack the patient usually tried to sit up in bed in

a dazed, exhausted condition. Throughout the symptoms gave one the idea of a tetanic spasm, and the absence of complete unconsciousness, of foaming at the mouth, and of tendency to protrude and bite the tongue, precluded the diagnosis of epilepsy. These attacks occurred every two or three hours, and lasted from five to ten minutes. The convulsions affected both sides of the body equally. There was no anæsthesia or hyperæsthesia of the surface, and no increase of temperature.

Another distressing symptom which added much to the difficulties of the case was great irritability of the stomach. This condition preceded the setting-in of the symptoms just described, and increased with them in severity. At the period I have been referring to it had reached a degree that prevented the administration of any food or medicine by the mouth. The patient, who was a very obstinate man, would not, at this time, hear of any search being made for the bullet, or of any kind of operation. It was necessary, therefore, from the 16th to the 20th of October, to feed the patient with nutrient enemata, while nitrate of amyl, chloroform, calabar bean, bromide of potassium, hydrocyanic acid, and morphia were in turn ineffectually used to try and allay the spasms. On the 20th of October he had reached a degree of exhaustion that rendered a fatal termination probable at any moment. This was explained to the patient, and he gave a reluctant consent to any operation that might be be considered necessary. In consultation it was decided to make an examination of the parts near the wound of entrance, and of the subscapular region. The patient being under the influence of ether, an incision was made parallel to, and about half an inch above the outer half of the clavicle. This passed through the upper part of the wound of entrance, and with the help of a little dissection exposed the cords of the brachial plexus, which were examined and found normal. The clavicular attachment of the trapezius was next divided, and the hand having been passed underneath the scapula, a most careful but unsuccessful search was made for the bullet in this neighborhood. Under these circumstances, and being still of opinion that the source of irritation lay somewhere about the scapula, I removed a portion of the supra-scapular and spinal accessory nerves. The supra-scapular nerve was selected for division because it partially supplied the parts in which the spasms seemed to originate, and it might, moreover, have been undergoing a direct irritation in its passage through the supra-scapular notch, the bone having been fractured in that neighborhood. The spinal accessory was divided because I hoped thereby to relieve the spasm that drew the head to one side, and also to relieve the gastric irritability (his most urgent symptom), in case it was dependent on extension of irritation to the pneumogastric. The operation was followed by fairly satisfactory results. The sickness of stomach completely ceased; the head resumed its normal position and movements, the tetanic spasms were lessened in frequency from ten or twelve to two in the twenty-four hours, and the patient in a great measure regained his strength; but his arm, which was freely movable while he was under the influence of ether, became fixed in its former position as soon as the effects of the anæsthetic had passed away, and continued to occasion him much pain and weariness. In this condition he was discharged from the service with a pension, and sent to his friends in Ireland.

For some eighteen months after his discharge from Netley there was no material change in his condition. He sought relief in Mercer's Hospital, where Mr. O'Grady made a very thorough exploration of the brachial plexus, during which he found that the transverse process of one of the upper vertebræ pressed on the nerve underneath it, and that when the musculo-spiral nerve was touched, intense tetanic spasms (even while the patient was under ander an anæsthetic) were developed. A loop of silk was passed round the nerve in question so as to facilitate its division at a subsequent period should occasion require it. The patient, however, left hospital without permitting the information obtained by the exploration to be used for his benefit, and returned to his home, which is near Cootehill. Here he sought advice from Dr. Moorhead, to whom I am indebted for what I have further to relate. At the earnest request of the patient, who had had it in his head that the bullet was lodged near the shoulder-joint, Dr. Moorhead fully explored that region through an incision carried down between the deltoid and pectoralis major, but found nothing. At a point midway between the lower angle of scapula and spine, a painful spot, which gave a sense of fulness to the touch, was found, and on exploring this with a hypodermic needle a violent tetanic spasm was induced. Was the bullet here? The patient would not allow an exploratory incision to be made, and left the hospital at Cootehill with arm still fixed at side, and fits of the character already described occurring thrice daily. So he continued until Septem-

ber, 1883, when the following occurrence gave a favorable turn to his symptoms. He was thrown from a donkey and pitched on his right shoulder. A fearful shock, followed by a cessation of the fits, and later on by an almost complete restoration of the use of his arm, was the result. The position of the bullet, lodged perhaps in the spinal column, was no doubt changed by the accident.

Mycotic Endocarditis.

Dr. Wysskowitsch details the particulars of an experimental inquiry into the nature of ulcerative endocarditis (Virchow's *Archiv.*, 103, Heft 2), to which is prefixed an account of the histological examination of twelve cases of endocarditis in the human subject. Four of these cases were chronic valvular thickening with calcification and necrotic areas, surmounted by warty deposits of fibrin; in four others, the vegetations were more or less vascularized at their union with proliferated endothelial layers (thrombo-endocarditis); the ninth case appeared to be a chronic condition of the preceding; the tenth and eleventh showed post-mortem œdema after chronic endocarditis, in one case, bacteria (undoubtedly saprophytes). Lastly, there was a recent case of ulcerative endocarditis, which yielded abundance of micrococci on the valves, in the spleen and kidneys; on cultivation, the micro-organisms had the characters of staphylococcus pyogenes aureus. The experiments which form the second part of his paper consisted in inflicting on rabbits an injury of the aortic valves by means of an instrument passed down the carotid artery; then injecting into a vein a few hours later cultures of various micro-organisms. It was shown that the operation of piercing the valve was well borne, and not *per se* followed by any pathological consequences; but that the inoculation was often productive of a malignant mycotic endocarditis upon the injured valve, with secondary metastasis, as in human ulcerative endocarditis. These positive results occurred when the inoculation was made with either of the following micro-organisms: Streptococcus pyogenes, staphylococcus pyogenes aureus, and coccus sepsis (Nicolaier); but the injection of micrococcus tetragonus and bacillus pneumoniæ had no such sequel. It was also found that the staphylococcus produced much inflammatory reaction and suppuration, whereas the streptococcus, although causing much more valvular deposit and more numerous infarctions, had no such severe action. The changes in the heart and vessel were not limited to the valves pierced by the stylet; the micrococci growing also on the mitral valve and aortic wall, which happened to be eroded by the passage of the instrument. It is therefore suggested that mycotic endocarditis may be of various forms, depending upon different varieties of micro-organisms. Other experiments to induce endocarditis after inhalation and subcutaneous injection of streptococci yielded negative results; but it was found that the rabbit can only bear inhalation of very small quantities, and it was doubtful if the micro-organism entered the blood-stream at all. Professor Orth, under whose direction this research was undertaken at Gottingen, comments in another article upon the results obtained; they prove, he thinks, that the term "disposition" is no empty one, the mechanical injury of the tissue laying it open to the attacks of the micrococcus which is deposited in the clots. The experiments show also how slight may be the amount of injury required to so lower the vital resistance of the tissue.

Cerebral Syphilis; Fits; Recovery.

Dr. R. W. Burnet reports this case in the *Brit. Med. Jour.*, March 20:

The patient, a man aged 33, was admitted into the Great Northern Central Hospital on September 30, 1885, complaining of "fits," and of severe pains in the head. There was no special wasting of the muscles, but his grasp with the left hand was comparatively feeble; his pupils reacted to light, and there was no squint. The lungs were free, but there was a systolic *bruit* heard in the third left interspace. The left arm and leg were colder than the right; muscular sense and cutaneous sensibility were deficient on the left side. Patellar reflex was exaggerated; there was no ankle-clonus. Smell and taste were unimpaired; but hearing was defective in the left ear. Sight was fairly good. Mr. Marcus Gunn examined the eyes, and reported that the eyeballs appeared normal; the left pupil was larger than the right; both acted to light, and with convergence, but the left was always larger. The papilla in the right eye was greatly swollen, and its boundaries obliterated; in its vicinity several flame-shaped hemorrhages and white patches were seen; the veins were greatly distended; the arteries were much occluded. The left eye was in much the same condition, but the swelling was less. The patient stated that seventeen years ago he had venereal sore with some urethral dis-

charge, and swelling of glands in the groin, without suppuration. There was no history of rash, sore throat, or other symptoms. About thirteen months before his admission he was suddenly seized, while at work, with a fit; and he had the fits very frequently, sometimes daily, since that time. The fits began with slight twitching of the extensor muscles of the forearm or leg, and slight jumping of the hand or foot, or both—but always on the left side. The spasms increased, till the whole left side, including the face, was in a state of clonic spasm. The forearm was flexed on the arm, and the wrist on the forearm; the fingers were flexed, but the first was not clenched. The leg remained extended, and the spasms were limited to the front of the thigh and the leg. After a fit, the affected parts were left cold and paralyzed. This had lasted two hours, and sometimes days had elapsed before he had much control over the left foot. The man had been treated as an out-patient, with bromide and iodide of potassium, but without effect. During the first week after his admission he had nine fits. He was ordered mercurial inunction, and iodide of potassium in seven-grain doses. After October 6, he had no more fits, and very much less twitching. He improved in general health, and gained weight. On November 2, the swelling of the papilla was much less, and the white patches had nearly disappeared. On November 3, he was made an out-patient. He still attended, and was taking from ten to fifteen grains of iodide of potassium three times daily. He could read with ease, and had no fits, but had still occasional twitchings.

A Foreign Body in the Eyeball Removed by Means of a Magnet.

Dr. A. G. Hobbs thus writes in the *Southern Medical Record*:

Mr. A. W., of Alabama, aged forty-two, while drilling with a steel drill, received a wound in the right eye, which gave him but little pain at first, but after twenty-four hours the pain became severe. His physician, Dr. A. B. Coleman, saw him on the evening of the day the injury occurred, and was sure he could see the piece of steel (looking at it, according to the patient's account, with an ophthalmoscope), but would not attempt to extract it. The eye was at once atropinized, but, on the third day, the pain, photophobia, and congestion had increased so much that the doctor referred him to me. I saw him on the fifth day, when I found a small opacity at the sclero-corneal junction, the point of entrance of the piece of steel. I also found considerable iritis, with inflammatory effusions, in the ciliary region. The effusion was so great that his vision was reduced to "finger counting," and it was impossible for me to see beyond the iris. Knowing that the good eye was in danger of becoming involved, through sympathy, I determined to try the magnet, though I had but little idea of the locality of the foreign body.

After thoroughly cocainizing the eye, I introduced a Graefe's knife through the cornea and ciliary region, into the vitreous, following the course of the steel as near as possible, and just missing the lens. After the hemorrhage had ceased, I gently introduced the probe of a Gruning's magnet, and slowly withdrew it, till, upon the fifth withdrawal, a small, irregular piece of steel, about half the size of the head of a pin, came out, adhering to the point of the probe. There was but little loss of vitreous, a very small bead only following the fourth and fifth withdrawals of the probe. The eye was at once firmly bandaged, the patient placed at rest, and the case treated as an ordinary traumatism of the ciliary region.

The pain and inflammation gradually subsided under treatment, and the inflammatory exudations were slowly absorbed till his vision, at the end of three weeks, was $\frac{6}{xx}$. Two weeks later vision remained the same, but all symptoms had subsided, except a small band of iritic adhesions in the region of the wound, which left the pupil irregular in shape. I have no doubt that, had the magnet not been successfully used in this case, an enucleation would have been necessary. I expected that a traumatic cataract would be the result, but I have not heard that such has been the case. I infer that the vision still remains as good, if it has not improved, since the acute symptoms passed away.

The Therapeutic Use of the Digestive Ferments.

Before the Academy of Medicine in Ireland, Dr. Purser read a paper on the Therapeutic Uses of the Digestive Ferments, in which he condemned as useless and irrational the internal administration of these substances, and argued that their true use in medicine was limited to the preparation of artificially digested food.

Dr. Henry Kennedy took exception to Dr. Purser's observations about the effect of pepsine, of which he had had favorable experience himself in children, with whom im-

agination could not be said to operate. How pepsine acted he was unable to explain. Some preparations of pepsine with glycerine were calculated to develop an unpleasant smell, which made it disagree.

Dr. Walter G. Smith regarded Dr. Purser's conclusions as founded on incontrovertible data. It was high time to protest against the illogical and irrational mode of using so-called aids to digestion.

Dr. J. W. Moore said that rectal alimentation was one of the principal uses of digestive agents, from the addition of which to nutritive enemata he had seen good results.

Dr. Atthill said he was sure Dr. Purser's remarks were based on scientific principles, but possibly some of his deductions were not strictly correct; because experiments carried on outside the body could not be identical with experiments inside. While sensible that there was a vast amount of humbug in the sale of digestive ferments, he did not agree with Dr. Purser that those ferments were absolutely useless, having himself prescribed pepsine with good results, especially in the case of children and delicate women. In artificial feeding per anum the peptonized food was of the greatest importunce.

Dr. Purser replied that he was prepared for the protest made as to the use of pepsine, and had anticipated the objection in his paper. As to the effect of medicine on children and delicate women, he did not say the effect was produced through the imagination; but he did not know anybody who gave pepsine and nothing else. The diet was always regulated to make it more easily digestible, and pepsine was prescribed with acid or aromatic water, and aromatic water would often cure gripes in children. To say the thing was different inside the body and outside the body showed an erroneous conception of digestion, which did not take place inside but outside the body. The mucous membrane of the stomach was just as much outside the body as the palm of the hand. The preparations for rectal alimentation were of some value.

An Eruption following Chicken-pox and Measles.

Before the New York Clinical Society, Dr. F. P. Foster presented a photograph of a child suffering from a form of skin disease, and read portions of two letters from Dr. T. L. Axtelle, of Waterbury, Connecticut, who had sent him the photograph.

"Briefly," wrote Dr. Axtelle, "the history of the case is as follows: Last May the child had varicella. Just as it was recovering from this, measles appeared. About the 1st of July, after convalescence from measles, the child was brought to me with a universal papulo-vesicular eruption, most abundant on the trunk, head, and face. This I pronounced acute vesicular eczema. A peculiarity was that the vesicles frequently became confluent, with a strong tendency to umbilication, with subsequent scabbing. This scabbing was chiefly on the face and head. I sent child and mother to the country in July. About the middle of August they returned, when the head was almost covered with one vast scab, with suppuration beneath. About a week before their return the eruption on the legs had appeared as papules, then vesicles, several coalescing and rising about one-eighth to one-fourth inch above the level of the skin. The summit was of a grayish color, and rather a rough, warty appearance. They contained no pus, and did not slough, scab, or scale. They gradually subsided to the skin level under salicylic acid ointment. The only scaly appearance was after they had returned to the skin level, when red scaly patches were left instead of the former nodules.

"I am at a loss to know what to call this. It was absolutely limited to the legs below the knees. Whether the first eruption was eczema, and this a form of the same, or whether I was wrong in the former diagnosis of eczema and the entire eruption is something else, I am uncertain.

"Two points I wish particularly to mention—namely, the eruption on the head and face and that on the legs existed in different stages of progress at the same time, but possessed no features of resemblance. That upon the head and face crusted and scabbed, while that on the limbs at no time manifested any such tendency. Nothing now remains of the nodules on the limbs except red patches marking the situation and size of the elevations."

Instances of Two or More Cases of Diabetes Mellitus in Members of the Same Family or in Near Relatives.

The late Dr. Austin Flint thus wrote in the *Jour. Am. Med. Ass.*, April 17:

Number of instances in which complete family histories were obtained, 36.

Number of instances in which but one case in a family was noted, 27.

Number of instances of two or more cases, 10.

No. 1. Father-daughter. (Both cases observed and recorded.)

No. 2. Brother-sister. (Case of sister only observed and recorded.)

No. 3. Mother-son. (Both cases observed and recorded.)

No. 4. Paternal uncle-nephew. (Case of nephew only observed and recorded.)

No. 5. Brother-sister. (Both cases observed and recorded.)

No. 6. Two sisters. (One case only observed and recorded.)

No. 7. Two sisters. (One case only observed and recorded.)

No. 8. Two brothers. (One case only observed and recorded.)

No. 9. Two brothers. (One case only observed and recorded.)

No. 10. Father, paternal uncle, two sisters, two brothers. (One case only observed and recorded.)

NOTE.—Nos. 1, 3, and 5 are reckoned each as one instance in the thirty-six.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——The second number of the "Practical Notes on the Treatment of Skin Diseases," by Dr. George H. Rohé, of Baltimore, is devoted to eczema. It is a neat and instructive pamphlet of 46 pp. (published by Thomas & Evans, Baltimore).

——A study of fractures of the coracoid process appears from the pen of Dr. J. W. Byers, of Charlotte, N. C. It is a valuable contribution to the scanty literature of this rare accident.

——The use of cocaine in hay fever is advocated by Dr. Seth S. Bishop, of Chicago, in a tract before us. He employs a six per cent. powder of cocaine and sugar of milk in an insufflator.

——The influence which may be exerted on the central nervous system by hypertrophied labia minora, is set forth in a short paper by Dr. C. L. Gwyn, of Galveston, Texas. He traces to this condition many cases of general nervous irritation, nymphomania, etc.

——Those who would acquaint themselves with the remarkable researches of Dr. Domingos Freire on vaccination as protective against yellow fever, should obtain his pamphlet published in the French language, entitled *Le Vaccin de la Fievre Jaune*, which may be ordered directly from his home, Rio Janeiro. This pamphlet gives a summary of the results of his practice between January and August, 1885.

——Several curious instances of supernumerary mammary glands and nipples are described in a reprint by Dr. William A. Edwards, of Philadelphia.

——A blank Note Book for cases of Ovarian and other Abdominal Tumors, adapted from the note books of Dr. Spencer Wells and the Samaritan Hospital, London, has been prepared by Dr. John Homans, of Harvard College, and published by Cupples, Upham & Co., Boston. It will be found quite convenient.

——Dr. William A. Byrd, of Quincy, Illinois, sends a reprint reporting a case of successful amputation of the hip-joint.

——A useful pamphlet of instruction to pathologists has been published at the State Hospital for the Insane, Norristown, Pa. It is entitled, A Brief Synopsis of the Various Points involved in the Coarse Examination of the Brain and Spinal Cord," by Francis K. Dercum, M. D. (8vo., pp. 11.)

BOOK NOTICES.

A Reference Hand-book of the Medical Sciences. Edited by Albert H. Buck, M. D., Vol. II. New York. William Wood & Co., 1886.

This very handsome and excellently edited work cannot be spoken of in other words than with praise. It comprises over 800 large, double column, quarto pages, on first-class paper, and in clear, though rather small, type, with numerous wood-cut illustrations scattered liberally through the text, and a series of full-page chromo lithographs, exhibiting in their natural colors various surgical and botanical subjects.

As our readers were made aware from our previous notice, the work is in fact a dictionary of medicine of the most complete kind. The present volume carries the topics down from "catarrh, nasal" to "eye," inclusive. Each entry of importance is written by some special contributor, who signs his articles, and thus gives the statements a personal guarantee which adds largely to the value of the whole. These contributors are nearly all residents of the United States, and include the most prominent medical writers of our country. With such judicious liberality on the part of the publisher, and with such a corps of contributors, one cannot doubt that the effect of this extensive undertaking will be highly improving to sound medical learning.

THE

Medical and Surgical Reporter.

A WEEKLY JOURNAL,

ISSUED EVERY SATURDAY.

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THE

QUARTERLY COMPENDIUM

OF

MEDICAL SCIENCE.

The attention of our readers is especially called at this season to the *QUARTERLY COMPENDIUM*, which we publish.

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NERVOUS DISEASES AFTER RAILROAD ACCIDENTS.

When a serious accident happens on railroads, the more visible lesions are generally the only ones reported. But after injuries to the head, and after all accidents which are accompanied by more or less concussion, by more or less shock, the immediate consequences are often the least dangerous, and the injuries which the nervous system receives, and which generally make their appearance later, are more important than the morbid signs first visible at the time of the accident.

That the subject has received special attention only of late cannot surprise, for the attending surgeon, after the wounds have healed for the treatment of which he was called in, leaves the patient apparently restored, and often never hears of him again. But of late the grave consequences of such accidents to the nervous system have become more frequent, probably because the concussion suffered by the victims of modern railroad wrecks is severer on account of the greater swiftness of the trains.

Charcot considered the nervous phenomena which so often develop after the immediate consequences of these injuries have disappeared, to be of an hysterical character; and this view has been held by most observers until Dr. H. Oppenheim, Assistant to the Nervous Clinic of the Charité Hospital in Berlin investigated the subject and published the result of his researches in the *Arch. f. Physiol.*, Bd. xvi., H. 3, '85.

From this report we learn, that the psychical disturbances occurring after such accidents usually assume the character of hypochondriasis, while amongst true neuroses hysteria, epilepsy, and various forms of neurasthenia are observed. That we have to do in these cases with genuine neuroses is apparent from a group of symptoms very common in these cases: stubborn headache, vertigo, vomiting, disturbances of motion, impairment of motion, impotency, difficulty in micturition, sensation of a tight band around the trunk, and even immobility of the pupils and atrophy of the cystic nerve.

But though these nervous phenomena in all these cases have more or less the same fundamental character, they are grouped differently in different cases. In some the picture they present does not fit into the frame of any one group, and many cases show a mixture of psychical and nervous symptoms, and are, therefore, partly psychoses, partly neuroses. In many instances we, besides, observe signs which clearly indicate a chronic grave lesion of the central nervous system.

Dr. Oppenheim lays special stress on the importance of not considering simulation, when the group of symptoms is such as not to harmonize with our view of what it should be. So many psychical and nervous anomalies are often observed in these cases, that we should long hesitate ere we ascribe to simulation what after all may be a grave lesion.

Concerning prognosis, O. has never yet seen a case of complete cure. Especially when the symptoms occur in an employee, who continues in the service of the company, the prospects of a cure are very small. In some cases the symptoms are in the beginning for a long time mild, and then assume a graver aspect, a point well to be remembered in the prognosis.

THE EFFECTS OF INSUFFICIENT FOOD AND OF STARVATION.

We often find, especially amongst clinical patients, all kinds of organic lesions without being able to determine the pathogenic element, for these morbid alterations are met with in individuals who have never been in the habit of using alcoholic stimulants, and who neither suffer from malaria, syphilis, nor any other dyscrasia. It is probable that the recent experiments of Drs. Posashni and Ochotin, of St. Petersburg, Russia, may throw some light upon these cases. The former made over fifty experiments in the laboratory of Prof. Pashutin on three dogs, of twenty-two hours' average duration. He investigated the respiratory gases of starving animals. The exhaled watery vapors, CO_2, and the inspired oxygen were quantitatively determined. The results of these researches were as follows:

1. The temperature of starving dogs diminishes only one or two days before death.

2. The percentage of loss of weight is most considerable at the beginning of starvation and immediately before death.

3. The quantity of urine greatly diminishes the first few days, but increases in proportion to the weight of the body as death draws near.

4. The absolute quantity of exhaled watery vapor diminishes from one-half to one-third the first few days, and then continues at that height until life is extinguished, while the quantity of carbonic acid exhaled diminishes in the same ratio as starvation increases.

5. The animals use at the beginning of starvation less oxygen than later, near death.

Dr. Ochotin limited his experiments to the pathological anatomical changes of the organs of rabbits partly starved, *i. e.*, such as did not receive a sufficient quantity of food, or food nourishing enough fully to sustain life. It was found that animals which for a long period received only about one-fourth of their accustomed food showed the same morbid changes as those which for a day or two were well fed, then for a number of days received no food, then again had plenty given them, etc.

All the animals thus insufficiently fed sooner or later showed atrophy of the organs, granular and fatty degeneration, proliferation of interstitial tissue, and division of cellular nuclei (rariokinesis). The changes were less only quantitatively than those caused by complete starvation.

KERNIG'S FLEXION-CONTRACTURE.

Not long since we reported the observation, first made by Kernig, that in some brain-diseases, as soon as the thigh is flexed the knee and also the elbow-joint become flexed, not allowing extension. Dr. W. Bull, of Christiania, has observed this phenomenon three times, and publishes his notes of the cases in the *Berl. Klin. Woch.*, 42, '86. One was a case of tubercular meningitis, the second one of tumor of the cerebellum, and the third one of thrombosis of the transverse sinus. The last two cases occurred in boys respectively 11 and 16 years old, and a post-mortem examination was permitted only in them.

The symptom mentioned does not appear to be pathognomonic of any special brain disease, but seems to occur in various lesions of the brain. Should further observations, however, demonstrate the fact that this sign sets in very early in tubercular meningitis, it would be of great clinical importance.

The explanation of the phenomenon is the following: Healthy individuals can extend their knees perfectly only, if the angle formed by abdomen and thigh is not less than 90°. As soon as the thigh is flexed more, so that it forms with the abdomen a more or less acute angle, the knee-joint cannot be straightened out to an angle of 180°. The bend of the knee then remains in an obtuse angle, and further extension is prevented by contraction of the posterior muscles of the thigh. As a consequence of this fact, the test should be made only with the thigh at right angles to the abdomen.

In healthy persons the mild contraction of the posterior thigh muscles which ensues on extending the knee-joint while the hip-joint remains in rectangular flexion does not cause any reflex effect. But in an individual suf-

fering from a lesion of the brain, especially compression, this mild contraction suffices to serve as an irritant, which in its turn produces a spasmodic contracture of reflex character in the respective muscles, which yields only when the irritation ceases on extending the hip-joint, and thus relaxing the posterior muscles of the thigh.

THE NEW DISINFECTANT, IODOL.

Silber and Crammician, in Rome, recently discovered a new disinfectant, "iodol." In etherial tar oil amongst others pyrrol is found, which when treated with biniodide of potash produces a crystalline union, tetraiodi depyrrol, C_4I_4NH—iodol. It is a light brown powder, which if not pure gets darker under the influence of sunlight. Its faint odor resembles that of thymol. In water it is scarcely at all soluble; easily in alcohol. A twenty per cent. alcoholic solution of iodol may be mixed with an equal quantity of pure (free from water) glycerin, without becoming opaque. All solutions of iodol, if at all concentrated, have a brown tint, also fats and cosmoline, to which iodol has been added. It is employed as a dressing for wounds, either in the form of fine powder or with cosmoline, or dissolved in alcohol (2–3 : 35 alcohol) diluted with glycerin to 100. It causes no intoxication by absorption from wound.

Notes and Comments.

Paralysis Following the Injection of Iodo-glycerine for the Treatment of Spina Bifida.

To a recent meeting of an English medical society, Dr. Lycett exhibited a girl, aged 6, who, at birth, was the subject of spina bifida over the upper part of the sacrum, forming a tense sessile tumor, of the size of an orange, having an ulcerated surface of the area of a crown-piece, which, on healing, formed a thin membranous covering to that portion of the sac. As it became thinner through expansion, it was tapped when she was six weeks old. An ounce and a half of fluid was drawn off, and forty minims of iodo-glycerine injected with a negative result. The sac refilled about a week afterwards; about an ounce of fluid was withdrawn, and the injection increased to a drachm and a half, causing the sac, in a few days, to become obliterated. Co-incidentally with the shrinking, however, came loss of sensory and motor power in the legs, with incontinence of fæces and urine; the paraplegia, which persisted, being complete below, and incomplete above the knees. Hydrocephalus also commenced immediately after the operation, and gradually increased until the third year, when the fontanelles closed without developing any nerve-phenomena, or impairing the mental power. The horizontal circumference of the head now measured 22 inches. In the report of the committee appointed by the Clinical Society of London to inquire into the subject of spina bifida, there was a case recorded, where paralysis supervened and persisted after the cure of the tumor, and appeared to be due to the treatment adopted. In several cases, temporary paralysis occurred, which passed off in a variable time; once complete paraplegia, which subsequently disappeared. In three cases, hydrocephalus set in subsequently to the cure of the spina bifida. Of the various operative measures, that by the injection of iodo-glycerine was recommended in preference to any, as promising the greatest success, though the table of results showed that of 71 cases, only 35 recovered, 27 died, 4 were relieved, and 5 unrelieved. As evidence of the frequency and serious nature of this affection, it appeared that it caused no fewer than 647 deaths in 1882, of which 615 were in children under one year of age.

Method of Treating Fractured Clavicle.

At the meeting of the Manchester Medical Society, on February 17, Mr. C. E. Richmond demonstrated an easy method of treating this injury. The position adopted was similar to the French one; the palm of the hand of the injured side being laid flat on the chest. The best position for adapting the ends of the fragments was first ascertained by abducting the elbow from or approximating it to the sternum. A piece of broad strapping was passed round both arm and body, to fix it in the required position. A piece of calico, twelve inches broad (more in a big adult), and in length sufficient to go twice round the body, was torn longitudinally, so as to make a four-tailed bandage, leaving about the middle eighteen inches untorn. This centre part was then grooved round the elbow, and the two lengths of the band (a), that lay next the body, were taken one up in front of the chest, over the flat hand, and the other up behind. These were then knotted together behind the sound shoulder, the ends being meanwhile held out of the way. The other two lengths (b) were taken round the arm and body in front and

behind, and also knotted behind and below the sound shoulder. The (a) ends were then brought down, one in front and one behind, and knotted betwixt the fixed elbow and the body, and then cut off short. The (b) ends were then again brought round the body over everything, and finally knotted in the hollow above the fixed elbow. Wadding was then inserted under the knots to prevent them from galling, and the hand against the chest was secured to the length of bandage, passing over it by means of a strip of calico passed round both. The advantages claimed were these: 1. There was no necessity for special apparatus. 2. The arm was fixed in the most favorable position. 3. The fixing was permanent. The method had been used in numerous cases with the best results.

Croupous Pneumonia and Gangrene of the Lung; Death; Necropsy.

The patient, a boy six years of age, lost both parents from lung disease, a sister had a leg amputated for disease of the knee, while another sister suffers from keratitis and caseous cervical glands. The patient has always been delicate, and for some months he has had a cough. When admitted into hospital he was found by Dr. Oxley (who reports the case in the *Lancet*) to have a very rickety chest, his temperature was 103°, and his respiration 44 per minute. His cough was frequent, and he had a scanty, viscid, yellow expectoration; the breath was rather foul; he had also signs of consolidation of the lower lobe of the right lung. In two days the breath became extremely offensive, the odor being fæcal in character and permeating the whole ward; signs of a cavity also appeared in the base of the right lung. The consolidation gradually crept over the whole lung, the pulse becoming more and more feeble. The smell persisted, though not quite so offensive as at first, owing to antiseptic inhalations. The patient died after being in hospital thirteen days.

After death the right pleura was found generally adherent; the right lung was in a state of gray hepatization; the lowest lobe contained a cavity about the size of a small orange; the walls were rough and of a dark greenish-blue color, it contained some ichorous fluid; there was a second smaller cavity in the middle lobe. The lung substance round these cavities was of a pale greenish-blue color; the tissue in the upper lobe was of a pale fawn color, and was absolutely airless. The left lung was œdematous. The mediastinal and bronchial glands were caseous, and in most of them the caseous material was more or less calcified. None of the glands were gangrenous. There was no heart disease. No tubercle was found in any part of the body.

Antipyrin in Pernicious Forms of Malarial Fevers.

Dr. John Hope Potter writes to the *Lancet* that while in charge of the Police Hospital of Bombay during his tenure of office as Acting Police Surgeon, he had considerable opportunities of testing the effects of different kinds of treatment in malarial fevers, of a remitting as well as an intermitting type. In common with most men who have had much experience of these fevers, he met many cases of a remittent type which were not amenable to the ordinary treatment, whether by quinine, arsenic, or diaphoretics with aconite. He determined to try the effect in such cases of administering antipyrin in sufficiently large and repeated doses to ensure a reduction of the temperature to the normal standard. The result was most satisfactory, so much so that during the last five months of his tenure of office he found no case that was not amenable to this treatment. Many cases that for weeks had been quite unaffected by the ordinary remedies were instantly cured by the exhibition of antipyrin followed by quinine. The few cases in which he found the effects unsatisfactory eventually showed other complications, such as abscess of the liver or phthisis. He is of opinion that in pernicious forms of uncomplicated remittent fever we have a most valuable aid to treatment in antipyrin.

As he is not aware that this treatment has been advocated in the malarial fevers of the tropics, he writes to give the result of his experience, in the hope that it may prove of use to those who have to contend with this common and only too fatal disease.

Permanganate of Potassa—Amenorrhœa.

Dr. Lee O. Rodgers, of San Francisco, reports the following case to the *Med. Record:*

"Miss F., aged nineteen, was sent to me for advice, and gave the following history: She leads an active life when at home, spending much time in the open air. In July, 1884, she came to a town adjacent to this city on a visit to friends. She began shortly after to grow 'stout,' her abdomen particularly becoming prominent. Her menses disappeared entirely after the period in July, previous to which she had always been per-

fectly regular. In March, 1885, she was sent to me by her hostess, who thought her pregnant, for the purpose of being kept in the city and confined. The girl seemed to be remarkably healthy, and was very 'fat,' and she proved, upon physical examination, to be a virgin. I immediately put her upon potassium permanganate, a two-grain compressed tablet four times a day, each tablet to be followed immediately by a large gobletful of water. Much nausea and some vomiting occurred during the administration of the medicine, but I attributed this to the fact that I gave the tablets on an empty stomach, as I accepted Bartholow's theory of the action of the drug. On the fourth day of the administration of the permanganate the menses appeared and lasted four days, after which the patient was sent to her home. She was instructed to inform me if her menses failed to appear on time after her return home, but I have not heard from her yet."

Hysteria in Soldiers.

Dr. A. T. Ozeretskovski describes in the Russian *Medical Review* a whole series of cases of hysteria occurring in soldiers, presenting nearly all the phenomena usually associated with this affection as it occurs in females—dumbness, deafness, deaf-mutism, various disturbances of vision and of general condition, spasms and paralyses, troubles connected with micturition, joint trouble, elevations of temperature, &c. The subsequent history of the cases in most instances left no doubt of the correctness of the diagnosis. Predisposition and heredity played a large part in the etiology, in and some instances there was injury or shock. Half the patients were recruits, which tends to show that the sudden change from domestic life and work to the arduous conditions of military service is not without effect on the nervous condition of the Russian soldier. The treatment of the hystero-epileptic cases was always unsuccessful, neither water, electricity, nor narcotics appearing to exert any influence over the frequency or severity of the attacks. The cure of the paralytic forms of the disease was successfully accomplished by means of exercise, gymnastics, &c.

Hepatic Origin of Urea.

Dr. D. W. Aitken describes, in the *British Medical Journal* of February 6, 1886, the following interesting case, the direct bearing of which upon the question of the source of urea is evident:

Early this month (January) I was called to see a boy who had the day previous received a rather severe blow upon the right lobe of the liver. When seen he was complaining of much pain in the right hypochondrium. The skin was slightly, and the conjunctiva distinctly jaundiced. The stools were pale, while the urine was bile-colored, and gave the bile reaction with nitric acid; there was no fever. But herein lies the important matter. The urine was highly alkaline. On the addition of nitric acid there was such violent effervescence that the froth was forced out of the test-tube, although the urine was not much more than one inch deep. I got my friend, Dr. Drinkwater, to examine the urine carefuly. He reports that the alkalinity was due to ammonium carbonate, and, on estimating the urea, he found only three per cent.

This evidence seems to point strongly to the liver as the seat of production of urea. Dr. Graves has already reported several cases of absence of urea which he believed to be represented in the urine by the ammonium carbonate, but here we have a history of the organ involved.

Nitro-Glycerine in Chronic Nephritis.

After discussing this form of treatment and relating several cases in the *Medical Record*, Dr. Francis Kinnicutt thus concludes:

"My investigations, so far as they have been carried, permit of the following summarization:

"1. That in nitro-glycerine, given in small doses and frequently repeated, we possess a powerful agent for lowering the increased blood-pressure which is very constantly associated with the development of uræmic symptoms.

"2. That it has the power to control or relieve many of the paroxysmal disturbances of the nervous system which are included under the general term of uræmia; of these headache and asthma are especially benefited by its use, the relief being more marked and continuous than that obtainable either by opium or chloral.

"3. That its influence upon the daily excretion of urine and serum-albumin in parenchymatous and interstitial nephritis is apparently to increase the former and diminish the latter.

"4. That in the systematic and prolonged use of nitro-glycerine, in appropriate doses, in chronic nephritis, we possess a means of maintaining more or less continuously a

lowered blood-pressure, of often averting or relieving critical conditions, and thereby prolonging life."

Fœtid Bronchitis.

Before the Academy of Medicine in Ireland Dr. H. Kennedy detailed two instances, both in young females, where a very profuse expectoration, attended by a most offensive odor, occurred. The fetor was so great as to diffuse itself through a large ward, like what occurs in gangrene of the lung. The physical signs were in each case confined to one lung, and were what is now known as chronic strumous pneumonia. In each case there were slight signs of hectic, with the nails curved; whilst menstruation was irregular. Under the use of a combination of powdered uva ursi and charcoal, the patients improved much in their general health, and the fetor quite ceased at the end of ten days, and in about a month each patient left the hospital to look for places as servants. No local treatment in the way of inhalation was used.

Dr. Hayes instanced the case of a woman in Dr. Steevens's Hospital whom he had seen at the request of a colleague; the patient was the subject of a fetid bronchitis. He suggested an inhalation consisting of a combination of creasote, carbolic acid, iodine, and spirit, and the fetor disappeared entirely in a few days.

Spinal Curvature.

Before the Midland Medical Society, Mr. William Thomas exhibited two patients suffering from Angular Curvature of the Spine, each of them wearing an inexpensive jacket which he desired to bring before the members of the Society as a useful method of treatment. The principal feature of the jacket was a support of soft Swedish iron, which could easily be adapted to the changing shape of the spine, and could readily be arranged to support the head. This was applied closely to the spine, and, being sewn into a jacket of jean, was kept in position by lacing up the front. He claimed for it greater facility of application, more ease to the patient, less cost, and better results, than from treatment by the plaster jacket.

Inhalations in Pulmonary Tuberculosis.

In the *Revue de Therap.*, Rienzi presents the following results of numerous observations upon the treatment of pulmonary tuberculosis by medicated vapors:

1. Inhalations of minute quantities of the vapor of iodine, and of a mixture of iodoform in turpentine, induce amelioration of the local condition and of nutrition, but do not modify the fever, diarrhœa, or night-sweats. The mixture last named consists of twenty-five parts of turpentine to one of iodoform. Two to six drops of this are to be hourly volatilized in an apartment of average size.

2. Inhalations of sulphuretted hydrogen (four cubic inches of the gas to each cubic yard in the room) and of sulphurous acid, augment the general and dynamometric strength of the patient, and have a beneficial effect upon nutrition and renal excretion. The sulphuretted hydrogen possesses an especial action upon the respiration, which, together with cough, is diminished in frequency.

Sponges in Ovariotomy.

Dr. Lombe Atthill tells us in the *Medical Press* (March 3) that he uses only a small number, and these he makes use of over and over again. He finds that ten small and three large flat ones are, as a rule, all that are needed. If you have a large number in use, they are apt to be mislaid. He has seen the abdomen searched all over at the end of an operation for a sponge which had rolled unnoticed into a corner of the room, where, if only a limited number had been used, one, if dropped, would have been missed at once. But he always has two in reserve to replace any which, from having dropped on the floor, or from any other cause, may be deemed unfit for further use. The operation being over, he washes the sponges himself in pure water thoroughly, and then leaves them soaking for twenty-four hours in a solution of the perchloride of mercury, of the strength of 1-1000; squeeze them out of this, and dry them thoroughly, and they again go through the same process before being used.

Acute Febrile Pemphigus.

Dr. Chas. E. Gooding reports a case of this rare disease in the Canada *Medical and Surgical Journal*. A negress of thirty-one, who had always been healthy, noticed several small slightly raised spots on her chest, attended by moderate itching. In the evening, there was headache, malaise and fever, which increased in intensity. Small vesicles appeared in the spots, and, in a few days became bullæ. The whole body became covered except the legs, palms and soles. The bullæ burst, crusts formed, and pus oozed from under them. She was seen at this time,

and emitted a horrible stench. Diarrhœa set in, the patient became progressively weaker, and finally died of exhaustion on the 24th day. Patches were noticed on the pharynx and uvula, and the author regarded them as a mucous involvement of the same disease. He also looked upon the diarrhœa as caused by a similar affection of the gastro-intestinal tract. This view is quite probable, on account of the intensity of the attack and its rapidly fatal effect.

Pichi.

Among the remedies of local repute in South America which the energy of Messrs. Parke, Davis & Co. is introducing to the profession at large, one of the most interesting is *pichi*. The specific name of this drug is *Fabiana imbricata*, and it belongs to the natural order *Solanaceae*. Its active principle appears to possess the power of markedly stimulating the hepatic, renal and stomachal functions, expending its force on the excretory organs. In Chili, where it grows abundantly, the shepherds employ it for the relief of hepatic hydatids in sheep, and calculous disorders in the human subject. It may be classed among the digestives and diuretics. From a sketch of its properties furnished by Dr. Henry H. Rusby in the *Therapeutic Gazette*, it seems to be worthy of careful attention. Those of our readers who would investigate this remedy further may obtain information by addressing Messrs. Parke, Davis & Co., of Detroit, Mich.

Carbolic Acid in Indigestion.

In a recent number of the *Practitioner and News*, a correspondent says:

"I have just passed through a severe attack of indigestion accompanied by colic, pyrosis, food eructations, epigastric weight, uneasiness, etc. Alkalies, muriatic acid, pepsine, and pancreatic extract, failed to give relief. Seeing your note in the *American Practitioner* on the use of carbolic acid in acid eructations, etc., I took, with almost instant relief, two or three drops of the acid as soon after food as regurgitation, distension, or acidity occurred. One dose was usually sufficient. On two occasions only was a second dose required. This I took half an hour after the first. I dropped the acid on a bit of fresh bread, and rolled the mass into a pill. Since my own case, I have given it in a similar case with like good result. Here I added a scruple of carbolic acid to one ounce of glycerine. Dose, a teaspoonful."

Malthus's Law and Tumor-Growth.

Dr. Jonathan Hutchinson writes as follows, to *The British Medical Journal* of March 20, 1886:

Malthus's law of population-increase by geometrical progression applies to the growth of tumors. The larger they have become, the more rapid is their rate of progress. It is a process of cell-multiplication; and the more numerous the cells, the greater the result of their doubling. It is important to remember this law, since it may help us: first, in prognosis; secondly, in emphasizing the importance of early treatment; and, thirdly, as showing the occasional advantage of methods of treatment which diminish bulk and retard growth, although there may be no hope of cure.

The Malthusian law is often remarkably illustrated in cases of rodent ulcer, which advance very slowly at first, and very rapidly later on.

Indirect Cerebral Syphilis.

Under this name Dr. F. Lavergne (*France Medicale*) desires to classify those cases in which the brain lesions are secondary and consecutive to those of the neighboring bony structures. He treats of the clinical history and necropsy of this affection in a thorough manner, and calls attention, and justly too, to the fact that the prophylactic means must be used early and energetically to prevent disastrous results. Later on, antisyphilitic treatment will not avail. The lesions have become vulgar, and require treatment such as indicated, and not of a specific nature. By careful examination and observation the cranial involvements of syphilis will oftentimes be recognized early enough to prevent the more dangerous complication of syphilitic brain implications; and an energetic course of mixed treatment will always do this, if given in time.

Nocturnal Incontinence of Urine.

In the *Journal de Med. de Paris*, Dr. Ziem confirms the statement made by Dr. Major, of Canada, that nocturnal incontinence of urine occurs very frequently in children who are forced to breathe through the mouth by reason of some nasal obstruction. He rests his assertion upon some cases recently observed by him, and he regards it as very probable that the infirmity might be cured by the re-establishment of the normal mode of respiration. The author endeavors to explain the relation existing between buccal respiration and nocturnal incontinence of

urine, by regarding the latter as due to insufficient hematosis and a consequent accumulation of carbonic acid in the blood.

Cholera.

Before a foreign medical society, Dr. William H. Pearse read a paper on cholera. He argued that the facts of miasmatic contagion, and of the autogenesis of cholera must both be admitted, and were embraced in a greater theory of evolution. He applied Darwin's hypothesis of autogenesis to the autogenesis of cholera; he maintained that changed environment had been followed by cholera; and held that vito-chemical poisons evolved, after periodic intervals, from varied "shocks," or extremes of environment. Dr. Pearse applied the doctrine of "continuity" to cholera, and suggested the method of co-ordination to those not visibly affected.

Cocaine in Vaginal Operations.

A foreign exchange tells us that Dr. Yakub has successfully employed a twenty per cent. solution of cocaine in two gynæcological operations, kolpo-perineorrhaphy, or, to give it a less alarming name, suture of the perineum and vagina, and the removal of a papilloma from the posterior wall of the vagina. The solution was applied five or six times, and complete local anæsthesia produced. Both the wounds healed by first intention.

Francisceine.

Francisceine, according to the *British and Colonial Druggist*, is proposed as the name of a new alkaloid which has just been extracted from the Brazilian manaca root,, the produce of the Franciscea unitlora and certain other species. The principle in question has a very powerful purgative and diuretic action, and is also possessed of diaphoretic and emmenagogue properties.

Sulphate of Thallin.

Dr. Britneff, having investigated the effect of sulphate of thallin in fifteen febrile cases —pneumonia, tuberculosis, and typhus—has come to a conclusion similar to that reported by Jaksch, Guttmann, and others, viz., that, though thallin is an active antipyretic, its effects are of short duration, the temperature generally rising soon afterwards with a rigor. He does not expect, therefore, that it will be found of much use in medicine.

Correspondence.

Sudden Blindness During Labor.

Eds. Med. and Surg. Reporter:

At midnight of March 20th, I was called to attend the accouchement of Mrs. H., primiparæ. Found matters progressing satisfactorily—vertex presentation—patient very nervous, and disposed to think that *no* one had ever surmounted the difficulties of the ordeal through which she was about to pass. Chief nurse (her mother) disposed to encourage this idea. At this visit I made careful inquiries concerning the state of bowels and bladder, which were answered to my satisfaction. Pains, however, seemed to be flagging and inefficient, and learning that sleep had been broken and insufficient for the previous 48 hours I administered a draught containing chloral hydrate, with the assurance that, after a few hours of repose, the labor would go on with increased activity, and went back to my office for a nap. On returning to the house after an interval of five or six hours, was told that she had had a nice sleep, and found the pains coming on with vigor and frequency. The head was now well down on the perineum, and each throe was accompanied with some of the lustiest shrieks it has ever been my lot to hear. Now comes the curious occurrence which is my excuse for this communication. *Suddenly*, and while the poor suffering one was exerting to the utmost her expulsive powers, and while I was encouraging her to hope that each effort might be the last (so near was the child to the threshold of existence), she became blind, *totally* and *instantly*. She inquired why her husband (who sat by her side on the bed) had left her, and also complained of the absence of her mother. Both assured her of their presence, which she then verified by touch, but exclaimed, "I cannot see." By this time it was broad daylight, the shutters wide open, but she did not appreciate the faintest *glimmer* of light. I examined her eyes, but there was no effect produced on the pupils by passing a strong light before them. They were moderately dilated.

To make a long story short, the labor was terminated in half an hour, placenta at once removed by Crede's method, the patient made comfortable, and I left the new-made father bragging about what a nice girl he had. For two days this lady remained in total darkness—could not distinguish a *glimmer* of light. On the third day a hazy luminousness was perceptible, the following one she

could tell where the windows were, and on the next her sight was *completely* restored. She had not suffered from any degree of dropsy at any time. The kidneys acted freely, there was nothing approaching to a spasm, no sparks or flashes of light before her eyes—in short, not a single bad symptom. The urine, as soon after delivery as was practicable, showed no albumen. What caused the the blindness?

D. E. Matteson, M. D.

Warsaw, N. Y.

Scarlatina in Utero.

Eds. Med. and Surg. Reporter:

Considering the rarity of the occurrence of scarlatina in utero, I think the history of the following case may be of interest to my professional brethren:

Mrs. A., aet. 32 years, of German descent, constitution and general health good, and having had scarlatina when younger, was delivered of a large male child February 15th, 1886, labor being normal and of short duration. During the two weeks preceding delivery she was in constant attendance upon her older child, three years of age, affected with the malignant type of scarlatina, and which died three days after her confinement. During the first week of the older child's illness she contracted a very sore throat characteristic of scarlatinal sequelæ with much hyperæmia and involvement of submaxillary glands.

Immediately after delivery, and upon examining the child, the characteristic rash of scarlatina was observed, which was well marked and general and clearly defined, and which ran a course of nine days; desquamation occurring from fifth day on, and as naturally and well marked in large and small flakes as in any older child. Temperature ran from 100° to 104°, which was highest on third day of life. Considerable nausea and diarrhœa were manifested on third and fourth days. No other symptoms excepting the characteristic rash, elevation of temperature, nausea, and diarrhœa, presented themselves. I present this case as one of some interest, and considering the circumstances surrounding the case, consult the opinions of the older members of the profession, and ask of them in behalf of their professional experience if it was not one of scarlatina in utero. The mother and child made a good recovery, with no untoward symptoms, considering the fact that she was confined in the same room where an older child sickened and died.

Wilson Saffin, M. D.

Carthage, Ohio.

News and Miscellany.

Insanity Among New England Farmers.

The vital statistics of the State of Maine show that there is a larger percentage of insanity in the farming class than in any other, and the publication of this fact has excited general surprise. The popular presumption is, that farming life, through its freedom from daily excitement and mental stress, its out-door life that favors vigorous bodily exercise, keen appetite, and sound digestion, ought to contribute a smaller per cent. of insane persons than city life, that includes so many restless brain-workers of all sorts.

The truth is, as a Vermont writer has said, that the average farmer of New England in the small towns, and also the farmer's wife and daughters, are not seldom as grievously overworked and as much subject to personal anxiety and nervous stress as the active workers of city life. To take a New England farm and make it pay, means toil—incessant toil—early and late. Physically, the farmer, and especially the farmer's wife, is often severely overworked, to the extent of a broken-down nervous system. The food of the farmer is no better, not always as healthful, as the food of mechanical city workers; and the fatigue, exposure, anxiety, and overwork of the average farmer are more than are ordinarily encountered by the city worker of the same intelligence. Give a farmer time to stop from his toil, and he is not without plenty of means of diversion for his tired body and mind. He can fish, he can hunt, he can boat and sail, if he can find time; but few farmers do find time; and, if they drop under their load, it is because, all things considered, they carry a more galling burden of bodily toil and mental anxiety than they are accredited with by those philosophers in the city who view the farm and farm-life through a glass of champagne. If anybody doubts that farmers have to work hard to get ahead, let him look at the number of broken-down, dyspeptic farmers' wives, barely turned of forty, that you can see at State and county fairs. The farmer cannot hide his land or his stock—it is inevitably taxed; and it is a smart, industrious, sober, energetic farmer that can make his farm pay six per cent. in New England. Hundreds of sturdy farmers in Vermont make less than this of their farms; and too many of them are tortured to death by the effort to pay for a farm they have bought, with a mortgage attached. If it be true

that the farming class contributes largely to the insane, it is not because they are brooders over the little, mean, local woes of life; it is because, as a class, they work very hard, both men and women; because they have to carry more anxieties and troubles, with less time for relaxation, than the city worker of the same grade of intelligence.

Nature of the Flavoring Principles of Brandy.

M. Ordonneau has lately made some investigations concerning the cause of the peculiar odor of brandy made from wine. That of brandy prepared from other materials, such as maize, beet, and potatoes, is characterized by what is known to French experts as the "odeur de trois-six," which is not present in wine brandy. The odor has been traced by M. Ordonneau to the presence of isobutylic alcohol. In genuine cognac brandy the predominating flavor is due to the presence of normal butyiic alcohol, which is present to the extent of 218.60 grams per hectolitre. The production of this alcohol appears to be due to the presence of *Saccharomyces ellipsoideus* in the grape-juice, since it can be developed from the ordinary refinery liquid by fermenting it with the sediment of wine. The isobutylic alcohol, on the other hand, appears to be a secondary product of the fermentation with beer yeast. It might therefore be possible in future to obtain brandy of good flavor by fermenting malt liquor with the *Saccharomyces ellipsoideus*. The other flavoring product to which brandy owes its peculiar bouquet appears to be a terpene boiling at 178° C., the products of the oxidation of which characterize old brandy. The author gives an analysis of cognac brandy, from which it appears that amylic and normal propylic alcohol and acetic ether form the principal ingredients, besides ethylic alcohol, although propionic, butyric, caproic, and œnanthic ethers, pyridine, and probably collidine, are present in minute quantities.

Cremation in France.

Decorative artists and sculptors are preparing to adapt themselves to the crematory movement, which has now in its favor a vote of the Municipal Council adopting the plan of a mortuary furnace, and granting a site in Père la Chaise, where it will soon be in operation. The expense of cremation is not, it is settled, to exceed fifteen francs. The municipality will, at a future sitting, vote the construction of a sort of lay temple, where families will be allowed to keep urns or other funereal vessels containing the ashes of dead relatives. This will not necessarily do away with any religious ceremony short of that of consigning the dead to consecrated ground; but as M. Koechlin Schwartz says, there is no reason why urns may not be consecrated, or why Protestants, Catholics, Jews, and Free Thinkers may not subscribe to build a vast mausoleum, in which the ashes of thousands could be deposited in beautiful vessels without injury to the living. It is probable that, cremation being now legal in such an art-centre as Paris, new and beautiful forms of artistic decoration will grow out of it. The time required for the combustion of an adult at Père la Chaise will be two hours.

Women Physicians Abroad.

The *Journal de Geneve* lately announced that among the 361 students in the University of Berne there are twenty women pursuing the regular course for the degree or Doctor of Medicine. This university has just conferred the degree of Ph. D. upon Mlle. Lina Berger, of the Grand Duchy of Baden, who passed an exceedingly brilliant examination. Two other ladies, one an American and the other an Austrian, took the degree of M. D. at the same time. But even in places where we least expect it are the women slowly gaining in honor and power. The University of Helsingford in Finland, for example, has conferred the degree of M. D., after a very rigid examination, upon Mlle. Heykel. This is the first Finland woman so honored, and the occasion was duly noted. A grand ovation was given to the graduate by her fellow-students, who at the same time opened a subscription among the people of Helsingford for a fund to establish a scholarship in the University for young Finnish women who desire to become physicians or surgeons. The "Rosine Heykel" fund thus far is in a flourishing condition.

A Chemical Garden.

The *Canadian Journal* tells us that a chemical garden is made as follows: Place a quantity of sand in a wide-mouthed bottle (or better, a half-gallon fish-globe) to the depth of two or three inches; in this layer of sand, slightly imbed a few pieces of sulphate of copper, sulphate of aluminium, and sulphate of iron; pour over the whole a solution of silicate of soda (commercial water-glass) 1 part and water 3 parts, care being taken not

to disarrange the chemicals in pouring in the solution. Upon standing a week or so, a dense growth of the silicate of the various bases used will be seen in various colors. Now displace the solution of the silicate of soda with clear water, by conveying a small stream of water through a small rubber tube (such as a nursing bottle tubing) into the vessel, which will gradually displace the silicate of soda solution. Care must be taken not to disarrange or break down the growth, with the stream of water. When successful, this produces a very beautiful scene.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE THREE WEEKS ENDED APRIL 17, 1886.

Wyman, Walter, surgeon. To represent the Service at the meeting of the American Medical Association, at St. Louis, Mo., April 12, 1886.

Sawtelle, H. W., surgeon. Detailed as chairman of Board for physical examination of officers of the Revenue Marine Service, April 15, 1886.

Urquhart, F. M., passed assistant surgeon. Relieved from duty at Norfolk, Va., May 1, 1886; to assume charge of Cape Charles Quarantine, April 16, 1886.

Yemans, H. W., passed assistant surgeon. Detailed as recorder of Board for physical examination of officers of the Revenue Marine Service, April 15, 1886.

Heath, F. C., assistant surgeon. Appointed an assistant surgeon, April 16, 1886; assigned to duty at Chicago, Ills., April 16, 1886.

Suicides in Great Cities.

It appears from recent statistics on this subject that Paris occupies a very unenviable position. The ratio of suicide for every million inhabitants averages yearly 402, while in Naples it is only 34. The French capital is thus the saddest as well as gayest city in Europe. The ratio for other cities is as follows: Stockholm 354 (this high average is quite unaccountable in the northern city, where the pressure of life is not great); Copenhagen 302, Vienna 287, Brussels 271, Dresden 240, St. Petersburg 206, Florence 180, Berlin 170, New York 144, Genoa 135, London 87, and Rome 74. London thus occupies a very advantageous position in the list. With regard to New York, it is said that the majority of the suicides of that city are German.

Micro-organisms and Magnetism.

M. Dubois has sought to ascertain the influence of magnetism on the development of microbes. After placing two powerful magnets in a certain position, he arranged a set of capsules containing artificial cultivations in a circle between the magnets. After careful observation, he was able to prove that microbes, under these circumstances, developed from northeast to southwest. The micro-organisms developed in a capsule situated in the centre exactly between the two magnets, remained rounded in the direction of the axis of the resultant of the two forces, represented by two lines crossing each other in the direction of northeast to southwest, and southwest to northeast.

Association of American Medical Editors.

The annual meeting of the Association of American Medical Editors will be held in St. Louis, May 3, 1886. The programme for the occasion has not yet been announced, but will embrace an address by the President, papers by well known authors, and perhaps a banquet.

Items.

—At Prof. Parvin's clinic was a woman who had borne *eighteen children* at full term. She was accompanied by her sister, who had borne *sixteen*.

—Elijah Lane is the tallest man in the State of New Hampshire. Mr. Lane is from Keene, and is 6 feet eight inches in height, and weighs 210 pounds.

—By the terms of Dr. Flint's will, his medical library is given to the Academy of Medicine, with the exception of such books as the family may wish to retain.

—Daniel Alspach, an aged and well-known undertaker of Orwigsburg, Pa., contracted blood-poisoning while laying out a corpse recently, which caused his death.

—One man advertised for a clerk and thirty-five responded to his call; another man advertised for five carpenters and he can't get one. This proves beyond a doubt that it does pay to learn a trade after all.

—The United States Consul General at Rome has telegraphed the Secretary of State that there were sixteen deaths from cholera at Brindisi from April 8th to the 16th inst.

—Dr. William Hunt denies that *Othello* smothered *Desdemona*, and insists that she died from "a fracture of the cricoid cartilage of the larynx." On the whole, it is perhaps

unfortunate that there wasn't a post-mortem in the case.

—There is evidently a decline in the consumption of alcoholic liquors in this country at the present time. It is shown by the decrease of the internal revenue receipts last year, amounting to $9,000,000.

—The Supreme Sanitatsrath of Vienna, having submitted nickel and nickel-plated cooking utensils to a careful chemical examination, has decided that their use, from a sanitary point of view, is not free from serious objection.

—The Archduke Charles Theodore of Bavaria, who practices medicine, has obtained permission from M. Pasteur to be present at the inoculations in the laboratory of Rue d'Ulm. The Archduchess, who helps her husband in his professional labors, will accompany him as an assistant.

—Acute inflammation and enlargement of the prostate is much relieved by the continued application of hot water to the perineum, and its injection into the rectum, giving directions for its retention. The pain often subsides in a very short time, and micturition becomes easier.

—The Academia Medica di Roma, on Sunday, March 28, Professor Guido Baccelli presiding, held an animated discussion on M. Pasteur's method in hydrophobia. Opinion as to its efficacy was much divided, and the discussion was adjourned till April 4.

—The meeting of the American medical editors for 1886 will occur in St. Louis, on Monday, May 3, the day preceding the meeting of the American Medical Association. The following are the present officers: Dr. H. O. Walker, President; Dr. F. L. Sim, Vice-President; and Dr. F. E. Daniel, Secretary.

—Dr. Schatz reports a case (*Centralb. für Gynak.*) of a young woman from whom he removed the whole of the left ovary for a cystic tumor; he also removed part of the right ovary, which had undergone cystic degeneration. The patient menstruated regularly, subsequently married, and in May, 1886, was delivered of a daughter at full term.

—Concerning a case of *diabetes* with gangrene of one finger, Prof. Bartholow said: Withdraw all starchy and saccharine food from diet; instead, use acid fruits and vegetables; if patient can stand it, skimmed milk is the best diet; certain mineral waters are useful, as the alkaline waters of Michigan and the Bethesda, of Wisconsin; large quantities are necessary, especially good in fat subjects; ammonium carbonate and sodium phosphate, the chloride of gold and sodium, and cod-liver oil, likewise serve a useful purpose.

—There are now enrolled, as members of the night medical service of Paris, 608 physicians and 356 midwives, serving from 10 p. m. to 7 a. m. During the year 1885, 7,494 calls were received from a population of 2,226,000 persons. Of these calls, 52 per cent. were to attend women, 32 per cent. to attend men, and 16 per cent. to attend children.

OBITUARY NOTICE.

Professor A. Bouchardat.

This veteran pharmacist and chemist died on April 7, at the age of eighty, at his residence in Paris. Appolinaire Bouchardat was born in 1806, at Isle-sur-Serein (Yonne), in Burgundy. He embraced the pharmaceutical profession, and came to Paris when quite a young man. He became *agrégé* in 1834, and was first pharmacist-in-chief to the St. Antoine Hospital, and then to the Hôtel-Dieu, where he remained from 1834 to 1855. At that time he resigned, to devote his time to scientific pursuits. In 1852 he obtained, by competition, the chair of physics and organic chemistry at the College of Pharmacy. He became, in 1850, a member of the Academy of Medicine, and was at his death a Commander of the Legion of Honor. His scientific works are very numerous, and some quite important. The subjects investigated were the following: the grape-vine, wine, milk, diabetes and glycosury digestion, hygiene, potable waters, chloroform, and many others. He published the "Annuaire de Thérapeutique, Matière Médicale, Pharmacie et Toxicologie," from 1841 to 1885, and the "Formulaire Magistral," which has had thus far twenty-five editions. Of late years he has had for these publications the collaboration of his eldest son, Jean, a surgeon-major of the first class. It was not Bouchardat who founded the *Répertoire de Pharmacie*, as is stated in a Paris pharmaceutical paper; it was Dr. Lartigue, who edited it from 1844 to 1847, when the deceased took the chair, which he occupied until 1872. Professor Bouchardat was almost unknown to the present generation of pharmaceutical students, but he was beloved by those of his time for his kindness and benevolence. His younger son, Gustave, is Professor of Hydrology and Mineralogy at the School of Pharmacy.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1523.] PHILADELPHIA, MAY 8, 1886. [Vol. LIV.—No. 19.

Original Department.

Lecture.

SOME POINTS ON THE HEALING OF WOUNDS.

BY J. S. WIGHT, M. D.,

Professor of Operative and Clinical Surgery at the Long Island College (Brooklyn) Hospital.

(*Concluded from page* 546.)

In the next place, the drainage-tube deserves our consideration. While the drainage-tube, in one form or another, is useful to permit the escape of blood and serum, and thus diminish pressure and limit the quantity of waste material, it is by no means perfect in its work at all times. Much of the blood that oozes from the unclosed blood-vessels of small calibre not unfrequently coagulates outside of the drainage-tube, and so remains within the flaps to interfere with primary union. The drainage-tube is an admirable contrivance, not only for the removal of blood and serum, but also for the removal of the excess of proliferation. Antiseptic solutions can be run through properly-constructed drainage-tubes, so as to wash out the waste material and prevent the toxic effects of its absorption. The sure sign of such toxic effect is the elevation of the patient's temperature. And almost invariably, after the wound cavity has been washed out with an antiseptic solution, the temperature rapidly falls. For this there are two reasons: First, the waste material of proliferation and repair are washed out, so that it cannot be absorbed. Second. The proliferating cells are inhibited in their special activity, so that less waste material is formed. I have often noted a sudden rise of temperature, when waste material has been absorbed, whether from acute proliferation and suppuration, or from the accumulation of serous effusion and infiltration. And this event has frequently happened when there has been no infecting microbe present. It is then that the drainage-tube becomes a most valuable aid in the healing of wounds.

Who does not know that there is more or less swelling of the peri-jacent tissue in all cases of wounds? And if there has been an amputation, we speak of the change as a swelling of the flaps.

Let us look for a moment at the condition of things in these tissues. The severed end of every blood-vessel, large and small, will finally, on the arrest of hemorrhage, contain a blood-clot; and the peri-vascular spaces will contain more or less extravasated serum for a considerable distance beyond the wound surface. In one case this swelling will be moderate; in another, it will be considerable; and in still another it will be very great. And I have satisfied myself, after much observation and experience, that this coagulated blood, and this effused serum, have an important bearing on the question of healing of wounds. The more extensive this coagulation and the more marked this effusion, the more difficult will it be to obtain primary union. Indeed, all efforts to obtain primary union may be defeated by this condition of the blood-vessels. Even after the successful arrest of hemorrhage, when no blood-clots form between wound surfaces, and when everything at the outset promises speedy union, we may have excessive proliferation, profuse suppuration, followed by granulations and secondary union. And such results may be due to the extent of the

intravascular blood-clots and the quantity of the extravasated serum.

And if we search for the cause, we may find it in the severity of the injury that has devitalized the cells and paralyzed to a greater or less extent the nerves of the parts in which the wounded surfaces are located; or in the fact that the parts that have been wounded were already in a disordered condition, so that the blood-vessels could not properly retract and contract, and could not resist the copious extravasation of serum; or, in the blood itself, which has had its power to coagulate impaired, and whose serous portions have become prone to exosmosis; that is, extravasation; or, in the manipulation to which the tissues have been subjected during an operation, such as the compression and strangulation produced by the elastic bandage, and such as the prolonged and severe handling of the amputation flaps.

But if we search for a remedy we may not find it in every case—unless, perhaps, we leave all wounds open so that the blood of the primary oozing can escape, and so that the extravasated serum can run out. And even this does not meet the indications we seek. And to apply pressure to the flaps, for instance, I have seen to be frequently full of harm, for so resistless is the force of the extravasated serum that the already damaged tissues cannot support any competent pressure. But yet a certain moderate amount of pressure, for the purpose of diminishing the serous outflow, I have found advantageous, and would recommend. And in addition to this, if the wounded part can be elevated, that may contribute something toward the arrest of serous infiltration. But in regard to the arrest of oozing from the wounded surfaces, this desirable result may not always be attainable. In more than one case I have been deeply impressed with the following clinical history: For instance, a patient comes under my care with a crushed limb; the patient's life and the rest of his limb must be conserved; he is suffering from shock, and may die under a prolonged operation; after the administration of ether I amputate his limb as speedily as possible; then at once the large blood-vessels are ligated; the wound surfaces are rapidly washed with a warm antiseptic solution; an antiseptic dressing is put between the flaps, and an antiseptic dressing is put on the outside and firmly held in place by a bandage. The patient has had the least possible shock from the operation; he has free and copious oozing; he has abundant drainage; he has the minimum of swelling; he has a desirable amount of proliferation; he has the early formation of granulation tissue, which speedily grows the flaps together; and during all this there is little or no fever. And yet there are many cases in which I would recommend the most thorough arrest of hemorrhage, and a complete apposition of the soft parts after the following plan: Two or more sutures, inserted at some distance from the edge of the flaps and made to traverse them deeply, are tied so as to bring and hold the entire wounded surfaces face to face. This expedient will tend much to prevent oozing from the small vessels, and it will prevent tension on the sutures that are to co-apt the cutaneous edges, which should now be inserted at such a distance from the edge of the flap as not to interfere with the proper circulation, and so as to make the adjustment as complete as possible.

If the infliction of a mechanical, molecular, or chemical injury, of momentary duration, will cause such profound changes and such important results, then we may note the effects produced by infection and be able to comprehend them more readily, and accept the cause of the phenomena without incredulity. All wounds lead to proliferation in some degree; all proliferation brings waste material; all waste material is the pabulum of micro-organisms; hence, micro-organisms may invade any wound. Now, micro-organisms can multiply and persist in their work; they can produce a continuous irritation; and so they can keep up the process of proliferation; and so they can also keep up the work of suppuration. If these statements are correct, and I believe they are, there can be no question as to our line of duty. Are we not bound to use those remedies that experience has shown to be useful in preventing and arresting the development and growth of infecting micro-organisms? While we answer this question in the affirmative, we must not lose sight of the harm that may come from the practice of antiseptic surgery. For too much of a good thing may cause the gravest disorders. In great practical problems it is not always easy to fix the exact line of our work. I am not ready to condemn a piece of practice on the ground that I would do it in a different manner.

But there is one point of special interest to me in the practice of antiseptic surgery, and one that I have always looked upon as of primary importance, and upon its practical bearing I have always insisted: the cells of the wound-surfaces must always be kept in the best condition possible under the circumstances. Too often, it appears to be

thought only necessary to apply some kind of antiseptics in order, as is alleged, to keep out the microbes of sepsis. Just as if there were no harmful influences that could come from an injury or an operation. In some subjects it is indeed true, whether or not we can rightly explain it, that the proliferation incident to repair is excessive, and eventuates in profuse suppuration, which may go on for a longer or shorter time before healing takes place. And this form of suppuration may have no antecedent of septic infection, and no relation to septic intoxication. As already indicated, the judicious application of antiseptics to the tissues, that, under the action of some non-infecting irritant, are apt to take on excessive proliferation and suppuration, is most salutary practice. To inhibit and guide a recently proliferated cell, so that it can become a scar-tissue fibre, is one of the most praiseworthy acts of the practical surgeon. And because the antiseptic happens to be competent to perform this office, that is, it can inhibit the new cells as well as the microbes, we are not to conclude that the therapeutics of antiseptics begin and end entirely in the destruction of microbes. Hence we come to this conclusion: If there were no microbes, it would still be true that wounds would heal better under the careful employment of those substances called antiseptics, than they would to abandon them altogether.

Communications.

FRACTURE, WITH TREATMENT AND SUIT FOR MALAPRAXIS.

BY H. S. CUNNINGHAM, M. D.,
Of Indianapolis, Ind.

On the 12th of August, 1884, Mrs. B., while trimming grape-vines, fell from a step-ladder, and suffered a compound comminuted fracture of the tibia and fibula about one and one-fourth (1¼) inches above the ankle-joint. The soft parts were terribly lacerated and torn on the inner side of the limb, the laceration extending from the crest of the tibia to the tendo-Achillis, the lower fragment of the tibia protruding from the wound, and split in two antero-posteriorly, the foot being flexed upon the outer side of the leg. Both bones were broken at another point, about two inches above the fracture just described, but the soft parts were not visibly lacerated at this point. Mrs. B. was about forty-eight (48) years old, and weighed 250 pounds. She also showed a marked predominance of the lymphatic temperament. The previous history of the limb was not good, as she had suffered with œdema and varicose veins for a period extending over seventeen (17) years, and experienced much weakness when walking or standing upon it. The previous history of the limb, together with the nature and extent of the injury and a temperament indicative of a sluggish circulation and deficient action of the absorbents, led me to put it into the fracture-box; for by its use I could keep the limb in a more quiet and fixed position, and elevate the foot much higher than the body, forming an inclined plane, and not flex the limb at the knee, thereby favoring the returning circulation through the veins, some of which were already lacerated and destroyed, the long and short saphenous veins and their tributaries being more or less defective from broken-down valves. I bandaged the limb with white flannel, because of its elasticity, and placed it in a fracture-box, which was well padded and nicely moulded to the under side of the leg; the foot was secured to the foot-board, and extension kept up by the aid of adhesive plaster. Sand-bags were nicely moulded to each side of the limb, being careful to avoid undue pressure at any given point, to prevent motion. Oiled silk was placed under the wound, and then dressed with a carbolic lotion, drainage-tubes having first been placed in the proper position. Absorbent cotton and oakum were placed at the site of the wound, and the patient given an anodyne.

Mrs. B. was placed upon Hewson's fracture bed, as shown in Druitt's Surgery, page 255, the third day after the injury; or as soon as one could be constructed. Every effort was made to heal the wound, and convert the injury into a simple fracture as rapidly as possible. Close attention was given to the general temperature and circulation, and more especially to the local temperature and circulation of the foot and limb. About the fourth week dead bone was found at the seat of the fracture, on the inner side of the limb, by probing through a fistulous opening, but no detached spicula could be discovered. I then introduced a seton through this opening, which was situated near the crest of the *tibia*, and passed it down to the point where I discovered dead bone, and cut again just above the tendo Achillis. I hoped by this procedure to favor drainage, and possibly aid in the completion of union of the bones. About the fifth week the fracture-box was removed, when I discovered that the heel had an ulcer upon it, and the end of the os

calcis was slightly necrosed at the point of the heel, just below the insertion of the tendo Achillis. There were also two small ulcers upon the foot; one over the metatarsus, near where the metatarsal artery crosses the foot, the other over the cuboid bone, at the point where the tarsal artery crosses it. I have no doubt but what the anterior and posterior tibials and peroneal arteries were injured, and the tarsal and metatarsal arteries supplying the parts defective, resulting in sloughing at the points mentioned. I believe the sloughing and necrosis at the heel was due to the same cause, viz., defective nutrition from the internal calcarean, and a branch of the peroneal, supplying the tissues at the point of the heel. A day or two after the removal of the box, it became apparent that there was an accumulation of pus on the outer side of the limb, near the seat of the fractures. I made an incision, and after evacuating the pus I introduced the index finger into the opening, and explored for necrosed bone or detached spicula. I found portions of the shaft of the tibia denuded of periosteum, and roughened, or apparently *necrosed*. I solicited consultation with a skilled surgeon to assist me in cutting away the dead bone. I at the same time told Mr. B. that an amputation might be necessary if we found the shaft of the tibia almost entirely destroyed. A consultation was agreed upon, and Dr. W. B. Fletcher, present Superintendent of the State Insane Asylum, selected. We were to have met at six—6 p. m. of September the 23d, 1884—but between the hours of three and five p. m. Mr. B. called in two homœopathic physicians. They condemned me roundly for lack of knowledge and neglect, and advised Mr. B. not to pay me, but to sue me for damages for malapraxis.

Mr. B. then refused to pay me, and I brought suit for my fees. He filed a cross complaint for one thousand dollars damages for malapraxis, charging me with neglect, lack of skill and surgical knowledge, and of producing the sloughs through the improper use of iodine and undue pressure on the heel. The trial took place March, 1886, about nineteen (19) months after the injury. The patient, Mrs. B., was produced in court after three different affidavits had been filed at different times, testifying to her total inability to appear in court without greatly endangering her life—the last of which was filed about four hours before she was produced. She testified that her general health was good, but she still had a small open ulcer at the heel. In my defence of malapraxis, it was shown that there had not been undue pressure upon the heel at any time, and that the sloughing at the heel and necrosis of the os calcis were due to the same causes that favored sloughing on the top of the foot, viz., shock and injury to the vessels and nerves. The homœopathic attendant admitted his inability to account for his failure to heal the ulcer at the heel, and admitted they had never searched for dead bone, but believed there was none there, as no spicula had become detached and come away during their eighteen (18) months' surgical experience on Mrs. B. It was also shown on trial that there had not been over two ounces of tincture of iodine in the house during the period I was her physician; and that iodine would not produce gangrene or sloughing, but was frequently used to prevent such accidents. It was also shown that if there was gross neglect displayed in the attention given to Mrs. B., it was at the hands of the homœopathic attendants, who, after treating the patient for nearly eighteen (18) months, had failed to heal the ulcer at the heel, and yet had never searched for dead bone, to learn whether that prevented the ulcer from healing. It was also shown that the *sequestra* might be partially covered up in *cloacæ*, or undetached portions of dead bone might be covered up partially or entirely with new osseous or fibro-cartilaginous formation, and the soft parts heal for the time being, or even for years, and then give trouble or destroy the entire shaft of a bone and necessitate an amputation, all of which might have been avoided if the dead bone had been removed at the proper time. The jury were out fifteen (15) minutes, and returned a verdict for one hundred and twenty-five dollars ($125) for services rendered, and setting aside the cross-complaint for malapraxis and one thousand dollars ($1,000) damages.

ON THE NUTRITIVE VALUE OF SOME BEEF EXTRACTS: AN EXPERIMENTAL INQUIRY.*

BY THOMAS J. MAYS, M. D.,
Of Philadelphia.

During the last seven months my leisure time has been principally employed in efforts to determine the nutritive value of some of our principal beef preparations, and I beg your brief attention this evening for the purpose of bringing the results of these researches before you.

* Read before the College of Physicians of Philadelphia.

That there is no idea so erroneous as to be wholly devoid of truth, nor one so true as to be wholly devoid of error, is an ancient maxim, and its truth is probably as well illustrated in the prevailing ideas of the nutritive value of the beef extracts as it is in anything else. A study of the extensive literature of the beef extracts shows the inconstant and indefinite opinions which have been held concerning their action, and also illustrates the fluctuations of thought which the medical profession is liable to undergo. Liebig, who was one of the first to invest this question with scientific interest, held no less than three different theories regarding their action, during the last twenty years of his life. In his *Letters on Chemistry*, published in 1851, he distinctly rates the beef extracts as nutriments, *i. e.*, as substances which are capable of supplying working force to the muscles of the body. In *Auerbach's Volkskalender*, page 148, published in 1868, and in his *Chemische Briefe*, issued in 1865, he expresses the opinion that they are merely condiments (genussmittel), and, hence, only act as stimulants to the process of digestion, and to the general nutrition of the body. Later, he conceived the idea that they are nutrients not only in the sense of supplying force to the body, but as furnishing material wherewith the bodily tissues are constructed. Since his death, however, medical opinion has by almost universal consent reverted to the second idea entertained by him, viz., that the beef extracts are of no, or very little, value as foods. It is true that this has been questioned by some whose clinical observations have led them to different conclusions, yet I do not know of a single work on physiology, therapeutics, or pharmacology, that does not assign the beef extracts among the non-nutritious alimentary agents. Probably the most positive expression of this feeling among those who are considered modern authority on such subjects is that of Dr. Fothergill in his *Hand-book of Treatment*, or *Principles of Therapeutics*, who, on page 537, says that, "as a food, beef-tea ranks low. It contains meat-salts, a small quantity of albumen, and a little gelatine, together with some advanced nitrogenized matters useless in histogenesis. But there is little in it to repair tissues, and less in it to sustain life, so far as our knowledge yet extends. There is little real force-bearing material in the protean compounds of beef-tea. For the starving fever patient, to give him beef-tea alone is almost to give him a stone when he asks for bread. It makes him feel better for the time being, but that is due to its stimulant properties."

There can be no doubt that the cause of the prevailing skepticism concerning the nutritive value of beef extracts is largely due to the experiments which were made by feeding animals exclusively on the preparations, with the result that all of them died within a short period of time. Indeed, Kemmerich affirms that they died more quickly than those which were left to die from hunger. This has the semblance of proof that beef extracts are not capable of supporting life. Sober reflection teaches, however, that no animal can subsist continuously on any single food, and that such a test would unceremoniously refute the food value of any substance, no matter how nutritive it might be. But, beset with difficulties as this investigation evidently is, the question is not whether these substances are capable of sustaining life alone, but whether it can be shown that they contain nutritive value at all, and if so how much. Here everything depends on the method which is employed to determine this question. It is imperative that this should be definite and exact. It must be able to show the functional state and condition of the organism, before, during, and after the addition of these substances; or, in other words, it must demonstrate whether the organism is or is not capable of performing work when these substances are added to it.

To meet all these desiderata, I selected the isolated frog's heart, which has already proved itself so pregnant with good results in the hands of Ludwig, Cyon, Kronecker, Bowditch, and others, in the full belief that it will show itself as capable here as it has in clearing up other problems in experimental physiology. Only quite recently, Prof. Yeo (*Journal of Physiology*, vol. 6, No. 3, p. 93), has succeeded in demonstrating with it the reduction of oxyhæmoglobin, a phenomenon the existence of which was assumed, but never proven by direct observation.

The experiences of Prof. Kronecker, Drs. Martius, McGuire, Von Ott, and others, show very clearly that when the frog's heart is well washed out with a 0.6 per cent. saline solution and then allowed to beat with the same, its pulsations gradually get less in force and in elevation, until at last in the course of an hour or two it becomes entirely exhausted and is unable to work any longer. But when this stage of complete fatigue is reached, and the heart is filled with blood or serum, it recommences to beat, and its pulsations gradually gather in strength and in elevation until their former altitude is attained. If, instead of with blood, the heart were refilled with the saline, or any alkaline,

acid, or even alkaloid solution, it would never show any sign of returning vitality. This observation means that the saline, alkaline, acid, and alkaloid solutions are devoid of material with which the heart can perform its function, and, although it works while it is filled with these solutions, it does so at the expense of nutritive material stored up in its own meshes, and not with any energy derived from these solutions. Indeed, Dr. Pohl-Pincus (see *Verhandlungen der Berliner Physiologischen Gesellschaft*, Feb. 23, 1883) has brought forward evidence which indicates that in the wall of the frog's heart there exist lacunæ (Nahrspalten) designed for the purpose of storing up nutritive material. As soon as this stored-up supply is exhausted, it ceases to beat, and any solution which is now applied to it with a view to re-establish its pulsations must contain some elements which are capable of nourishing it. These essentials are found in the blood and serum of most animals. Dr. Von Ott (*Archiv für Physiologie*, March, 1883) has also shown that milk has the power of nourishing the heart. And Prof. Ringer (*Journal of Physiology*, vol. vi., No. 6), in following the same line of inquiry, found that both albumen and gelatine are capable of sustaining the heart's contraction. In my own work on the nutritive value of different concentrations of blood, performed in the Berlin Physiological Laboratory under the direction of Prof. Kronecker (*pub. Verhandlungen der Berliner Physiologischen Gesellschaft*, Jan., 1883), I found that the amount of work of the frog's heart performed with blood depends entirely on the degree of dilution of the latter agent. Dr. McGuire found, however, that 1 : 3—*i. e.*, one part of blood to three parts of saline solution—gave the best results.

In summing up the literature upon the action of the frog's heart in its relation to our subject, we find the following: That the heart in performing work consumes oxygen; that after it is once completely exhausted, it cannot resume its pulsations unless food energy is supplied to it from the outside; that blood, serum, milk, albumen, and gelatine are capable of acting as foods and of restoring its power of contraction, but no other substances have, heretofore, been shown to possess this property; that the pulse elevations and the amount of work which the heart is able to do, depend in a great measure on the degree of concentration of the food. These data, moreover, demonstrate very fully that the heart does not exercise the function of a purely circulatory organ in these experiments, but that it is an organic medium possessed of the power of assimilation, of transformation of energy, of contraction, and of respiration.

(*To be continued.*)

HERNIOTOMY.

BY C. D. CHALFANT, A. M., M. D.,

Of Streator, Illinois.

In a recent issue of the MEDICAL AND SURGICAL REPORTER, some extracts from the paper read by Dr. Hyde before the New York State Medical Society, and remarks following by Dr. Gouley, bring to mind some reminiscences of practice which most fully verify the conclusions therefrom deduced.

It has been my fortune to meet with more cases of strangulated hernia than usual in the rounds of a general practice, and among this number it is my desire to report two cases in brief, one occurring several years ago, and the latter during the month of November last.

Case 1. Mrs. L., aged 55, was taken with slight pain in stomach; no pain in lower bowel; had similar attacks before, ascribed to indigestion. Careful inquiry as to having rupture or pain in inguinal region, elicited a negative reply. No evidence whatever pointing to hernia other than occasional pain in stomach. By chance, previous to leaving the patient, having some doubt as to diagnosis, my hand came in contact with a small tumor in right groin, size of filbert, and on inquiry found this little glandular enlargement had been present for thirty years. Although it had none of the characteristics of a hernia, yet I expressed a fear that such might be the fact. The husband, an educated gentleman, expressed surprise at my extremely pessimistic views of the case, and I asked for a council of at least two physicians, which was granted. Dr. McMan, of Gardner, and Dr. Bannister, of Odell, Illinois, were called, both gentlemen of good surgical ability, and with whom I had operated for hernia several times.

An exploratory puncture was made with negative results, and the severity of the symptoms not increasing, my colleagues were very positive I was in error, and a favorable prognosis was given.

Two days later patient was seized with stercoraceous vomiting, collapse, and death. Post-mortem developed small tumor immediately over inguinal canal, probably an enlarged gland, small piece of omentum, and

the smallest convolution of intestine possible, strangulated with it just beneath tumor.

Case No. 2. Mr. B., aged 40, had suffered for years with immense protrusion through inguinal canal into scrotum, and no appliance whatever would afford relief. On the literature of trusses and all the methods of cure he was an authority. He gave up his business to attempt a cure by the Heaton method, and moved to the city to be in proximity to the medical gentleman who was to undertake the case. Six months' injections of iodine and fl. ext. quercus alba had served to benefit him some in diminishing the protrusion, but hearing of the subcutaneous method of wiring the ring, he sought the services of a specialist in this direction, and six weeks later, after congratulating himself as well at last, the wire broke, severe pain and vomiting seized him, and I was summoned, with Drs. Minor and Hess, of this city, to reduce it. Taxis, which had previously always been successful, failed. Operation found groin full of cicatricial tissue, The scrotum was invaginated in the ring in placing the wire, which was found broken in three pieces and removed. Intestine and omentum returned and wound closed. Vomiting recurred and persisted; internal strangulation diagnosed, and laparotomy was apparently the only chance of saving life.

Dr. Edmund Andrews, of Chicago, was called into the case. Inguinal wound was opened up again, thinking a protrusion from vomiting, the after-effects of anæsthetic, might be the cause. Laparotomy was considered, but deferred. Vomiting again occurred, and persisted for three days, when irritability of stomach ceased and patient rapidly convalesced. Had operation been undertaken in first case, recovery would have been probable. Laparotomy in last case after the previous operations would likely have been fatal.

The deductions I wish to draw from these and other cases are as follows:

1. Strangulated hernia is not always easily diagnosed.

2. Operation is generally delayed too long. Many cases are allowed to die, and no operation undertaken for their relief by otherwise reputable surgeons, who magnify the dangers of the operation *per se*, which is criminal neglect.

3. What position, hot bath, and anæsthesia, with gentle taxis, will not accomplish in a very short time, had better be done by operation. Interference, and violent taxis, as often practiced, is condemnatory.

4. The Heaton method, and the plan adopted by some of wiring the ring subcutaneously, may be successful, but has not been so under my observation; yet it may deserve a more extended trial, for he who would devise some plan to permanently and safely relieve the ruptured would be a benefactor to mankind.

ACONITE POISONING.

BY M. STEWART, M. D.,

Of Vesta, Neb.

An interesting case of aconite poisoning came under my professional care recently, and I beg the privilege of reporting same, as it may prove of interest to some.

E. S. R., male, aged 50, of a naturally strong constitution, but still suffering from the effects of paralysis of left side about seven years ago. The shock to the nervous system was very great, especially to the pneumogastric of the left side, which, as a matter of course, seriously deranges the many organs which it supplies. His dyspnœa at times is very great, as a result of irritability of heart and organs of respiration. At time of the following event, he was just recovering from an aggravated attack of his heart and lung complication.

On the morning of March 29, thinking he had caught cold, he requested to be given a vial containing tr. aconite, that he might break it up, as he thought; but, having only a vague idea of the strength of the drug, he took nearly a teaspoonful. In about fifteen minutes he began vomiting severely, having a terrible nausea and constriction of the fauces.

In about half an hour I arrived, and attempted to administer an antidote per orem, but found it impossible to get him to swallow anything, let alone retain it. The pulse at wrist could not be felt, and during the act of vomiting he would sink into an unconscious state, with a partial rigidity of all the voluntary muscles. He would remain in this condition from a few seconds to as many minutes, during which all heart action would apparently cease; then he would revive, to again relapse when the exhaustion attendant upon acts of vomiting was repeated. At this time the pupils were largely dilated, great incontinence of urine, speech of a thick, husky character, and restlessness very great, no position being satisfactory for two consecutive seconds.

I then injected a drachm of fl. ext. of digitalis in his arm, and continued every half hour the alternate injection of the digitalis

with whisky and carbonate of ammonia. In about three hours the pupils began to contract, and vomiting and nausea were diminished somewhat, but dyspnœa and constriction of fauces continued to be very alarming.

In about five hours from time of taking he was able to sleep a little, and began to recover rapidly, with occasional attacks of nausea and vomiting. He made a quick recovery, next day being able to sit up and take a good meal with the rest of the family, and no bad results are left, with the exception of an ugly swelling resulting in a slough the size of a silver dollar, where the hypodermic syringe was used on his arm.

In connection with the weak, irregular heart which the patient has, the wonder is that a direct synergist to that condition like the poison did not completely paralyze the heart.

Medical Societies.

THE PHILADELPHIA NEUROLOGICAL SOCIETY.

(*Continued from page* 554.)

Stated meeting, December 28, 1885.

Dr. Guy Hinsdale presented a communication on

The Methods of Slaughtering Animals at the Philadelphia Abattoir.

There has recently been put in my hands a series of written questions which relate to the methods of slaughtering animals in our Philadelphia abattoir. The subject has been brought before the Society for the Prevention of Cruelty to Animals, and the officers of the Society desire to obtain from some of our Philadelphia physicians an expression of opinion as to the proper method of killing cattle with the minimum of pain.

As doubtless the members of this Society are aware, enormous numbers of cattle, sheep, and pigs, are slaughtered at the abattoir in West Philadelphia. Into the main half of the building, which is spacious, having a high roof, with good light and ventilation, the cattle are led in large numbers. They are apportioned to about fifteen different pens or iron cages arranged in a straight line, each capable of receiving seven or eight bullocks. The iron bars of which the cages are made are separated about fifteen inches from each other, affording a comparatively unobstructed view of the remainder of the room. The gate of exit from a pen is opposite the gate of entrance; above it is the windlass for hoisting. The animal is, in most instances, struck down while standing among his fellows, by a butcher who stands on a plank above him armed with a heavy, long-handled sledge-hammer. He is then hoisted by the windlass through the open door, is disemboweled, and dressed for the market within six feet of the animals remaining in the cage. When the carcass is ready for market one of the butchers climbs above the cage, and with the hammer strikes down two more animals; they are dragged out, and so on until all the animals are disposed of.

The Jewish butchers for ages have killed by bleeding. They never use a hammer, but after hoisting the animal by a hind leg, the throat is always cut by a rabbi or "shockem," armed with a keen sabre. This rabbi is detailed for duty at the abattoir.

Underneath the main hall is a cellar in which sheep and pigs are slaughtered by the knife. It is a dark, unclean, repulsive place. Large quantities of accumulated gore are seen in the places where the animals are usually killed. The surface drainage is very bad; the upper floor, though deluged with blood, is attractive in comparison.

The questions to which answers are desired by the Society for the Prevention of Cruelty to Animals are these:

1. Does the Israelitish method produce a total loss of sensation?

2. Does a total loss of sensation arise from a blow struck upon the head of the animal with sufficient force to knock him down?

3. What is the most humane way of slaughtering cattle, which would produce instantaneous death?

4. Do you think a bullock is so sensitive as to suffer terror or agony in witnessing the death-blows and sufferings of his companions?

With a view to satisfy myself on these points, I made three visits to the abattoir. I had no especial interest in the subject before, and supposed that the methods were not open to criticism.

As for the first question, I think it safe to say that the Israelitish method is instantaneous when once the steel strikes the neck. The blood gushes out, the brain is instantly deprived of blood, and consciousness is lost without appreciable loss of time. The young rabbi deserves credit for the skill with which he performs this operation. To suspend animals with heels up and head down is, at first sight, somewhat harsh, but, on the other hand, they are accustomed to a low position of the head, and the new position is only ninety degrees removed from the normal.

Regarding the second question, it appeared to me that consciousness did not always cease when a blow was struck upon the head of an animal with sufficient force to knock him down.

The first two animals that I saw killed were struck on the head, in the middle line, a little anterior to the line of the insertion of the horns. They instantly dropped; a few convulsive movements, sometimes unilateral, sometimes general, occurred, and they were removed from the cage. The next three animals were struck by a different man. Two animals were struck eight times apiece, and the other nine times, before the butchers saw fit to proceed to dress the beef. Although the earlier blows were ineffectual, the later ones were delivered when the animals had lost sensation, and when the convulsive movements appeared too violent. In other instances one, two, three, or four blows were required. Animals were partially struck down, and did raise their heads and look about, unquestionably conscious of pain. The ox is not by any means the only animal that may preserve consciousness after being struck down by a blow upon the head. We ourselves may know this from personal experience. However, one blow well applied was sufficient, perhaps, in the majority of instances, to instantly destroy sensation.

Two other cattle which I saw killed at my third visit were attacked by a third man. The first received three blows upon the head, but still the animal walked about, and it became so difficult to induce him to stay still in proper position (the unreasonable creature!) that the butcher resolved to devote his attention to another animal, upon which, also, he delivered three heavy but ineffectual blows. I noticed by this time that the first animal was bleeding from the nose, and that both were able to walk about. This heavy hammer would sometimes bound from the skull as you might expect a wooden mallet to do. The animals gave no cry, and made no violent demonstration, as one might expect; they received these murderous blows as a prize-fighter might receive his, without evincing pain. They however, became uneasy, endeavored to avoid the man crouching above them, and, without much trouble, were finally dispatched. As to whether a bullock is so sensitive as to suffer terror or agony in witnessing the death-blows and sufferings of his companions, interesting metaphysical questions are involved. Butchers in the abattoir do not seem to think that the animals are conscious of their surroundings. They say they occasionally milk a cow in a cage near which animals are being slaughtered. It is quite evident that, as a rule, bullocks make no attempts, or the most ineffectual attempts, to avoid the fate of their companions. In one instance which came under my observation, the last of a series of bullocks became frightened; he dodged the blows, put his head through the bars, and held it low, out of the reach of the butcher standing on the top of the cage. Men with sticks poked him about, while inaccurate blows fell upon his head, until, after a disgusting struggle, he was dispatched. This animal seemed to me to act at the start as though he appreciated danger from witnessing the death of his companions. Butchers say that Texan steers give more trouble than others, and are more liable to grow wild at the sight and smell of blood. It cannot be that their mental powers are radically different from those of other varieties of oxen.

It is not necessary to repeat before this Society anecdotes or proofs to show that a steer may become frantic at the sight and smell of blood. Carnivorous animals are not so susceptible. A dog may even eat another dog, as one of our proverbs says, and yet some dogs are capable of sympathy, and exemplify it by appropriate behavior. Not only the elephant, but even so small a creature as the ant, manifests sympathy.* The sense and the understanding are the prerogative not exclusively of man. These lower animals have attention, memory, association. They exhibit generosity, gratitude, courage, caution, patience, industry, anger, and grief.

Doubtless the ox or the sheep or the pig cannot claim the possession of all these qualities. But their mental system is much less perfectly understood than ours. "The popular tendency has been to underrate the acquired knowledge of animals, if not to ignore it altogether. At present we are not in a condition to dogmatize, owing to the want of proper observations on the whole department of brute intelligence."† As Lander Lindsay puts it, "the very terms animality and humanity are, on the one hand, unnecessary distinctions; while, on the other, they are generally wrongly applied, for there is more animality in man and humanity in animals than our self-conceit will permit us willingly to recognize. We cannot correctly speak of the animal in contradistinction to the human mind, inasmuch as mind is essentially the same in other animals as in man, differing simply in the degree of its development and the mode of its expression."‡

* Romanes, Animal Intelligence, p. 47.
† Art. Instinct, Chambers's Encyclop.
‡ Journal of Mental Science, April, 1871.

But what can be done to remove the objectionable features of this necessary work of slaughter?

In the first place, the work of killing these animals should be given only to a man of experience and power.

2. It is not necessary, and it should not be permitted, that animals should witness the death of their fellows. They may wait their turn together, but finally should be led to an apartment alone, where a single successful death-blow may be given.

3. Means should be provided for making this blow unerring. A crushing blow on the brain-case is, undoubtedly, a painless death, and, by a mechanical contrivance, this might be made unfailing. Fixation of the head would be necessary, and perhaps could be accomplished by means of the horns. An experienced executioner, with an adequate instrument, either in his own hands or under his control, as a trip-hammer is under the control of a forger, would then dispatch these poor brutes with the minimum of pain.

4. The number of men who perform this work should be small; and boys, women, and the public generally, should not be permitted to witness these brutalizing scenes.

5. The Jewish method, when rapidly performed, is, on the whole, not a cruel method.

6. The city should take immediate steps to supervise this abattoir; it should have an official inspector of meat, and adopt some effectual scientific method for the detection and condemnation of diseased meat.

If this Society will endorse these statements, I believe that a better state of things can be secured. If proper evidence can be adduced, the Society for the Prevention of Cruelty to Animals will take hold of the matter, and insist on reform in this important public institution.

Dr. Charles K. Mills moved that a committee be appointed to visit the abattoir, and report to the Society on the questions proposed by the Society for the Prevention of Cruelty to Animals.

The committee consisted of Drs. H. C. Wood, H. A. Hare, F. X. Dercum, A. P. Brubaker, and Guy Hinsdale.

Stated meeting, January 26, 1886.

Dr. John H. Musser presented some

Notes on Thirteen Cases of Tubercular Meningitis. (*See page* 591.)

Dr. William Osler then read a paper on

The Structure of Certain Gliomata.

He desired to call attention to the histological character of certain brain tumors which present peculiarities of structure separating them from the ordinary small-celled gliomata.

The specimens which he showed were from three cases, the features, clinical and anatomical, of which may be thus summarized:

Case I. Girl aged sixteen, blind from third year; intelligent; head not large. Occasional convulsions and spasms of muscle of neck. Death sudden. Tumor occupied the surface of the left thalamus, and extended into the third ventricle. There was extensive dilatation of the lateral ventricles.

Case II. Girl aged fifteen. Jacksonian epilepsy for over fourteen years. Small, firm tumor occupied the upper part of ascending convolution.

Case III. Man aged forty. Head pain, mental disturbance, drowsiness, the chief symptoms. Tumor, the size of a lemon, occupied left anterior lobe of brain.

The physical characters of these three tumors differed considerably. In case I. the mass on the thalamus was firm, but the portion projecting into the third ventricle was soft, grayish in color, and looked like an actively growing neoplasm. In Case II. the small tumor at the upper part of ascending frontal convolution resembled a patch of sclerosis; while in Case III. the tumor had a large central area of fibro-caseous change, with a peripheral zone of actively-growing grayish-red tissue.

Histologically these tumors are similar in the dense feltwork of fibres which make up the chief mass of each, the fibres varying somewhat in thickness and in closeness of arrangement. Careful observation of teased specimens shows that the fibres are, for the most part, in connection with cells, and so far the growths conform to the type of glioma. True, we do not find here the typical arrangement of small cells with delicate protoplasm and numerous fine ramifying processes, which gives to many gliomas an appearance not unlike that of a small-celled sarcoma. There are gliomata, however, with larger and more irregular cells, and with coarser fibres than the description in text-books would lead us to suppose, and it was to certain characters in the cells of these tumors that he wished to call attention. A study of teased, fresh specimens can alone give a clear idea of the shape, size, and relations of the cell elements.

The following varieties of cells occur in these growths:

1. The ordinary "spinnen," or spider cell, with many processes, and which may be regarded as the characteristic cell of the glioma. These present a considerable variation in size; many are not larger than colorless

blood corpuscles, others double or treble the size. The smaller have more delicate processes which in sections of hardened specimens may not be apparent. Some of the larger of the cells look not unlike multipolar nerve cells.

2. Large, unbranched, spindle-shaped cells, with greatly elongated processes. These resemble enormous connective tissue corpuscles, and the processes may be traced until they taper to extremely fine fibrils. Others are scarcely spindle-shaped, but present flat, ribbon-like processes. Some of these cells are among the largest and most remarkable met with in tumors. In Case 1, the mass in the third ventricle was composed largely of them, and isolated ones measured as much as 0.4130 of a millimetre. They present usually single large nuclei, and the protoplasm of the cell is either homogeneous or finely granular. In Case 3 these forms were also very abundant, but in Case 2 they were not numerous.

3. Cells which resemble closely in appearance large ganglion cells of the nerve centres. They present a dark granular protoplasm, large nuclei, and one, two, or more processes, which either run singly or finally branch. The most remarkable-looking are those with a single process springing from a balloon shaped cell. Others have a process from either end of the cell body. They are usually much larger than the spider cells.

4. In Cases I. and III. there were structures of very curious aspect, which probably may be regarded as derivatives of the large fusiform-shaped corpuscles. These were remarkably translucent, band-like fibres, tapering slightly at either end, but without nucleus or granular protoplasm. From their close resemblance in form to the spindle-shaped cells, and from the fact that these latter often present a remarkable translucency, I think we may regard these peculiar fibres as resulting from a vitreous or hyaline transformation of the large spindle cells.

These tumors conform to the variety described as neuro-glioma by Klebs, who holds that the large ganglion-like cells found as such important constituents of these growths are derived directly from the nerve cells of the gray matter, and that in the development of this variety all the elements of the nerve tissue participate. Certainly the resemblance between many of the large cells and nerve elements is very striking, but I have not been able to satisfy myself of their relation to the pre-existing tissue parts. This is, of course, extremely difficult, but in a careful study of sections taken from the advancing regions of the growths, I have not met with appearances which would lead me to suppose that the nerve cells were in process of proliferation. Klebs states that he has demonstrated by means of osmic acid and gold chloride the nature of the cells and their processes, but this has not been confirmed, and I could not determine that the cells or fibres described above behaved in a characteristic manner with these reagents. That they are probably connective tissue elements seems probable from an examination of a large number of the cells in teased preparations. Gradations and intermediate forms can be seen between cells closely resembling unipolar or bipolar nerve ganglia and the typical spider cells with innumerable processes. Gliomata of this form are not uncommon. Klebs described fourteen or fifteen, and of five cerebral tumors of the glioma type which I have met with, only two were of the small-celled variety.

Dr. Wharton Sinkler reported

A Case of Brain Tumor.

Miss S., æt. fifty-two. Mother, maternal grandfather, great grandfather, two maternal uncles, and two brothers died of phthisis. Paternal ancestors long-lived. No cancer. Healthy and well up to four years old. Then had a serious illness spoken of by some as "brain fever;" another person says dysentery. Seemed to recover entirely from this, and was bright, well, and agreeable. Was not very intelligent mentally, but not by any means deficient. Catamenia first appeared at eighteen years. At seventeen years friends noticed a change in her; she was irritable, cross, and peculiar about many things. This condition of things continued through the remainder of her life, all the peculiarities becoming intensified. She was a great reader and a great eater. She was fond of literary pursuits, and spent a considerable amount of time in writing and painstaking composition. She never had convulsions as far as known. At twenty-five years she was examined as to her mental condition by Dr. Wm. Kirkbride, and he decided that, although not mentally vigorous, she was not insane.

For five or six years before her death, say forty-five years of age, she seemed to grow stouter, less inclined to work, and in walking seemed to move slowly and with difficulty. For three or four years before her death there was a drooping of the left corner of her mouth, most noticeable in smiling or speaking. This gradually increased. For eight or ten years she has had headaches.

In the summer of 1885, she was at Atlan-

tic City and had two or three attacks of violent headache associated with unconsciousness. These lasted several days at a time. She came under my charge in September, 1885. She then showed slight left facial paralysis, but no loss of power in arm or leg of either side. She complained sometimes of pain in the head, sometimes in the shoulder or neck. Seldom seemed to have persistent pain in one place. She had an attack of unconsciousness with severe headache. Screamed with pain, but could check herself, and when asked what was the matter said she had pain, but could not state exactly where it was. At times she talked incoherently, and spoke of having seen persons whom I knew she had never seen. She was unwilling to leave her bed, but if she could be persuaded to get up, could walk about. Her appetite was good, but there were indigestion and constipation. No vomiting. Vision seemed good, but the eye-ground was not examined. She was eccentric in her way of talking, and said many things with the evident intention of creating surprise.

At my suggestion, she was taken to a country town in the vicinity of Philadelphia and was there under the care of Dr. J. Reeve. After reaching this place she complained of pain in the right side of the head and seemed unable to walk. Would fall into a semi-unconscious condition which would last for some hours. The temperature became elevated. The facial paralysis became more marked, but although no paralysis of the limbs there was general muscular weakness. The patient died on October 26, 1885.

The post-mortem examination was made by Dr. H. R. Wharton. Brain and cranial cavity: Upon exposing the membranes of the brain they were found markedly congested, and the dura mater was very adherent to the petrous portion of the temporal bone on the right side. Brain removed, membranes divided and turned aside. Upon left side there was no apparent lesion. On the right side some bulging of the membranes was apparent in the region of the fissure of Silvius, and upon dissecting them off they were found very adherent to a tumor larger than an English walnut, growing from the fissure of Silvius about the line of the fissure of Rolando. The tumor was dead red in color, stood out from the brain tissue, and was dense to the touch. There was some effusion in to the ventricles.

Dr. de Schweinitz made a microscopic examination of the growth, and sent me the following report:

"The small portion sent for examination was hardened first in a solution composed of Müller's fluid one part, and methylic spirit three parts, for six weeks, and then in alcohol. Sections were cut, stained with carmine, and mounted in balsam. In the periphery the growth shows a structure composed of more or less perfectly developed fibrous tissue; more interiorly the stroma of the tumor is made up of numerous, varously sized, dilated blood-vessels, sometimes empty, but for the most part filled with corpuscles. Between these are numerous small round and large spindle cells (sarcoma tissue) scattered through the growth, sometimes singly, often in groups; they are round, yellowish-white bodies, which are probably amyloid in their nature. The tumor may be properly classed as an *angio-sarcoma*."

The growth, as may be seen, is spherical in shape and springs up out of the fissure of Silvius. The points of interest in the case to me are these: First, the probable long-standing of the growth. It is likely that it began at the age of eighteen years, when mental peculiarities first showed themselves. Secondly, the absence of most of the symptoms peculiar to brain tumor. There were no convulsions, no vomiting, no defects of vision, and no pain localized in one particular spot. The facial paralysis was not noticed until three or four years before death.

There were many marked hysterical symptoms which masked the true nature of the disease. These, I think, are often met with in brain tumors in women.

Dr. H. C. Wood reported

Two Cases of Syphilitic Disease, the Lesion in One Involving the Ascending Frontal Convolution; in the Other, the Cervical Spinal Cord.

The first of these cases is of a special interest, because so far as the motor symptoms are concerned, the situation of the lesion closely agrees with the modern doctrine of cerebral localization, whilst no lesion was found to account for the loss of sensibility. The only explanation that could be given of this is that disease had existed in the membrane over the angular gyrus, and had been removed under the influence of the mercury, there being no record as to the condition of sensation just previous to death. This explanation seems, however, rather lame, because more distinct traces of such lesion would naturally be expected. The cases are also of interest as illustrating a danger which always overhangs a person suffering from syphilitic epilepsy—namely, possible arrest of respiration during the convulsion, and consequent death.

Case I. R. B., male, aged fifty, entered the Nervous Ward of the Philadelphia Hospital, January 2, 1885. The following extract is taken from the case-books of the institution: "R. B. says that his health has always been good, and whilst acknowledging that he had chancres twenty-five years ago, denies all other forms of venereal disease. Eight years ago he fell downstairs and struck his forehead just above his left eyebrow; he was picked up unconscious, and remained in that condition for four hours. One week after his fall he returned to work, but was troubled with a feeling of lightness in his head and vertigo. About two weeks after this he suddenly felt a peculiar pricking sensation in his right foot, which extended rapidly up the leg to the thigh, and finally to the right arm, and thence to the head, and was immediately followed by unconsciousness. He has never bitten his tongue in this or any subsequent attacks. The convulsion was followed by a period of stupor or sleep. About two weeks after, there was a second epileptic attack without any aura or other warning. His arm, which had continued in a numb condition ever since his fall, for a time grew steadily worse. For one year its condition then remained unchanged. He still had epileptic attacks at intervals varying from a few weeks to a few months. Eighteen months ago he had an apoplectic attack, in which the unconsciousness lasted for several hours. There was no ensuing paralysis; nor did his health seem to be the worse for the sickness. He states that he now has at about monthly intervals attacks of epilepsy. These attacks are preceded by a peculiar twisting of the fingers of the affected hand, and followed by stupor or somnolence, lasting for about twelve hours.

Present Condition.—There is partial motor paralysis of the right hand and arm. With the left hand he moves the hand of the dynamometer to 95; with the right only to 30. The æsthesiometer points, separated to their widest, are felt on the right hand and arm only as one; on the left arm the points are separated on the ulnar and radial side at two and a half centimetres apart; on the palmar surface at four centimetres. He has not as good use of his left leg as formerly, although there is no complete paralysis of any of its muscles. Patella tendon reflexes normal. Ordered potass. iodide in ascending doses.

Treatment.—January 6, 1885. According to statement of nurse, in his fits the patient works altogether with right side. Left pupil slightly smaller than right. Perceptible weakness in right face. Dynamometer: right hand, 46; left hand, 87. In neither thigh is there any difference in sensitiveness. He complains a good deal of frontal headache. Edges of the optic disks sharply cut, and optic disk itself abnormally white, believed to be atrophic. Ordered to be ptyalized.

The patient was ptyalized, and afterward was given the iodide very freely; but notwithstanding there was distinct improvement in regard to headache and general condition, the fits continued, although at longer intervals, and on the ninth of May there was prolonged unconsciousness after a fit, ending in death.

Autopsy.—Contents of thorax normal, except as to congestion; liver is large and congested, indurated, capsule thickened. In the tissue between the right and left lobes, anteriorly and near the lower edge, is a distinct gummous tumor of the size of a hickory-nut. The new growth has developed from the capsule and grown inward. Upon the upper border of the same fissure and posteriorly is a scar, evidently a healed gumma. Kidneys congested, but otherwise normal. Rest of organs normal.

Brain.—When the skull-cap was removed some ounces of black blood ran out. Membranes much congested everywhere. Dura mater normal, except in being abnormally adherent to the edges of the great fissure.

Left Hemisphere.—Arachnoid and pia mater abnormally thick, especially superiorly, and somewhat opaque. Vessels somewhat congested. On external inspection of the bared convolutions, nothing abnormal is observed, except about the middle of the ascending frontal convolution, where at a spot one-half inch in diameter the membranes were fused with the brain surface, and could not be separated. The tumor is one-third of an inch in thickness, and in tearing it out a definite cavity was left. No other lesion discoverable in any part of that hemisphere. Remainder of brain normal in general structure.

Cause of Death.—Edema of the brain from cerebral syphilis.

Case 2. Cadamoni, aged about twenty-two, entered the wards of the Philadelphia Hospital, June 1, 1885. As he was an Italian of very low order of intelligence, no detailed history of his case could be obtained. He stated, however, that he had been well and strong until three months before, when he had been hurt in the upper part of the back, and had not been able to work since. One month before entrance he had rapidly lost power in both arms.

His condition at the time of entrance to the hospital was as follows: He was unable to stand, and entirely confined to bed, but can make feeble and slow movements of the thighs, legs, and feet; all muscles seeming to be about equally implicated. The whole of the left arm is paralyzed, except the thumb, which can be moved slightly. In the right arm the deltoid and the flexors of the fingers are much wasted. There is no paralysis of the face; patient cannot turn in bed, but has not lost control of the bladder and of the rectum; sensation is not much affected; pain is complained of in the back and side of the neck and in the limbs, especially in the arms; marked pain in the sternal region on coughing. Pressure of the lower cervical vertebræ causes severe pain, and forcible jarring of the head also produces pain in the lower cervical spine; cervical vertebræ not distinctly prominent; patella reflex somewhat exaggerated; temperature normal; bowels persistently very costive.

The patient was put upon a water bed; iodide of potassium given in rapidly increasing doses, until a hundred and eighty grains a day were taken; but the symptoms gradually increased, paralysis became more marked in the lower extremities, and complete in the arms; power over the bladder and rectum was lost, and the patient died June 18th, seventeen days after his entrance into the hospital.

The autopsy was confined to the vertebral tract. In the lower cervical region, extending into upper dorsal, was a thickened mass, several inches long, not at all separable from the membranes of the cord. The outer portion of this is formed of a uniform structureless base, filled with numerous long, narrow, curved cells, evidently derived from connective tissue. Within this, the mass is chiefly composed of innumerable small, round, closely-packed cells; sometimes arranged in irregular, diffused masses, but in many cases collected into globular masses, which are only in rare cases distinctly separated from surrounding tissue. A few of these masses were yellow, the cells evidently undergoing fatty degeneration, and not taking staining at all.

Cord underneath the tumor chiefly composed of a structureless, minutely granular, neuroglia matter, with numerous roundish neuroglia cells. No nerve tubule discoverable in section. Gray matter affected nearly as much as white; ganglionic cells still present, although most of them much altered.

The following report was made by the committee appointed to inquire into the

Methods of Slaughtering Cattle,

and the question as to whether cattle suffer from witnessing the slaughtering of companions:

Your committee have the honor to report that they held a meeting at the Philadelphia abattoir, and witnessed the slaughter of a number of cattle. As the arrangement of the building and the methods employed have been fully described to the Society in the paper of Dr. Hinsdale, it does not seem necessary for your committee again to go over this ground; and the committee confine their report to answering the questions proposed by the Society for the Prevention of Cruelty to Animals. We find, in the first place, that, owing to the unskillfulness in the use of the hammer by the butchers, perhaps in the majority, certainly in a very large proportion of the casee, the animal is not rendered permanently unconscious by the first blow. In a number of instances, the creature when struck either failed to fall, or simply went down upon his knees and rose again, and had to be driven around the pen, and sometimes struck again and again before falling. Further, it is the habit of the place to strike down several bullocks one after the other, so that one or two of the animals must lie on the ground some time before the throat is cut. In very many instances the creature seems partially to recover its senses during this time, and in some cases undoubtedly becomes perfectly conscious, and even gets upon his feet. There can be no doubt, therefore, that a large amount of unnecessary suffering is produced in the killing as practiced at the Philadelphia abattoir.

A properly directed and sufficiently powerful blow undoubtedly will immediately put an end to consciousness. It is not the general idea of the method of killing which is at fault at our abattoir so much as the unskillful way in which it is performed. If the animal were driven into a narrow pen, so as to insure quiet and a perfect opportunity for a blow; and if, at the same time, the hammer were heavier than the one now used, and were only employed by a skillful person, nothing more could be desired. In our opinion, there should be one man whose sole duty it is to strike down the animals, since only by repetition can perfect skill be required.

We believe that there is a certain amount of psychical suffering induced by the present method. The animals evidently have a sense of danger, although they apparently do not recognize the point from which the danger is coming. The need for the appointment of some one who shall inspect the carcasses of

the slaughtered animals was very well shown by the fact that, in one of the beasts killed during our stay, the liver was full of hardened nodules of a whitish color, and many of the lymphatic glands were evidently affected with the same disease. So far as gross appearances could determine, the animal, when killed, was in the advanced stages of tubercular disease of the liver. The nodules have been referred for examination to well-known microscopists, whose report we hope to hand in accompanying our own.

After the reading of the report of the Committee, on motion it was accepted, and the Committee were requested to present the matter, on behalf of the Neurological Society, to the College of Physicians of Philadelphia.

Notes of Thirteen Cases of Tubercular Meningitis.

By J. H. Musser, M. D., Physician to the Philadelphia Hospital.

All of the cases were observed in private practice, hence the lack of detail of symptoms, such as temperature, etc. They occurred in a period of six years. Nine of them were in the writer's private practice, two in institutions under his care, and two in the practice of medical friends. It may be considered a disease of frequent occurrence, for the relative proportion of its frequency to that of many other diseases, as forms of liver disease, is much in excess. The nine cases occurred in a practice ranging from 50 to 400 families yearly, during the six years. For every case of tubercular meningitis, the writer has had twenty-five of phthisis. During the same period one case each of tubercular peritonitis and interstitial tuberculosis have been under his care. In later years the disease has been less frequently seen, corresponding with the social improvement of the practice. In the first half, six cases were observed. In the latter half, the remaining ones. The mortality table of the "Homes" to which the writer has been physician, present some very interesting features in this connection. In one Home of 180 boys, aged from three to sixteen, and 30 adults, but three cases of tubercular meningitis occurred in five years. In a Home for 24 colored children of both sexes, mean age seven years, the disease was not observed in four years. In a third Home for children of both sexes, about eighty in number, in the records of twelve years, no death occurred from this disease. During the same period of observation of these nine cases, five cases of hydrocephaloid disease, one of cerebro-spinal meningitis, and two of syphilitic meningitis, were observed.

Causes.—Seven of the cases were males, and six females, making six of no causal influence. The ages ranged from seven months to fourteen years in twelve cases. One was thirty-two. Six of the patients were under five years, four between five and ten, and two between ten and fifteen. The ancestors of nine had tuberculosis in some form. In two other instances the children of the same generation had some tubercular affection. In only two cases was there no antecedent or coincident history of tuberculosis in the family. One of the patients, aged seven months, was nursed by a mother whose tubercular disease antedated her pregnancy.

The hygienic surroundings in the large number of cases were quite fair. Two alone could be pronounced as bad. One child had been weaned early in life, and improperly fed. The previous health of all save one or two was bad. Some remote local inflammatory foci, either of simple or specific nature, could be determined. In one, aged fifteen months, the bronchial and mesenteric glands, after a whooping-cough or diarrhœa, were diseased; asthma and bronchitis, with enlarged bronchial glands, no doubt, preceded in another; hip-joint disease, suppurating cervical lymphatics, chronic bronchitis, and phthisis, respectively, preceded in four cases. Very poor health in one instance, and "weak" lungs in another, also preceded. In one, the health had apparently been good; in two the state of the health was not noted. Exposure to the sun was thought to be the cause of the twelfth, but the lad was always fragile, and had diarrhœas. The nursing baby completes the list—she was always delicate.

Clinical Course.—In general, it may be said to be irregular. In six cases the periods of invasion, excitation, and depression could be traced. In two instances the stage of invasion, or the premonitory symptoms, was absent entirely. In the other cases the stages were "mixed."

The following summary indicates the mode of development of the entire series. Case 1 was a girl aged sixteen months; antecedent cause, whooping cough and tabes mesenterica; slight general spasm, followed in a few hours by convulsion of right side of body, with aphasia. In case 2, boy aged four, with asthma, etc., there was loss of flesh for four weeks, intermitting headache ten days, vertigo three days, was peevish and restless at night. Case 3, girl aged ten years, had for one year headache and vertigo, extreme emaciation, cerebellar tumor.

In Case 4, there were loss of flesh, debility, restlessness, and poor appetite for several weeks. The course of the fifth was not known, while the sixth had been ill ten days definitely; for a brief time loss of flesh with pain in the left temple, sleeplessness, and constipation had been present. Sharp paroxysmal headache tormented the seventh case, a youth of nine, for three days prior to the meningitic explosion. Until twenty-four hours before very active symptoms occurred, the eighth case, an infant under two years, was considered in perfect health. Prolonged lassitude, fretfulness, and some emaciation, preceded the illness of Case 9, a boy of eight. For four weeks the tenth case, a precocious little girl five years old, suffered from symptoms not unlike malaria — languor, emaciation, fretfulness, irregular intermitting fever, restlessness at night, poor appetite, without vomiting or constipation. The eleventh case had phthisis, but observed that his customary hectic had quitted him two weeks before the development of headache and vertigo, which symptoms antedated the active brain symptoms by four days. The twelfth case did not thrive as a nursing baby should, and vomited frequently. A convulsion was the first warning of cerebral trouble. A little girl, lost appetite, was peevish, slept poorly, was feverish, and became emaciated for threeweeks before the cerebral symptoms developed. She had lymphatic enlargement in the neck and abdomen. Emaciation, debility, fretfulness, night-restlessness, irregular febrile movement, disorders of the gastro-intestinal tract, and headache, therefore, were the chief premonitory symptoms. Emaciation, it is seen, was the most frequent and most marked.

An analysis of the phenomena of the first and second stages would be tedious and without practical value. Reference in the succeeding notes will be made to some salient groups of symptoms, present more or less in both stages, and to peculiar manifestations of common symptoms. *Headache, motor,* and *sensory irritations,* and *palsies,* occurred in all the cases. In a few, the *headache* was distinctly intermitting. The *spasms* and *palsies* of groups of muscles were irregular in respective cases, as to order or frequency. Hourly change in the state of the muscles was common, and the same may be said regarding sensation. Not only does this apply to alterations of function of spinal, but also of cerebral nerves. Convulsions (partial, unilateral, or general), delirium, and coma were present at the present period, but presented no peculiar feature.

Special Senses.—Total blindness was observed in one case; impairment of vision in five; optic neuritis was recorded in three. The state of the pupils was not of special import—in one instance was there irregularity in size in the second stage. In the first stage they were not affected, save contracted in one instance, and fixed, in a dilated state, in another. Dilatation was the rule in the second stage. Nystagmus was observed in one case. Purulent conjuctivitis occurred in eight cases, in the second stage usually, and in two instances was unilateral. Ptosis was present in only one case.

In five instances local erythema and general flushings were noted. An urticaria-like rash was seen in three instances. In the later stages pallor or a bluish hue of the face was observed. A unilateral mottling of the extremities was observed. Emaciation was marked and persistent in the prolonged cases, nine in all. Fever was present in the first stage in seven cases; in the second, in nine; intermitting in type, often with irregular paroxysms. Hyperpyrexia was noted in one. The *pulse* was slow seven times in the first stage; irregular or intermitting in four. In the second stage it was usually quickened, small, rapid, and feeble; twice, slow and irregular. It was never wiry or corded in either stage.

Vomiting occurred but three times in the first stage; once only in the premonitory stage; and once only in the final stage. Constipation was seldom observed—three times in the first, twice in the second stage. Diarrhœa was excessive once. Offensiveness of the *breath* was very frequent, and occurred chiefly in the last stage, but was so marked at first, also, in three cases, as to be noted. In the larger (nine) number of instances the tongue was heavily coated. The scaphoid abdomen occurred at varying periods; once in the first stage, seven times in the second stage, while three times it is recorded absent; twice there is no record.

Respiratory symptoms.—First stage, irregular or Cheyne-Stokes, four times, rapid twice, slow once. Second stage, Cheyne-Stokes twice, rapid six times.

Remissions of a decided character were noted twice; after the development of the most grave symptoms, a period of improvement led to hopes of recovery.

Duration.—Of premonitory symptoms, unknown twice; prolonged, once; one year, once (tumor); in two cases, about four weeks; in two, ten days; in one each, three days and twenty-four hours; in two they were absent; and in two the first stage developed at once.

First Stage.—Twelve hours, 2; four days, 2; five days, 2; ten days, 2; eleven days, 1; thirteen days, 1; unknown 3.

Second Stage.—Twenty-four hours, 1; seven days, 1; five days, 3; forty-eight hours, 1; six days, 1; eight days, 1; four days, 2; nine days, 1; unknown, 2.

Entire Duration.—Thirty-six hours, 1; four days, 1; seven days, 1; twelve days, 2; fifteen days, 2; eight days, 1; fourteen days, 1; eleven days, 1; unknown, 3.

The difficulty of estimating the duration is evident to any one. It can only be said that a short first stage, in all the instances, determined a short second stage.

A post-mortem examination was held on four of the cases. In two the disease was largely localized, once in the cerebellar region, in another over the right frontal convolutions, the presence of the tubercle causing during life the symptoms due to localized cerebral irritation at these points. The autopsy also revealed in the case of aphasia, etc., a well-known rule, that the amount of gross lesion is not to be inferred from the extent of symptoms.

Summary.—Tubercular meningitis may be considered a disease, (1) of frequent occurrence in the middle and lower classes especially; (2) more common than other localizations of tuberculosis, except the pulmonary, and much more frequent than other varieties of meningitis. Among the *causes* most prominent are age, hereditary predisposition to tuberculosis, poor hygienic surroundings, and insufficient and poor food.

The prime factor always to be looked for is the presence of a primary focus, inflammatory, tuberculous, or "cheesy." The important symptoms presented in this series of cases were, in addition to the usually noted ones, in the premonitory stages; emaciation, irregular fever, and gastro-intestinal disorder without vomiting; in the succeeding stages, purulent conjunctivitis, erythemas, and other vascular changes in the skin, excessive emaciation, fever, offensiveness of breath, the caphoid abdomen, and changes in respiraory rhythm.

Editorial Department.

Periscope.

Hernia Cerebri Successfully Treated by Closing the Opening in the Skull with a Silver Plate.

Before the Clinical Society of London, Dr. Roderick Maclaren read an account of this case:

A man, A. N., aged 26, was admitted to the Cumberland Infirmary, on March 25, 1885, with a compound fracture of the skull inflicted three days before. For six days after his admission, his condition grew progressively worse. He became deeply comatose, passed motions involuntarily, and had frequent convulsive attacks. The scalp-wound was then enlarged, and all fragments of bone removed; they were ten in number, some being deep in the brain substance. The aperture left in the skull was three inches long, and varied in breadth from one inch above to half an inch below; it was three-quarters of an inch in front of and parallel to the left temporal ridge, and its lower end was at the supra-orbital ridge. Some brain which had protruded was removed, and some diffluent blood gently syringed away. While he was being put under chloroform, it was noticed that the right side was paralyzed. An attempt was made to make the wound aseptic; this failed. From this time his condition improved; he gradually became less comatose, convulsions ceased, and in about a fortnight he understood what was said to him, though he did not speak. By this time, hernia cerebri had again occurred, and Dr. Maclaren removed it, placing a silver plate (a rolled-out florin) inside the skull, so as to block the opening, This was done on April 14; by May 3, the hernia cerebri again existed, owing to the plate slipping to one side within the skull. The protrusion was cut off, and this time the plate was so secured with suture-wire that it could not be thrust to one side. The scalp was liberated by two incisions parallel to the wound, and sutured over the plate. The plate was left in for two months; no protrusion occurred when it was removed, and the wound soon healed. He was discharged from the hospital on September 5. His condition was slight dragging of the right leg, absolute paralysis of the right arm, and slight want of expression on the right side of the face. His speech was well restored, though he was sometimes at a loss for a word, and much given to repeat the same expressions. During the latter part of his stay in the hospital, he had two fits, and he had had

several since, mostly at night, and always with an aura. The paper pointed out the very small amount of local irritation caused by the plate, and that it did not exercise any pressure on the brain, but merely replaced the normal case; and that the result was a substantial reason for trying it again in a similar condition.

The President thought congratulations were due to Dr. Maclaren on the result of his treatment. Cases of the kind were difficult to treat. The plan adopted was novel; but he (the President) was not disposed to think that it was very superior to that of external pressure by thick sheet-lead. The hernia should be kept down by pressure. He had a great objection to the slicing away of brain-tissue, although the symptoms following such an operation were not generally very prominent. He would ask Dr. Maclaren why he had sliced away the protruding brain; why he had not instead thereof applied something like powdered oxide of zinc, which withered up the parts.

Mr. Golding-Bird had had two cases; one five or six years ago, in which, after trephining, the patient had done well, although he had had hernia cerebri as large as a walnut. Tannic acid being applied, the protrusion withered, and he was now quite well. On the other hand, another patient, a boy, had hernia cerebri after an accident, with no objective symptoms of paralysis, nor change of any kind in his sight or mental condition. Tannic acid being applied to the hernia, he had cerebritis, and died; and it was afterwards found that he had sloughing of the protruding brain, which sloughing extended to the lateral ventricle. In a third case, an abscess was evacuated, an antiseptic lotion applied to the hernia cerebri under external pressure, and the patient in the main recovered, though he had some slight paralytic symptoms. If in Dr. Maclaren's case pressure, external to the skull, had been applied to the tumor, Mr. Golding-Bird believed the patient would have done as well. He would ask, if eventually the patient quite recovered his mental functions.

Mr. Pearce Gould had treated one case of small protrusion by external pressure with lint, without making any impression on it. Although part of a motor tract was protruding, there were no paralytic symptoms. One day, the patient had a fit. Mr. Gould then shaved off the hernia, and opened an abscess in the brain beneath. The boy recovered, although he had at first slight paralysis of the fact on the opposite side. It must not be forgotten that hernia cerebri was of various kinds. In his own case, whilst suppuration was going on in the brain beneath, pressure on the hernia failed to do good. One should not look so much to the external application as to the condition of the brain below, on which he thought the result of the treatment rather depended.

Dr. Maclaren, in his reply, said that in his case external pressure of various kinds had been tried, and yet the brain, in spite of it all, protruded. The brain, in protruding, was opened out by the inflammation of its substance; so that, when it was sliced off, not so much of real brain-tissue was removed as one would at first suppose. A parallel case was that of fungating testicle. The man's intellectual faculties had never been of a brilliant character, and his language was Gaelic, so that it was difficult to judge if his mental functions were impaired.

A Case of Stramonium Poisoning with Peculiar Symptoms.

Dr. C. C. Gratiot thus writes in the *Association Journal:*

Between the hours of 7 and 8 p. m., on February 22, I was called in haste to see the child of Street Commissioner Thomas Lee, of Shullsburg, the messenger stating that the child was having convulsions. I arrived at the house within a few moments and found the patient, a boy three years of age, sitting in his mother's lap, his arms and hands outstretched as though to grasp some object. He would open and shut his fingers with deliberation, as though the object he was trying to grasp required some caution and skill to take hold of. After two or three minutes of such manœuvering he would make a sudden jump as though about to seize the object, and would then cry distressfully.

While his hands were thus employed his eyes were fixed, looking straight ahead as though watching something. The pupils were widely dilated, cheeks flushed, mouth dry, pulse fast and full, heart's action good but fast, and respirations increased.

There was also another hallucination. He would act as though something was approaching him from the opposite side of the room, and would point towards it; his eyes and facial expression would convey the idea that the object was after him, and coming nearer and nearer, until he became so agitated that he seemed on the point of having a convulsion.

These hallucinations would alternate, and the only thing that diverted his attention for an instant would be to offer him a cup of

water, which he took with a seeming relish. Turning down the light until the room was almost dark made no difference in his actions.

I was told by the parents that he had always been healthy; that he had been playing out of doors all day, ate a hearty supper, and that nothing wrong was noticed until a few moments before they sent for me, when he commenced to act in the manner described. I inquired if there was any medicine in the place that he could have taken, but could find nothing that threw any light on the case. While watching him and making these inquiries, I noticed that the symptoms were getting worse.

It occurred to me that the symptoms were those of belladonna poisoning. I administered an emetic of ipecac, gr. x., and a large quantity of water. He vomited in a short time, but there was nothing unusual in the ejected matters. I then gave small doses of morphia and bromide of potassium, and rectal injections to move the bowels, but without effect. After an hour he became more quiet, and fell asleep. After an hour's sleep he seemed somewhat better. The pupils were still widely dilated, but the hallucinations were not so vivid.

On telling a professional friend of the curious actions of the patient, he remarked that the symptoms were similar to those which he once saw in the cases of two children who had eaten stramonium; and it immediately occurred to me that such was the case with my patient. He vomited several times during the night, and would wake up and go through his performances; but not so badly as during the evening.

On the morning of February 23 he was much better. The crazy actions had disappeared, but the pupils were still considerably dilated, cheeks flushed, and he was very thirsty. He ate a good breakfast, and before night was apparently as well as ever. In the matters vomited during the night were a number of of stramonium seed. I found, on inquiry, that his father had kept a patch of stramonium plants in the corner of his yard, which he used in making ointment for horses. The boy had cut one of the dry stalks, which was hanging with pods full of seed, and had eaten a quantity of the seed. After finding the cause of the child's sickness, the mother remembered his bringing the stalk on the porch, and saying that he had cut a tree.

The case is of still further interest as showing that stramonium poisoning is quite possible in winter, if there be any of the dead plants about with pods full of seed.

Pelvic Tumor Complicating Pregnancy.

Dr. John W. Taylor thus writes in the *Brit. Med. Jour.:*

The signs and symptoms attendant on the case of pelvic tumor described by Dr. Horrocks in the *Journal* of March 6th, are so very similar to those which we have often found in Birmingham to be associated with distension of the Fallopian tube, that I may, perhaps, be pardoned for suggesting the possibility of the presence of this condition in the case which he has published.

If acutely distended, the tube may be of almost solid hardness; although, when examination is repeated, there will probably be found a time or times when there is some elasticity or semi-fluctuation, indicating the probable presence of fluid. The tumor is generally intimately adherent to the back of the uterus, and can be traced from its posterior surface towards one or both sides, according as one or both tubes may be involved. It is decidedly tender to touch, and feels, on hasty examination, very like a retroflexed uterus. It is more likely to be mistaken either for this or for a myomatous outgrowth (subperitoneal fibroid) than for any other condition. Because it is adherent to the uterus, it moves rather rigidly with that viscus, and does not disappear on the use of the uterine sound, as a simple non-adherent flexion of the uterus may do. It is generally accompanied by pain, increased before and during menstruation; although, for some reason or other, it is not always the side affected that is the chief seat of pain. Sexual intercourse is usually painful; but all symptoms may be in abeyance when the condition is one of hydrosalpinx, and is chronic and stationary.

When confined to one side, it forms no bar to the occurrence of pregnancy. I have had until recently a case under my care, in which the signs of a distended tube have existed for nearly two years. The symptoms have been but slight, and consequently no operation has been performed. The patient is now about six months pregnant; and the tube, although somewhat larger in size than before the pregnancy, has not at present occasioned any serious inconvenience or difficulty. It is a question, however, which only increased experience can determine, whether this condition, when existing during pregnancy and labor, does not expose the patient to rather serious risk.

Hemorrhage is not a very common symptom of tubal occlusion and distension, but, when present, is apt to be severe, and, when accompanied by signs so nearly resembling nodular myoma of the uterus, may be speci-

ally misleading. I operated on a case presenting these features on December 10th of last year. Excessive menstruation had existed for four years, and latterly the patient had been "scarcely ever free" from hemorrhage. If absent for a few days, it was brought on again by the slightest exertion, and invariably by sexual intercourse. On two occasions, it had been so severe that the surgeon attending her had considered it necessary to plug the vagina. On examination, a resilient rather egg-shaped tumor was found high up behind and to the right of the uterus, feeling as if part of the uterus itself.

On operation, both tubes were found to be acutely distended and adherent behind the fundus of the uterus. The ovaries were cystic. The appendages on each side were carefully separated from their adhesions and removed, and are now in the museum of the Queen's College.

Since the operation, the hemorrhage has been much less, but menstruation has not as yet entirely ceased.

While fully recognizing that conclusions drawn from the description of a case are not, *prima facie*, likely to be so reliable as those from personal observation, my chief purpose will be attained if I succeed in drawing attention to the fact that chronic hydrosalpinx, both by signs and by symptoms, may occasionally closely simulate nodular myoma of the uterus, and need differential diagnosis from that affection.

The Cocci of Croupous and Hypostatic Pneumonia.

Dr. Lebashoff publishes in the *Russian Weekly Clinical Gazette* an account of some observations made with a view to determine the frequency with which microbes are present in cases of croupous and hypostatic pneumonia. He examined sections, the liquid contained in the lungs, the contents of the smaller bronchi, and also the fluid of the cerebral ventricles, and in some cases the blood from the heart and large venous trunks. The ordinary methods of staining not being very satisfactory, the author undertook a series of observations for the purpose of improving upon them, and found that the best method of staining lung sections was to immerse them for from two to five minutes in an aniline solution of gentian violet, and afterwards for from four to fifteen minutes in an aniline or watery solution of eosin, then to wash them and dry them with alcohol, and finally to treat them with clove or cedar oil. By this method of staining the micro-organisms could be seen to be distributed in a very irregular way, usually in groups. The cocci found in the centre of a lobulus always preserved their ordinary form, and were strongly stained; while single cocci towards the circumference were often hardly to be distinguished, being but slightly stained. While some of the cocci presented a distinct envelope, others apparently of the same variety were seen close to them without any envelope at all. The size of the pneumococci was not constant, this being perhaps due to the manipulations the section had undergone in preparing them for examination. The cocci seen by the author entirely corresponded with those described by Friedlander. Altogether there were examined forty-eight cases, forty-one of croupous and seven of hypostatic pneumonia. In the latter class of cases it did not seem that any characteristic cocci were constantly present, while in the forty-one cases of croupous pneumonia Friedlander's cocci were found in the lung tissue in thirty-eight cases. In eleven of these the fluid of the cerebral ventricles was also examined, cocci being found in eight. In the earlier stages of the disease the number of cocci was small; this gradually increased, attaining its maximum when red hepatization was changing into grey. The blood was examined in twelve cases, but no pneumococci could be discovered. The observations were carried on by cultivations in jelly and inoculations of animals. For cultivations in jelly the liquid from the lungs, the blood, and the fluid of the cerebral ventricles were used. Two kinds of colonies were met with. One kind was obtained after inoculation not only of pneumonia, but of other diseases, and of putrescent blood. The second kind differed from these in being of a dull white without any admixture of gray, and in being distinctly raised above the surface of the jelly. This kind was only observed after inoculation from croupous pneumonia. From ten inoculations with pneumonic lung juice these colonies were obtained eight times; five inoculations with ventricular fluid were twice successful, and three inoculations with blood only once. Experiments with mice showed that when these animals were inoculated from colonies of the second kind they developed croupous pneumonia, and in one case out of three in which the greyish cocci were inoculated, croupous pneumonia also followed. The author remarks that further observations are necessary on this subject, since mice are very subject to croupous pneumonia, and it is possible that numbers of other micro-organisms may have the power of setting up the disease in them.

THE

Medical and Surgical Reporter.

A WEEKLY JOURNAL,

ISSUED EVERY SATURDAY.

D. G. BRINTON, M. D.,
JOSEPH F. EDWARDS, M. D., } EDITORS.

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OF

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IS BOAT RACING INJURIOUS?

On the whole, we would answer this question affirmatively. There can be no doubt that the excessive strain placed upon the heart as well as upon all other parts of the body, by the violent exertions always made to be victorious, must, in the majority of cases, result disastrously. The *London Lancet* evidently takes a different view, as is evidenced by the following quotation:

"The annual contest between Oxford and Cambridge for aquatic supremacy proved this year to be one of unusual severity, and two, if not three men in both crews, towards the end of the race, showed evident symptoms of distress. This fact has led to some sensational statements being made to the effect that some of the men will never get over the consequences of their exertions. We believe, however, that such statements have no real foundation, and, beyond the fact that the men were temporarily distressed, nothing like permanent mischief is likely to result. Some years ago, before the conditions of training were thoroughly understood, such rumors were frequent after each great boat race, and even very eminent medical authorities set their faces steadfastly against boat-racing as an exercise. But a close inquiry into the after-history of the crews of the Oxford and Cambridge boats has proved conclusively that the mortality among the heroes of the annual race is certainly not greater than among the average of university men generally. The names of Sir Balliol Brett, Bishops Wordsworth, Selwyn, and Macdougall, Dean Merivale, Hon. G. Denman, J. M. Croker, and F. M. Arnold, are well known as those of members of victorious crews more than forty years ago, who have survived up to quite a recent date—indeed, some are still living; and to these may be added names, less known to fame, who were still able to answer *Adsum* when the roll was called a few years since. Sir George Burrows, who is still living, has told us he took part in one of the earliest of the college races on the Cam, quite fifty years ago; whilst Lord Penrhyn, who has just died at the advanced age of eighty-six, was a member of a crew who, in 1824, performed the extraordinary feat of rowing, with five others, from Oxford to Westminster Bridge within sixteen hours, a distance of 118 miles, with many locks to pass through, in one of the heavy wherries and with oars of the period—a performance far more severe than rowing a four-mile race: for, with a heavy six-oared wherry, they had to keep up the pace continuously, except at the locks, for

sixteen hours, at eight miles an hour; whilst, with light outriggers, sliding seats, and improved oars, the pace of the racing eight is little over twelve miles an hour for twenty minutes. A reason in favor of boat-racing as an exercise is the fact that the progress from ordinary to severe exertion is made very gradually. The tyro who first commences to row has to learn first to manage his oar; as soon as his muscles get accustomed to the weight, he is taught to bring his whole muscular system into action to propel the boat; but this has to be done gradually, otherwise he will acquire awkward habits. As soon as he has learned to row, he begins to cultivate pace, but this has to be practiced cautiously, since if allowed to "blow" himself, he will soon row out of form; and it is only by degrees that the bursts are lengthened as the "wind" improves. Next, after considerable preparation, come the "trial" races, in which the men's physical and staying powers are closely watched; and then comes the final selection into the crack crew. The result is, that an unsound man is usually found out long before the severe trial comes; whilst, for sound constitutions, a course of systematic and careful training tends to improve the physical and vital powers, and fits men to undergo the strenuous exertions of a boat-race without injury."

Whenever we desire to prove any given point we can almost always find *exceptional* cases that *seem* to furnish this proof. But argument for a general principle based upon exceptional instances is fallacious argument, and we fear that the *Lancet* in its endeavor to uphold a sport that is very popular in England has erred on the side of leniency. Rowing (easy, lazy paddling) is no doubt very good exercise, but we fear that *racing* cannot be commended from a sanitarian's point of view.

CHOLERA AGAIN.

An English exchange says: "The reported recurrence of cholera in Brittany enforces the caution contained in our recent issue as to the danger this country may have to face during the rainy season, on account of cholera on neighboring coasts. For the moment no news is forthcoming as to the prevalence of the disease on the north coast of Spain, but there can be little doubt that cholera is prevalent in certain portions of Brittany, and especially in and about Treboul. Probably the disease is of a more or less sporadic character, and hence the denials as to the existence of Asiatic cholera; but whatever form the disease assumes, it is clear that it is an affection having very near affinities to the epidemic which prevailed in France in 1884 and 1885; and in view of the communications between the coast of Brittany and our own coasts by means of fishing-boats, etc., it is important that our port and riparian sanitary authorities should be on the alert."

We reproduce this paragraph, because we believe that a little "cholera scare" usually has a wholesome influence. While we fully appreciate the evil influence of *fear* when the disease is epidemic in a locality, yet, at the same time, we also know that an "*ante-epidemic*" scare is never to be regretted. We are quite sure that the citizens of Chicago do not regret the one hundred thousand dollars spent last year in putting their city in proper sanitary condition, money appropriated under the spur of a "cholera-scare," and we are also sure that the house-to-house visitation and the general "cleaning-up," has done no harm to our city. To be forewarned is to be forearmed. Because we did not have cholera last summer is not a valid argument that we will not have it next. The powder is laid; it requires but the spark of of sanitary neglect to set it ablaze, and the unguarded entry of but one vessel to devastate our country. "A word to the wise is sufficient."

PROFESSOR FORBES OF "THE JEFFERSON."

Could the late Emeritus-Professor, Joseph Pancoast, unite with the present Emeritus-Professor, William H. Pancoast, we doubt not that they would jointly congratulate the Jefferson Medical College in having so worthily filled the chair that has been graced by distinguished father and distinguished son for so many, many years. The Trustees of the Jefferson Medical College had a very delicate duty to perform, for among the candidates for the chair of anatomy were so many distinguished anatomists, all thoroughly capable of filling the chair, and some pre-eminently so, that it became a matter of no small difficulty to make the most fit selection.

The Trustees have decided. Dr. William S. Forbes sits in the "Chair of the Pancoasts," and we heartily and sincerely congratulate both College and Professor on this fact.

STATE SANITARY CONVENTION.

We desire to call special attention to the circular from the State Board of Health, in reference to the Sanitary Convention, which

we publish on another page. This is a splendid programme, the nature of the work of the convention is of vital importance, and we sincerely trust that the place of meeting will be filled to overflowing throughout the sessions of the Convention.

Notes and Comments.

Three Peculiar Cases of Pneumothorax.

Dr. Samuel West read a paper on this subject before the Clinical Society of London, of which the following is an abstract:

Case 1. Three months ago, the patient had sudden dyspnœa while in bed. There was no cough before, but cough and expectoration came afterwards. He was at work the day before the attack. Ten days before admission the dyspnœa gradually grew worse, with pain in the side. Pneumothorax of the right side, with effusion, was found. Tapped; 41 ounces sero-purulent fluid withdrawn. Pressure was high. Tapped again fourteen days later; 22 ounces removed. Complete recovery. The patient was living and well, and in active work, three years afterwards.

Case 2. Phthisis of nine months' duration. Pneumothorax of the right side occurred in hospital. Death, two days later, was chiefly due to choking, by contents of a large cavity forced by compression of the lung into the bronchi.

Case 3. Sudden attack three weeks before admission. Cough only for two months; that is, five weeks before the attack. Admitted for dyspnœa and hæmoptysis. Pneumothorax of the right side, with effusion, was found. Paracentesis, and 28 ounces of sero-purulent fluid withdrawn. Paracentesis, 36 ounces of pus, three weeks later. Spontaneous discharge of pus, by the puncture, occurred a few days later. Free incision. Two days after, hemorrhage from the pleura by the incision, and hæmoptysis for a few days. Death from exhaustion about twelve days later, without further hæmoptysis.

Remarks.—Case 1. (*a*) The cause probably phthisis. (*b*) Pressure high. (*c*) Composition of the gas. (*d*) The nature of the effusion. (*e*) The dilatation of veins. (*f*) Prognosis in pneumothorax.

Case 2. The chief cause of the dyspnœa in the case, namely, the discharge of the contents of cavities into the bronchi, was not often described.

Case 3. Aneurism of the pulmonary artery and pneumothorax were rarely associated. They were, as it were, opposed processes. The proposed treatment of profuse hæmoptysis by the artificial production of pneumothorax was criticised.

Decoction of Lemons in Intermittent Fever.

Having reviewed the literature of the subject (Maglieri, Stephens, Toropoff, Tommasi-Crudeli, Dominico Azzillo, Norman Forbes, Lauchlan Aitken, Putokhin), Dr. Nikolai N. Maslennikoff proceeds (*Kavkazsky Meditz. Sbornik*, vol. 39, Fasc. ii., 1885, p. 29) to describe his own observations on twenty cases of intermittent fever, treated by decoction of lemons in the Military Hospital in Temïr-Khan Shura, Dagestan region. Seven of the patients were affected by the fever for the first time, three for a second; those remaining had passed previously through several malarial attacks. In thirteen of twenty cases a quotidian, and in seven a tertian, variety was present. In sixteen cases the spleen was found to be enlarged and painful (in fourteen, both during the paroxysms and the intervals). The decoction was prepared after Maglieri's method, that is, every evening a whole fresh lemon was cut into very thin slices, put into eighteen ounces of distilled water in an earthen pot, and boiled (for two hours) until six ounces of decoction remained. On the next morning the liquid was forcibly strained through a piece of gauze, and then given to the patient to take immediately at several gulps. The decoction was used in that way for ten or fourteen successive days. In none of the patients did any gastric disturbances occur. The results obtained by Dr. Maslennikoff were not so successful as those by Dr. Putokhin. In only six cases, four of which were of quotidian fever and two of tertian, a cessation of paroxysms ensued. In two of the remaining patients, the paroxysms became less severe; and in three the type of fever underwent a change. In none did any alterations in size of the spleen take place. All cases where decoction of lemons had failed were subsequently, mostly very rapidly, cured by quinine. The general conclusion reached by the author is that, as far as severe Caucasian fevers are concerned, decoction of lemons has, except its agreeable taste and harmlessness, no advantages whatever over other substitutes for quinine.

Intolerance of Quinine and Morphine.

The free, popular use of quinine is always to be deprecated by physicians. It is a powerful drug, potent for evil, and must be only *intelligently* used. To point this caution we

note the two cases that Dr. F. A. Floyer reports in the *Brit. Med. Jour.:*

"Case 1. I was called to see a patient at an hotel, and found a gentleman, about 40 years of age, well built, recovering from a very severe attack of dyspnœa, which, apparently, had threatened to become fatal. The attack was sudden, and was accompanied by well marked urticaria, which appeared, in patches about the size of half a crown, all over his body. I ascertained that the cause of this disturbance was a dose of 'neuralgic drops,' which, on inquiry, was found to contain about 2½ grains of quinine. He had never been able to take quinine, and had before been attacked somewhat similarly on attempting to do so. Surely this has some bearing on the question of urticaria causing asthma.

"Case 2. Into the arm of a well-developed girl, aged 22, I subcutaneously injected one-twelfth of a grain of morphine. To my horror, she immediately turned deadly pale, threw back her head, and in a few seconds respiration ceased, and she was pulseless. Smelling salts was applied, although for the minute there was no perceptible respiration. She was to all appearance dead, but shortly began to recover. As soon as she could swallow, brandy was administered. Presently her eyes turned up, all color left her face, and she became violently convulsed. She recovered again, and, beyond feeling severe pain at the place of puncture, and the pain for the relief of which I gave the injection, she was quite herself. Shortly she began to experience the usual effects of the morphine, of which I only gave a small dose, as it was her first experience of the drug. I considered the symptoms to be the result of shock, due to the perforation of an oversensitive skin; especially as I found, on inquiry, that she had previously fainted on being vaccinated."

Catgut Suture of Patella.

At a recent meeting of the New York Surgical Society, Dr. A. D. Stimson exhibited a patella which, having had occasion to divide, he had subsequently united by catgut suture, but whether one or more he was unable to say. Union ensued without suppuration. About four months later, however, it was found necessary to excise the same knee-joint, and this afforded an opportunity of examining the patella, which also was removed. The line at which the bone was originally divided was practically invisible, and the specimen clearly demonstrated the capacity of catgut to retain the fragments of a divided patella in such apposition that firm bony union may result. In this case, however, the circumstances were immediately favorable to union; the fracture was clean and new, and was quickly united, whereas in ordinary examples of the injury encountered by surgeons neither of these conditions is likely to exist. In Dr. Stimson's case it is not unlikely that any method adopted for keeping the fragments closely applied might have been followed with precisely similar successful union, the wound being really united by first intention, and organization proceeding to the extent of osteogenesis. The author of the account expresses much regret at the omission he was guilty of in neglecting to make special note of the number of catgut sutures employed—whether one or more. But it really would seem that this is of little importance, for the same general result as he obtained would be gained whenever a fractured patella is forthwith placed under the conditions mentioned, whether by suture or otherwise.

Goitre.

This subject is discussed, as the writer saw it in the Himalayas, in the March number of the Dublin *Journal of Medical Science.* Beginning with a glance at its geographical distribution, which includes not alone large portions of these mountains, but also Tibit and Bhootan, and such remote regions as Yarkand and Kashgar—in other words, all the table-lands of Central Asia—Dr. Curran describes the treatment that is resorted to for it on the spot, and shows that this consists mainly, if not exclusively, in a very free use of the moxa. Illustrations in point are given, and our author asserts that the people are firm believers in its efficacy. He then discusses the etiology of the complaint, and setting aside as improbable or unproven the ice-water hypothesis as well as the weight-on-head carrying theory, as he calls it, he ascribes it to the secluded lives and impoverished surroundings of these poor people. He ascribes it, in a word, to heredity, breeding in-and-in, and especially to the "poor monotonous vegetable dietary" to which their "poverty rather than their will consents." Whatever we may think of this hypothesis, it has the undoubted merit of meeting all the requirements of the case, as these are seen or can be studied on the spot, and the paper will otherwise raise the repute of its author. We strongly commend the perusal of it to our readers, as well as to all who take an interest in the pathology or diffusion of this obscure malady.

The Tests for Cocaine.

In *Pharmaceutische Centralhalle* of March 26, H. Beckurts criticises the tests for cocaine given by the German Pharmacopœia Commission. These tests are—(1) That the alkaloid and its salts should leave no residue on ignition, and (2) should not give any color with sulphuric acid. While the latter test is sufficient to detect substances other than cocaine extracted from the leaves, it does not afford any color with decomposition products of cocaine which may be formed through the influence of acids and alkalies. Owing to various conflicting statements which have recently been made, the author was led to study the influence of the proportions of alkaloid and acid upon the non-production or production of color, and he finds that one of cocaine hydrochlorate gives a colorless solution with fifty of sulphuric acid, but with three to four times that quantity of acid a yellow to red solution is formed. He therefore concludes that if the test is to be of any value, the proportions must be stated; but he is inclined to abolish the test altogether, because some samples which he knew to be grossly impure responded favorably to it. For it Giesel's permanganate test might, with certain modifications, be substituted. This test depends upon the fact that a weak aqueous solution of potassium permanganate gives a copious violet-red precipitate with a soluble salt of cocaine. Beckurts finds that on the addition of the first five drops of permanganate solution the permanganate salts suffer reduction with separation of manganese oxide, and it is only when large excess of the solution is added that the violet precipitate separates. If there be any decomposition products present, these are detected by the bitter-almond odor on boiling.

Myxœdema with Flexures.

Before the Medical Society of London, Dr. Ord showed a woman who exhibited the typical features of myxœdema, and, in addition, flexure of the hands, etc., was present. These flexures were not very obstinate, and were probably functional in character. No affection of the sensory functions.

Dr. Stephen Mackenzie asked whether the flexures relaxed during sleep.

Dr. Beevor called attention to a certain tremulousness in the patient, and mentioned that Dr. Horsely had found similar tremors in animals whose thyroid gland he had removed.

Dr. Heron alluded to the lapse of time which occurred between a question and the answer, and said that patients had assured him that they understood the questions quickly enough, but were conscious of an inability to reply promptly.

Dr. Drewitt asked Dr. Ord whether there was any heredity in this case.

Dr. Ord, in reply, said that the spasm relaxed during sleep. The tremors noticed by Dr. Beevor were probably due merely to excitement. He had known at least three cases which appeared to be hereditary.

Spinal Sclerosis and Osteo-Arthritis.

Before the Medical Society of London, Dr. Ord also exhibited a case, apparently of disseminated spinal sclerosis. All the joints of both hands were deformed, being of the nature of osteo-arthritis. Considerable thickening of the joints, with ankylosis, existed; there was much muscular atrophy of the hands, and also a glossy skin. The tremors and rigidity of limbs had in great degree diminished. The association of several dystrophies with the spinal symptoms was very noteworthy. The osteo-arthritis and atrophy of muscle and skin had been present about three years. Probably the loss of power, tremors, rigidity, and trophic changes were all due to one and the same spinal affection. Dr. Beevor asked whether it might not be a case of paralysis agitans. Dr. Ord could not accept this view.

Complete Rupture of Kidney.

To the Liverpool Medical Institution, Dr. Macfie Campbell showed a complete rupture of the kidney. The patient was a boy aged nine years, who was run over by a fire-escape. On admission to the Northern Hospital he was much collapsed, and complained of pain over the navel and pubes. A small quantity of bloody urine was drawn off. Rupture of bladder was diagnosed, and the viscus was opened supra-pubically and a drainage-tube inserted. No rupture was found, and further exploration was impossible, on account of the lad's condition of collapse. He died in twenty-four hours.

Post-mortem.—The pelvis and abdomen were full of blood, and the left kidney was found completely divided across, the capsule even being ruptured.

On the Transplantation of Teeth.

Experiments have recently been made by Dr. Younger, of San Francisco, on the subject of the transplantation of teeth, with a view to their growth in the new position. It

would appear that, if proper precautions be taken to secure perfect apposition and cleanliness, the operation is often attended with success, and possesses many advantages over the use of false teeth. The inflammation of the gums, however, is somewhat persistent, and constitutes a drawback, from the inconvenience which results therefrom. Recourse to this method is more particularly indicated when the teeth to be replaced are front teeth, and essential both for appearance sake, and for perfect articulation.

Inversion of the Temperature Curve.

Dr. Coriveaud draws attention in the *Journal de Médecine de Bordeaux* to some cases of pneumonia in children in which the ordinary temperature curve was inverted. A similar observation has, it seems, been made by Damaschino, in a thesis published in 1867, as he says: "In broncho-pneumonia the evening exacerbation is not always constant. In some cases the fever is as high in the morning as in the evening; in others the morning readings are even higher than those taken in the evening." Hirtz, too, in his article "Chaleur," in Jaccoud's Dictionary, mentions that in acute phthisis the morning temperature is occasionally higher than the evening.

Correspondence.

A Few Thoughts on the Clinical Thermometer.

Eds. Med. and Surg. Reporter:

One of the results noticeable from the now general use of the fever thermometer that is extremely unpleasant to the general practitioner, especially when we have an endemic (slight or otherwise) of some of the forms of continued fever, is this: that the friends and even the patient, while they know little or nothing as to the variations of temperature, not even the normal temperature of the human body, after the thermometer has been used once or twice, thereafter demand to know the daily rise and fall, commenting upon each, and often ready to go off in a tangent if there be a perceptible rise, which, perhaps, the physician understands as the natural sequence of the disease, indicating simply the natural progress of the disease, but which cannot be made to correspond to the friend's idea, and a consultation of physicians is at once ordered, or, perhaps, the physician, fully able to take the continued charge of the case and conduct it through to a successful termination, is forthwith discharged and another called.

But this is not all; it occurs to us that the patient himself has learned to ask to see the record of his temperature—yes, demand it; and if refused, the effect is likewise bad and depressing, because he imagines he is refused because he is worse, etc., etc. One is driven to desperation frequently as to how to escape this unpleasant dilemma, and forced to resort to all sorts of expedients to detract the attention from the thermometer, while in some cases he skillfully manages to *shake* the index to a point that would please his patient. But all this is unpleasant, and one does not enjoy the deceit that one must resort to, or allow his patient to realize each day that he is gradually growing worse—if it be so. But what shall we do? I have known two or three families who have had some long-continued cases of fever in their homes, to secure a thermometer and retain it for their own satisfaction, and the profession will understand how much satisfaction they received, watching the sudden rising and falling of the temperature of a loved member of the family. But where is this going to end? In all families having their "thermometer," I fear, just as they have the regulation syringe. I hope not, for their own peace of mind and for the good of the profession—and especially the young doctor. His chances of retaining a case right through, I am afraid, would be slim, as how many times an elevation in temperature, perfectly under the control of the physician, would be the signal announcing his discharge. This reminds me of an incident occuring in my office yesterday, which illustrates how the most unlearned have already learned to depend upon the little glass instrument.

Mrs. —— with her daughter, after an opinion by myself that the daughter's trouble was purely "bronchial." "Sure," says the mother, "doctor, you didn't try the little glass thing that goes in the mouth? Sure, Mrs. Mc—— towld me that you would put a little glass thing in her mouth, and that would tell just where the disease was, entirely." I used the "little glass thing," and thereby suited the interested mother at once; and I dare say, that while my opinion was taken as absolute after using the thermometer, it would not have been taken had I not used it; but a doctor would have been found who used the "glass thing." Again, where will it end? Shall we practice regular deceit, or shall we bulletin at each visit the exact condition to friends and patient?

C. G. Hollister, M. D.
Union City, Pa.

Rhus Poisoning.

EDS. MED. AND SURG. REPORTER:—

In regard to the communication of C. E. D., of Bedford, N. Y., page 413, I may say that swamp sumach is *rhus venenata*, a shrub six to twelve or more feet high, compound leaves, seven to thirteen leaflets, nearly always found growing in wet or swampy places, quite poisonous, as I have occasion to remember. Rhus toxicodendron grows upon dry land, erect, decumbent, oftener climbing by rootlets upon rocks, trees, etc., leaflets in threes, poisonous to some people, but to a less degree than the former. In California we have rhus diversiloba, quite abundant on dry ground and along creeks, seldom seen climbing, although it will climb by rootlets; leaflets in threes, and seems almost if not quite as poisonous as rhus venenata. All through spring and summer (occasionally in winter), I see numerous cases of poisoning from this rhus (commonly known as poison oak), more or less severe according to the extent of surface affected. The best remedy I have found is the following:

℞.	Borax, pulv.,	℥ij.
	Acid, carbolic,	℥j.
	Morphia, sulph.,	grs. x.
	Pulv. acacia,	℥iv.
	Water, q. s. ad.,	℥viij.

M.—Agitate till solution is formed. Use with camel-hair brush.

The carbolic acid and borax doubtless help to kill the poison, while with a few brushings the skin becomes coated with the gum, and the irritation and pruritus are allayed.

I do not believe that the poison "lives in the system," although it is the belief of many of the common people, for which they take sarsaparilla and iodide of potash.

San Mateo, Cal., Apr. 9, 1886. L. D. M.

Tying the Cord.

EDS. MED. AND SURG. REPORTER:

Several months since an article was published in the REPORTER on "Tying the Cord;" since then, scarcely a number has been published that has not had an article on the subject. I do not wish to give an opinion on when, where, how, or why, to tie the cord, but simply to give a hint which I have learned from experience.

A few weeks ago I was called to confine a lady, and, as frequently happens, I arrived there some time after the child was born. The nurse had it washed and dressed, and, so far as the child was concerned, all was apparently well. I delivered the placenta and gave the woman the necessary attention; and a few moments thereafter was about leaving when my attention was called to the child, whose clothing was saturated with blood. Surmising its origin, I had the clothing removed and found simply a heavy thread wound around the cord several times, as we frequently find fingers done up.

Moral.—In such cases, always examine carefully the nurse's work.

N. C. MILLER, M. D.

Stroudsburg, Pa.

NEWS AND MISCELLANY.

State Sanitary Convention

UNDER THE AUSPICES OF THE STATE BOARD OF HEALTH,

In M'Caull's Opera House, Broad street below Locust, Philadelphia, Wednesday, Thursday, and Friday, May 12, 13, and 14, 1886.

The following circular, which we print as received, explains itself:

Commonwealth of Pennsylvania.

The object of this convention will be to afford an opportunity for an expression of opinion on matters relating to the public health and the discussion of methods looking towards an advancement in the sanitary condition of the commonwealth, the prevention of sickness and avoidable death, and the improvement of the conditions of living.

ORGANIZATION OF THE CONVENTION.

President.—Wm. Pepper, M. D., LL. D., Provost of the University of Pennsylvania.

Vice-Presidents—Hon. William B. Smith, Mayor of Philadelphia; Hon. James Pollock, Hon. J. F. Hartranft, Hon. Henry M. Hoyt, ex-Governors of Pennsylvania; Hon. Richard Vaux, Hon. Samuel G. King, ex-Mayors of Philadelphia; Hon. A. F. Mizener, Mayor of Erie, Pa.; Hon. Lewis C. Cassidy, Attorney-General of Pennsylvania; Hon. Wm. S. Stenger, Secretary of the Commonwealth of Pennsylvania; Hon. J. Simpson Africa, Secretary of Internal Affairs of Pennsylvania; Hon. Jerome B. Niles, Auditor-General of Pennsylvania; Hon. James I. Mitchell, Judge Court Common Pleas; Hon. James Gay Gordon, Judge Court Common Pleas; Hon. James H. Campbell, ex-Postmaster-General United States; Hon. Robert Adams, Jr., State Senator; Hon. A. K. McClure, editor *Times;* Right Rev. Willliam Bacon Stevens, D. D.; Right Rev. Edmund de Schweinitz,

D. D., Bethlehem, Pa. Right Rev. Cortlandt Whitehead, D. D., Pittsburgh, Pa.; General Presley N. Guthrie, Adjutant General of Pennsylvania; General J. P. S. Gobin, Lebanon, Pa.; General George R. Snowden, Philadelphia, Pa.; Colonel Richard S. Edwards, Quartermaster-General of Pennsylvania; Mr. Charles Emory Smith, editor *Press;* Mr. Robert S. Davis, proprietor *Call;* Mr. Louis N. Megarge, editor *News;* Mr. William M. Singerly, proprietor *Record;* Dr. Daniel G. Brinton, editor MEDICAL AND SURGICAL REPORTER; Mr. J. Clarke Davis, *Inquirer;* Mr. James R. Gates, President Select Council, Philadelphia; Mr. Charles Lawrence, President Common Council, Philadelphia; Mr. John Bardsley, Chairman Finance, Common Councils; Colonel William Ludlow; Mr. H. G. Sickel, President Board of Health of Philadelphia; Mr. A. A. Hirst, Secretary Board of Health of Philadelphia; Mr. John Wanamaker; Col. Robert P. Dechert, Controller of Philadelphia; Major Moses Veale, Health Officer of Philadelphia; Dr. Wm. M. Welch, Physician-in-charge Municipal Hospital, Philadelphia; Dr. Henry Leffmann, Port Physician; Dr. F. S. Wilson, Lazaretto Physician; Dr. Roberts Bartholow, Dean Jefferson Medical College; Dr. A. R. Thomas, Dean Hahnemann Medical College; Dr. P. D. Keyser, Dean Medico-Chirurgical College; Dr. Rachel L. Bodley, Dean Women's Medical College of Pennsylvania; Dr. R. J. Levis, President Philadelphia County Medical Society; Dr. William H. Pancoast, Emeritus Professor of Anatomy, Jefferson Medical College; Dr. D. Hayes Agnew, Professor of Surgery, University of Pennsylvania; Dr. William B. Atkinson, Secretary American Medical Association; Dr. P. H. Bailhache, U. S. M. H. S.; A. H. Fetterholf, Ph. D., President Girard College; Mr. Samuel C. Perkins, President Public Building Committee; Mr. Wm. B. Land, Secretary Public Building Committee; Mr. John Gay, President Commissioners of Fisheries; Mr. Samuel L. Smedley, Chief Engineer and Surveyor of Philadelphia; Mr. Wm. Dixey, Commissioner of Markets and City Property, Philadelphia; Mr. Cadwalader Biddle, Secretary Board of Public Charities; Mr. George A. Cotton, President Board of Port Wardens; Mr. Christopher Stuart Patterson, Secretary Eastern Penitentiary; Mr. Frederic Collins, President House of Refuge; Mr. A. M. Spangler; Mr. W. Heyward Drayton, President Directors City Trusts; Mr. Richard L. Ashhurst; Captain W. Stokes Boyd; Mrs. E. D. Gillespie.

Programme.

Owing to the large number of papers to be read, the committee earnestly request the participants to adhere closely to the apportionment of this programme. The audience are invited to take part in the discussions, which must be limited to *five minutes* for each participant.

WEDNESDAY, MAY 12.

Morning Session.

10 a. m. Prayer by the Rev. Matson Meier-Smith, D. D., Professor in the Philadelphia Divinity School. Introductory remarks by the President. Address of welcome by His Excellency, Robert E. Pattison, Governor of Pennsylvania.

11 a. m. "Prevention of Communicable Diseases." By Morton Prince, M. D., of Boston, Mass.

11:30 a. m. "An Epidemic of Diphtheria Traced to Its Source." By Benjamin Lee, A. M., M. D., Secretary State Board of Health of Pennsylvania.

12 m. "Tests for Impurities in Water." By H. F. Formad, M. D., of Philadelphia, Lecturer on Experimental Pathology, University of Pennsylvania.

12:30 p. m. "Necessity of Physical Education." By Carl H. Horsh, M. D., of Dover, N. H., Member State Board of Health of New Hampshire.

Afternoon Session.

2 p. m. "Importation of Foreign Rags into American Ports." By F. S. Wilson, M. D., Lazaretto Physician.

2:30 p. m. "Heating and Ventilation of Public School Buildings," as illustrated by the system introduced into the new High School building at Chester. By D. W. Jefferis, M. D., of Chester, Pa.

3 p. m. "Narcotic Appetites." By J. Lowry Sibbett, M. D., of Carlisle, Pa.

3:30 p. m. "Economic Sanitation." By Albert L. Gihon, M. D., Medical Director, U. S. N.

4 p. m. "Our Drugs and Medicines." By L. Wolff, M. D., President Pharmaceutical Examining Board of Philadelphia.

4:30 p. m. "Physic, Tippling, and Medicine Bibbing," a warning against intemperance in the use of drugs. By Frank Woodbury, M. D., Professor of Materia Medica and Therapeutics in the Medico-Chirurgical College of Philadelphia.

5 p. m. "Healthy Dwellings." By V. C. Vaughan, M. D., of Ann Arbor, Michigan, Member of Michigan State Board of Health,

Discussion by Mr. George N. Bell, C. E.,

of Newport, R. I.; Mr. William B. Land, Secretary Public Building Commission, Philadelphia; A. R. Thomas, M. D., Dean Hahnemann Medical College.

Evening Session.

Annual address before the Board.

8 p. m. "The Obligation of States and Citizens to Preserve the Health of the People." By Hon. Erastus Brooks, of West Brighton, N. Y., Member New York State Board of Health.

THURSDAY, MAY 13.

Morning Session.

10 a. m. "Drainage and Sewerage of Cities and Towns." By Colonel George E. Waring, Jr., of Newport, R. I.

Discussion by Hugh Hamilton, M. D., of Harrisburg, Pa.; John G. Richardson, M. D., Professor of Hygiene, University of Pennsylvania.

11 a. m. "The Relations which the Topography of Harrisburg, Pa., Bears to its Drainage and Sewerage." Illustrated by maps and charts. By Hugh Hamilton, M. D., of Harrisburg, Pa.

11:45 a, m. "The Majesty of Law in Sanitation." By Rev. J. Andrew Harris, D. D., of Chestnut Hill, Pa.

12:15 p. m. "The Prevention of the Spread of Scarlet Fever." By W. W. Vinnedge, M. D., of Lafayette, Indiana.

12:30 p. m. "Means of Elevating the Standard of Supplies." By Mr. H. Wharton Amerling, of Philadelphia.

12:45 p. m. "The Adulteration of Candy." By E. A. Heintz, Editor *Confectioner's Journal*, Philadelphia.

Afternoon Session.

2 p. m. "Heredity and Other Peculiarities Affecting Health and Longevity." By C. W. Chancellor, M. D., of Baltimore, Md., Secretary State Board of Health of Maryland.

Discussion by A. J. B. Jenner, A. M., M. D., of Detroit, Michigan; J. G. Richardson, M. D., Professor of Hygiene, University of Pennsylvania.

2:45 p. m. "The Duties of Sanitary Authorities in Reference to the General Use of Alcohol." By Prof. Henry Leffmann, M. D., of Philadelphia.

3 p. m. "Hygiene of Old Age." By Prof. H. C. Wood, M. D., of Philadelphia.

Discussion by Laurence Turnbull, M. D., of Philadelphia.

3:30 p. m. "The Influence of Overwork in the Production of Nervous Diseases and Insanity." By Prof. C. K. Mills, M. D., of Philadelphia.

4 p. m. "Defective Vision in School Children." By Prof. P. D. Keyser, M. D., of Philadelphia.

Discussion by A. J. B. Jenner, A. M., M. D., of Detroit, Michigan.

4:30 p. m. "Municipal Sanitation." By H. B. Horlbeck, M. D., of South Carolina, Health Officer of Charleston.

Discussion by Morton Prince, M. D., of Boston, Mass.

5 p. m. "Vaccination." By Dr. Wm. M. Welch, Physician-in-charge Municipal Hospital, Philadelphia.

Discussion by A. J. B. Jenner, A. M., M. D., of Detroit, Michigan.

Evening Session.

8 p. m. "Water Supplies of Towns and Cities." By Charles Smart, M. D., Major and Surgeon, U. S. A.

FRIDAY, MAY 14.

Morning Session.

10 a. m. "Artificial Feeding of Infants." By John M. Keating, M. D., of Philadelphia.

Discussion by Prof. Albert R. Leeds, M. D., of Stevens' Institute of Technology, Hoboken, N. J.; A. J. B. Jenner, A. M., M. D., of Detroit, Michigan.

10:45 a. m. "The Water Supply of Philadelphia." By J. Cheston Morris, M. D., of Philadelphia.

Discussion by Prof. Albert R. Leeds, M. D.; Charles W. Dulles, M. D., of Philadelphia.

11:45 a. m. "Mistakes in School Architecture." By J. H. McClelland, M. D., of Pittsburgh, Member of State Board of Health of Pennsylvania.

Discussion by Prof. P. D. Keyser, M. D., of Philadelphia.

12:30 p. m. "Disposal of Human Excreta by Fire." By W. S. Ross, M. D., of Madisonville, Ky.

Afternoon Session.

2 p. m. "Influence of Diet on Health." By A. K. Hills, M. D., of New York.

2:15 p. m. "The Financial Aspect of Sanitation." By Alfred Ludlow Carroll, M. D., West New Brighton, New York.

2:30 p. m. "Social Sanitation among the Japanese." By D. R. Simmons, M. D., of Yokohama, Japan.

3 p. m. "The Sanitary Significance of Sporadic Typhoid Fever." By Pemberton Dudley, M. D., of Philadelphia, member State Board of Health of Pennsylvania.

3:30 p. m. "The Causation of Pneumonia." By Henry B. Baker, M. D., of

Lansing, Michigan, Secretary Michigan State Board of Health.

4 p. m. "Care of Animals in the Propagation of Vaccine." By Prof. W. L. Zuill, M. D., Professor of Comparative Anatomy, Veterinary Department, University of Pennsylvania.

The balance of this day's session will b devoted to voluntary remarks.

Among the many distinguished gentlemen who have promised to be present and take part in the discussions, besides those already announced in the programme, we note the following:

Charles Mitchell, M. D., Health Officer of Nashville, Tennessee; John B. Hamilton, M. D., Surgeon General United States Marine Hospital Service; Hon. John F. Hartranft, Col. Wm. Ludlow, Adjutant-General P. N. Guthrie; W. C. Cook, M. D., County Health Officer, Nashville, Tennessee; Edward W. Germer, M. D., Erie, Pennsylvania, President State Board of Health of Pennsylvania; Mr. Samuel L. Smedley, Chief Engineer and Surveyor of Philadelphia; W. J. McClure, Health Officer, York, Pennsylvania; George Homan, M. D., Albert Merrill, M. D., Members Missouri State Board of Health; W. F. Hyer, M. D., Member Mississippi State Board of Health; Dr. David Engelman, Easton, Pennsylvania, Member Pennsylvania State Board of Health; G. H. Wilson, M. D., Member Connecticut State Board of Health.

The headquarters of the Convention will be at the St. George Hotel, where special rates have been made for those attending the Convention.

PEMBERTON DUDLEY, M. D.,
BENJAMIN LEE, M. D.,
JOSEPH F. EDWARDS, M. D.,
Committee of Arrangements.

JOSEPH F. EDWARDS, M. D.,
Chairman Com. of Arrangements, 224 S. 16th St., Philadelphia, Pa.

EDWARD W. GERMER, M. D.,
Pres. State Board of Health of Penna.

American Medical Association.

The American Medical Association has been in annual session during Tuesday, Wednesday, Thursday, and Friday of this week in St. Louis. At the session on Wednesday, the Secretary, Dr. Wm. B. Atkinson, of Philadelphia, announced that the committee on the President's address would consist of Drs. Murphy, of Minnesota, Gihon, United States Navy, and Garceelon, of Maine. The nominating committee selected by the state delegations was then announced, each state being entitled to one member. H. J. Sharp, of Liberty, acted for Pennsylvania. The committee at once went into executive session, and agreed upon Dr. E. H. Gregory, of St. Louis, for the office of president during the coming year.

The Rush Monument Committee, appointed at the last meeting of the Association, reported they had selected an enlarged committee of one member from each state and territory to secure contributions to the fund. The contributions, which are limited to $1 each, are to erect a monument to Dr. Benjamin Rush, a signer of the Declaration of Independence, founder of Dickinson Medical College, and the most prominent of the early American doctors. The Judicial Council decided to admit the illegal delegation of the Philadelphia County Medical Society, against which a protest had been made. Dr. Nicholas Senn, of Milwaukee, read a long paper on Abdominal Surgery, and was followed by Dr. C. Gordon, of Portland, Me., with a paper on the Diseases of Women. In the section of practice of medicine, of which Dr. J. T. Whittaker, of Cincinnati, is chairman, Dr. Wm. Pepper, of Philadelphia, presented an able paper on "Nitrate of Silver in Catarrhal Jaundice." In the section of experimental researches, Dr. Henry H. Smith, of Philadelphia, discussed the proper treatment of penetrating wounds of the abdomen.

Wednesday evening the delegates were tendered a reception at the great hall of the Merchants' Exchange. More than 1500 of St. Louis' best citizens appeared to do them honor. After the reception the ball took place, and proved to be the social event of the year. Thursday night receptions were given at the homes of society leaders in honor of the guests.

A full report will appear next Saturday.

Surgeons to the Pennsylvania Company.

The seventh semi-annual meeting of the Association of the Surgeons to the Pennsylvania Company will be held in the parlors of the Wiler House, Mansfield, Ohio, Tuesday, May 18, 1886, commencing at 8:30 a. m., standard time.

PROGRAMME.

Roll call.
Reading of minutes.
Reports of committees.
Unfinished business.
New business.

REGULAR PAPERS.

"Intestinal Obstruction," Surgeon J. J. Larkin, South Chicago, Ill.

"Diphtheritic Wounds," Surgeon John A. Chesney, Bucyrus, O.

"The Comparison of Cases as an Aid in Treatment," Surgeon M. L. Brooks, Jr., Cleveland, O.

"Conservatism in Railroad Surgery," Surgeon J. H. Davisson, Warsaw, Ind.

"A Case of Railroad Surgery," Surgeon J. G. Buchanan, Allegheny, Pa.

Volunteer papers.

Adjournment at 3 p. m., standard time.

TIME OF TRAINS OF THE P., FT. W. & C. R. R.

East.

No. 8 Express Mail	12:13 a. m.
No. 6 Express	10:40 a. m.
No. 4 Express	9:10 p. m.
No. 10 Pittsburgh	6:45 a. m.

West.

No. 1 Express	6:25 a. m.
No. 3 Express	7:40 p. m.
No. 7 Accommodation	4:52 p. m.
No. 9 Fast Line	12:28 p. m.

OFFICERS FOR 1886.

President.—W. H. Harper, M. D., Lima, Ohio.

Vice-President.—R. P. Johnson, M. D., Canton, Ohio.

Secretary and Treasurer. — R. Harvey Reed, M. D., Mansfield, Ohio.

Executive Committee.—Dr. J. H. Davisson, Warsaw, Ind.; Dr. A. W. Ridenour, Masillon, Ohio; Dr. G. W. McGarven, Van Wert, Ohio.

The Fifty-fourth Annual Meeting of the British Medical Association.

We understand that the arrangements for the forthcoming annual meeting at Brighton are well forward. Owing to the lamented death of Dr. Austin Flint, it has become necessary to find another gentleman to read the Address in Medicine. The choice has fallen on Dr. Billings, of Washington, who has signified by telegraph his willingness to accept the office. The international character of the meeting will thus be still maintained. It is also hoped that Professor Charcot will be present, and will take part in the discussions. To turn to another side of the picture, we hear that Sir Thomas Brassey has placed his world-renowed yacht, the "Sunbeam," at the disposal of the Association for four days during the meeting. For sea-going members, a trip in the "Sunbeam" in August will be delightful, especially if its distinguished owner (who has expressed a wish to do all in his power to promote the success of the meeting) be able himself to be present. On Wednesday, August 11, Sir Julian Goldsmid has invited the Association to an afternoon garden-party at St. Ann's Well, the old chalybeate spring of Brighton. The excursions already arranged include visits to St. Leonard's, Hastings, Tunbridge Wells, Eastbourne, and Chichester; and to Arundel Castle, by invitation of his Grace the Duke of Norfolk. We shall give further particulars as time goes on. For the present, signs such as these show that the local executive is actively at work; and that not only they, but the profession and residents of the town of Brighton, intend to do their utmost to render this an agreeable as well as an important meeting. From all accounts, it bids fair to be both.

Adulteration of Food.

Mr. Edwin W. Martin delivered a lecture last Wednesday night in the lecture-room of the School of Mines at Columbia College, New York, on "Adulteration of Food." The lecture dealt with only the commonest frauds practiced with ordinary articles of consumption. Mr. Martin spoke first of the matter of water contamination, and next of adulteration of milk. In speaking of the lactometer and its value as a test, he disagreed with the adverse criticism that has recently been passed on the instrument. Within a certain range he considered it perfectly trustworthy. Among other experiments the lecturer manufactured milk from chemicals, fats, etc., as was done during the siege of Paris. Some time was given to the consideration of tinned goods and the dangers they contain. For much of the adulteration now practiced, the lecturer said, the public were to blame. In the case of peas, nine out of every ten of the consumers would reject the pure article as of "bad color;" hence the use of adulterants. The French are adepts at this coloring of vegetables, which has recently been prohibited. In turn, the adulteration of condiments, confectionery, tea, coffee, bread, flour, and other common necessities of life, was investigated. Mr. Martin said, in conclusion: "Many of them are frauds on the purse rather than the stomach, but the principle is bad enough to be utterly condemned."

—Dr. T. Gaillard Thomas has removed from 294 Fifth avenue, New York, to 600 Madison avenue, between Fifty-seventh and Fifty-eighth streets.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE WEEK ENDED APRIL 24, 1886.

Long, W. H., surgeon. Granted leave of absence for seven days, April 24, 1886.

Banks, C. E., passed assistant surgeon. Granted leave of absence for ten days, April 20, 1886.

Armstrong, S. T., passed assistant surgeon. Granted leave of absence for five days, April 20, 1886.

Items.

—Ohio will soon have a State Board of Health.

—The death is announced of Dr. Joseph Nowak, Professor of Hygiene in the University of Prague.

—Dr. E. T. Wells has been appointed to the Chair of Materia Medica in the College of Physicians and Surgeons, of Chicago, Ills.

—M. Vulpian has been elected, after a sharp contest with M. Milne Edwards, as permanent secretary to the Physical Science section of the French Academy of Sciences.

—The *Dakota Medical Brief* is a new journal which will published at Mitchell, Dakota. It is to be issued monthly, and edited by F. Andros, A. M., M. D., and H. S. Sevey, M. D.

—Dr. Jendrássic has found in cases of cardiac dropsy that calomel causes well marked diuresis, which dissipates the dropsy and œdema. The effect, "a sort of diabetes insipidus," comes on in twenty-four hours by giving one and a half grains of the drug three to five times a day. Salivation and sore mouth are prevented by using a gargle of chlorate of potash from the first.

—The Ohio Sanitary Association has elected the following officers for the ensuing year:

President—Dr. S. H. Herrick, Cleveland.

Vice-Presidents—Professor E. T. Nelson, Ph. D., Delaware; Dr. W. H. Phillips, Kenton; Dr. C. T. Langdon, Westerville.

Secretary—Dr. R. Harvey Reed, Mansfield.

Treasurer—Professor John Simpson, Ph. D., Mansfield.

OBITUARY NOTICES.

Reynell Coates, M. D.

Dr. Reynell Coates, a physician well known in this city in former years, died at his residence in Camden on Tuesday of last week, of pneumonia. He was eighty-four years of age. Dr. Coates had an eventful career and was successful as an author, politician, and scientist. He was born in this city in 1802, and his father was the Quaker philanthropist, Samuel Coates. He received his medical diploma at the University of Pennsylvania in 1823, and made a voyage to Bengal as surgeon of an Indiaman, after which he settled down to the practice of his profession on shore. He was a man of fine personal appearance and of great courage. It is related of him that in 1829 he had a wordy dispute with President Andrew Jackson. The debate became so warm that the President, fearing he might lose his temper, turned his back on the young man, but was wheeled suddenly about and received a stinging slap in the face. Dr. Coates frequently spoke of this incident in the latter years of his life, but became greatly incensed if any one criticised his action.

In 1836 Dr. Coates became attached to the scientific corps of the South Sea expedition, at that time considered a stupendous undertaking. The expedition was under the command of Commodore Jones, and Dr. Coates was placed at the head of the department of comparative anatomy. When the scheme broke up a new expedition was formed, but Dr. Coates became detached from the service.

He drafted the address of the Native American party in 1844, and wrote the widely-known poem, "The Gambler's Wife."

In 1845, after the death of his wife and only child, Dr. Coates moved to Camden, where he has lived ever since.

Hiester H. Muhlenberg, M. D.

Dr. Hiester H. Muhlenberg, of Reading, Pa., died May 5, at the age of 75 years. He studied medicine with Naval Surgeon Thomas Harris, and graduated from Dickinson College afterward. At the panic of 1837 he was called upon to take charge of the Farmers' Bank, was elected its cashier, and served in that capacity from that time to January last. Dr. Muhlenberg was a lineal descendant of Peter Muhlenberg, the patriot preacher of the Revolution. His mother was a daughter of Gov. Hiester, of Pennsylvania.

QUERIES AND REPLIES.

London Paste.

EDS. MED. AND SURG. REPORTER:

Please inform me how *London Paste is made.*

London, Ontario.

Ans.—Dunglison says, "A paste made of equal parts of caustic soda and unslaked lime in powder, prepared as a paste with water, when required for use."

EDS. MED. AND SURG. REPORTER.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1524.] PHILADELPHIA, MAY 15, 1886. [Vol. LIV.—No. 20.

Original Department.

Lecture.

LECTURES ON INSANITY.

DELIVERED AT THE UNIVERSITY OF PENNSYLVANIA.

BY CHARLES K. MILLS, M. D.,

Lecturer on Mental Diseases in the University of Pennsylvania; Consulting Physician to the Insane Department of the Philadelphia Hospital; Neurologist to the Philadelphia Hospital; and Professor of Diseases of the Mind and Nervous System in the Philadelphia Polyclinic.

Reported by William H. Morrison, M. D.

Lecture IX.

ORDERS OF COURT IN CASES OF INSANITY—PROVISIONS OF THE PENNSYLVANIA LUNACY LAW—THE EMMA BICKEL CASE—THE NUTT CASE—POWER OF THE COMMITTEE OF LUNACY—DANGERS OF PHYSICIANS—THE HAAS CASE—A PERSONAL EXPERIENCE.

Gentlemen: The insane can also be placed in asylums or hospitals for the insane by order of court. Usually such orders are given in criminal cases. All cases sent to State and other hospitals for the insane, however, by order of court, are not criminal in character. To illustrate, the State Hospital for the southeastern district of Pennsylvania, located at Norristown, Pa., receives many free patients from the counties included in this district. In these cases the papers are prepared and taken before a judge of any one of the courts, before whom the relatives or friends of the patient make affidavit or affirmation that they are unable to support the patient; and if thought necessary, other questions are considered by the court, and then an order is made. In this connection it might be well to consider at once the discharge of cases by order of court.

Section 29 of the lunacy law of Pennsylvania of 1883 reads as follows: "The provisions of this act, in respect of the admission or discharge of patients, shall not extend to insane criminals in custody. Such persons shall not be received except when delivered by a sheriff of the county, or his deputy, together with an order of the court of the county in which he was arrested or convicted, having jurisdiction of the offense, under seal of the court, and signed by a law judge, nor shall such criminals be discharged from a hospital or other place of detention for the insane, saving on a like order, and to the sheriff, or his deputy, producing such order; and while detained as an insane person, such criminal shall be so kept as to insure his detention until duly discharged. Whenever any person, detained in any gaol or prison is insane, or in such condition as to require treatment in a hospital for the insane, it shall be the duty of any law judge of the court, under whose order the person is detained, upon application, to direct an inquiry into the circumstances, either by a commission or otherwise, as he shall deem proper, with notice to the Committee on Lunacy, and if the judge shall be satisfied that the person confined requires treatment in a hospital, he shall thereupon direct the removal of the said person from the gaol or prison to a State hospital, which order shall be executed by the sheriff of the county, or his deputy, and the actual expense of such removal and the expenses of maintaining the person in the hospital, shall be paid by the county liable for the maintenance of the said

person in the gaol or prison from which he is removed."

The provisions of this section are very clear, and do not require much elaboration or explanation by me. Difficulty is more likely to arise from the discharge rather than the admission of patients under this section. We have recently had in this city an interesting case of this kind. Section 30, relating to the discharge of patients committed by order of court, and which defines the duties of officers of the institutions in this connection, is as follows: "The trustees, managers, and physicians of any hospital in which a criminal is confined by order of any court, or in which a lunatic has been committed after an acquittal of crime, shall not discharge, release, or remove the prisoner or lunatic without the order of a court of competent jurisdiction; and in case such lunatic, whether a convict or acquitted, is not set at large, but is removed to any place of custody other than a hospital, the order for removal shall not be made without notice to the committee of lunacy, and time given them to investigate the case and be heard on the application."

Every now and then it happens that a person who has been acquitted of homicide or other serious offense on the plea of insanity, and has been sent to a hospital for the insane by order of court, in a comparatively short time makes application through counsel for discharge on the ground of recovery from their insanity. The Philadelphia case to which I have just alluded is the now notorious "Emma Bickel case."

Emma Bickel, it may be remembered, shot and killed a man named Mennow. Both of these individuals were well known in the part of the city in which the tragedy occurred. Emma Bickel, whose maiden name was Sperry, married Bickel when she was only sixteen years old. The couple separated and she began to keep company with Mennow. It was, by some, believed that they were married. Both parties claimed at different times that they were married, and again that they were not married.

Trial lasted for several days. Testimony as to insanity in the family of the accused was introduced. The only expert testimony in favor of insanity given was by Dr. Henry C. Dwight. The commonwealth brought forward the testimony of Drs. Butcher and Sharp of the County Prison against insanity. Strong pleas to the sympathy and passions of the jury were made by the defendants of the prisoner, Col. Isaac Shields and A. S. L. Shields, esq. After a short deliberation, the jury acquitted the prisoner on the ground of insanity, and she was soon sent to the Norristown Hospital for the Insane on the order of Judge Mitchell.

After remaining in this institution for several months, application was made through the counsel who had defended her on the trial, for her discharge. A writ of habeas corpus was taken out, and the case came before Judge Mitchell for decision. In support of the application for discharge, a letter was presented from Dr. Alice Bennett, the Superintendent of the Female Department of the Insane Hospital, who certified that "Emma Bickel was not of unsound mind, and that she has been fully restored to mental sanity, and no longer needs the remedial care of the hospital aforesaid or any other, and therefore I respectfully recommend the discharge of the said Emma Bickel from the custody of said hospital authorities."

Testimony as to the present sanity of the patient was also given by a friend. Dr. Rebecca S. Hunt, assistant physician of the female branch of the Insane Asylum at Norristown, also testified that Emma Bickel had completely recovered her reason, and that it was safe for her to be at large. Dr. Thomas G. Morton, a member of the Committee on Lunacy, testified that he had examined the woman at the hospital, and that she appeared to him to be sane. On cross-examination, however, he said that if he took the finding of the jury of the fact, he should say that it would be unsafe to liberate her. After argument by the District Attorney and Mr. Shields, the question went to the Judge for decision. Mr. Shields' argument was that the woman had not been sent to the asylum as a punishment, but merely that she might remain until she had recovered her reason; and having regained her reason, she had an absolute right under the act of 1874 to be discharged.

Mr. Graham replied that the act of 1874 was not the only one applicable. That act, he held, was not intended to repeal the act of 1869, and was not repugnant to it, and consequently they could stand together. The act of 1874 applied to cases committed under it, and was intended to remedy defects in the old laws of 1844 and 1860, and it simply enlarged the power of the court vested by the act of 1869. He held that the evidence clearly established in the words of the act of 1869 that it was not safe for the woman to be at large.

During the hearing of the writ of habeas corpus, a most important and interesting side-question came before the judge for de-

cision. It was shown by the evidence, and admitted by Dr. Bennett, that on four occasions Emma Bickel had been permitted to leave the hospital—twice accompanied by an officer of the institution, once by a friend, and once unattended. The physician was apparently under the impression that she had a right to grant parole to such a patient, and allow her to go out for her health or other purposes, properly attended, as she would in cases not criminal.

The district attorney held that by so doing she had violated the law, and had even rendered herself liable to punishment in allowing a crazy murderess to wander through the streets.

Judge Mitchell rendered a decision with reference to the case, from which I will quote the most salient points:

"The verdict of the jury is conclusive of the fact of insanity up to the time to which it refers. The fact of insanity was the main fact in issue at the trial; the witnesses gave testimony as to it, the experts gave opinions, the counsel made their arguments pro and con, and the judge in this case expressed plainly his views as to where the weight of the evidence lay. Yet all these were mere preliminaries to the finding of the jury. Whether witnesses or experts, or counsel or judge, agreed or disagreed with the jury, was of no consequence. The jury were the tribunal appointed by law to decide, and their verdict was final and conclusive of the question. The prisoner appealed to this defense, and it served her purpose at the time. She must take the burden with the benefit. The verdict protected her from the penalty of murder, but it also protected society from the danger of her presence until there should be evidence of a substantial change in her condition. No such evidence has been presented in this case. On the contrary, the testimony of the hospital physicians is that the prisoner's state of mind is the same as when they first saw her.

"This case comes directly within the act of April 20, 1869, which provides that where any person is acquitted on the ground of insanity, if the judge is satisfied that the paroxysm of insanity in which the criminal act was committed was the first and only one the prisoner had ever experienced, he may order an unconditional discharge; but, if such paroxysm was preceded by at least one other, the judge may appoint a guardian for the person, taking security for such damage as he may commit, etc., but coupled with the important proviso that, in cases of homicide, or an attempt at homicide, the prisoner should not be discharged, 'unless in the unanimous opinion of the superintendent and managers of the hospital and the court before which he or shed was tried, he or she has recovered and is safe to be at large.' It was earnestly contended by the prisoner's counsel that this act was repealed by the act of 1874, but I cannot concur in that view. This act is conclusive against the prisoner's discharge at the present time. Not only have the managers of the hospital not certified that she is now 'safe to be at large,' but, even if they had, the evidence at trial would compel me to think differently."

In reference to the complaint that the prisoner had been allowed on several occasions to leave the hospital without a keeper, the judge said:

"This was in violation of the order of court, which prescribed 'strict custody.' This order has all the attributes of a judicial sentence. It is an order providing for the custody of the prisoner, based, under authority of the statute, upon a verdict on an indictment for felony. It therefore carried with it, by its own inherent force, the obligation of obedience from those to whom it was directed, and a violation of its terms would not only be subject to the summary jurisdiction of the court for contempt, but, if wilful, would be within the penalty of the criminal law against jailors and other officers permitting an escape. I am, however, satisfied that the violations of the order in this case were the result of misapprehension merely. The law invests the superintendent and managers of insane hospitals with a large amount of discretion as to the liberty to be allowed patients under their care, and the physician in charge failed to appreciate the distinction between the prisoner and an ordinary patient. The distinction, however, is plain and important. As to persons confined under an order of court, the discretion of the hospital authorities must be exercised at all times in subordination to the terms of the order."

He continued:

"In view of the expressed opinion of the physician in charge that this prisoner is not a proper subject for remedial treatment, I am in doubt whether I ought to remand her to the hospital. The subject is full of difficulties. Under the verdict of the jury it would be a violation of her rights to confine her in prison as an ordinary criminal, and there is unfortunately no special place provided, as there should be, for the care of the criminal insane. As the law, however, points out the way in which the original order of commitment may be modified, I leave it for

the present without change. Either the hospital authorities, or the Lunacy Committee, of the Board of Charities, or the District Attorney, may apply for a modification of the order, and the matter can then be fully considered on a hearing where all parties with any interests involved will be entitled to be present or represented. The writ of habeas corpus is dismissed, and the relator remanded."

I was retained with Dr. H. C. Wood, by the District Attorney, to resist the application for the release from the asylum under the writ of habeas corpus, in this case. Neither of us was called upon to give testimony, however, although present in court and acting as advisory experts, because the evidence offered in favor of her discharge was not considered sufficient by the District Attorney to require any special medical opposition. This woman should not have been released. The evidence taken on the trial was not submitted to us. The jury found her to be insane, and acquitted her on this ground. If she were insane at the time of the first trial, nothing was presented during the habeas corpus proceedings to change the grounds for such verdict. Such procedures as were adopted in this case, and also in the recent well-known case of James Nutt, are particularly calculated to bring the plea of insanity in criminal cases into disrepute. I do not say that the plea of insanity was not a good one in both of these cases. I am not now discussing this aspect of the question. It may or it may not have been. In the Emma Bickel case, a person acquitted of a heinous offense, as she had been on this plea, should not, in my opinion, have been released so soon, if at all. Much in her history indicated that, whether sane or insane, she was a dangerous character.

Let me in passing say a few words about the Nutt case. James S. Nutt killed Nicholas Lyman Dukes, the murderer of his father and the defamer of his sister. If ever a killing was justifiable, it was in this case. The counsel who defended Nutt decided to use the plea of emotional or impulsive insanity. Much in the family history of Nutt, and also in the history of his own life, was brought to sustain the view that he was mentally weak or unsound. The circumstances of his father's death, and the aspersions upon his sister, were calculated to unhinge a mind not very strong. Several prominent physicians testified under oath their belief in his insanity. Strong appeals, however, were made to the jury both on the plea of insanity and on the general features of the case. The judge summed up the evidence in what might be considered, under the circumstances, a judicial spirit, although the charge was not of a very positive character. He said, among other things:

"The conclusion I have arrived at is this: In order to acquit the prisoner, the jury must find from the evidence that he was subjected to a power greater than his will. For my part, I have little faith in that insanity which shows itself for a moment and then flies away, leaving no trace behind it. You have no right to infer insanity from the act, but may consider in connection with the killing any peculiarity of action on the part of the prisoner. You have the evidence of expert witnesses, which must be valued as the jury see fit, for they are usually selected with a view to their ability to give favorable testimony, and very often for hire.

"The actual line between sanity and insanity is not easily drawn. This is a serious query for us to face, but we must meet it. You must be careful to distinguish between the act of a sane mind and person and the act of an unsound mind. If you acquit him, you must state that you do so on the ground of insanity. If Nutt has been shown by a fair weight of testimony to have been irresponsible, he should be acquitted. If by a fair weight of testimony he has been shown to be sane, he should be convicted in some degree of crime. The Commonwealth does not demand an acquittal any more than a conviction, but she does demand a just verdict."

The jury, after some hours' consideration, rendered a verdict of acquittal because of insanity. Immediately after the verdict was rendered, one of the counsel for Nutt moved for the discharge of the prisoner. He was, however, detained a short time, and was examined by three or four physicians, who testified that he was now quite sane, and within twenty-four hours of the close of the trial he was set at liberty by order of the court.

Of course, in such cases public sympathy and the sympathy of all honorable men is with the accused, but some other method for justification should be found. It is a farce to bring witnesses to prove through family history and the life history of the individual his insanity, and after demonstrating this, within a few hours prove the person to be sane. While such a course may result in practical justice, and bring about a just retribution, it is calculated to do injury in other cases in which the plea of insanity is properly used.

The insane patient may not only be dis-

charged by the superintendent and management of the hospital, by order of court, and by the various other methods described, but there is in this State at least still another authority, namely, the Committee on Lunacy of the Board of Public Charities. The section defining the authority of this committee in this matter is as follows:

"The Committee on Lunacy may, at any time, order and compel the discharge of any person detained as insane (other than a person committed after trial and convicted of crime, or by order of court), but such order shall not be made unless notice be given to the person having charge of the building in which the the person is detained, and to the person or persons at whose instance the patient is detained, and reasonable opportunity given them to justify a further detention, and the committee shall not sign an order of discharge unless they have personally attended and examined the case of the patient."

This authority has been exercised somewhat frequently in this State during the last year.

Let us next discuss certain questions in reference to the dangers of physicians in connection with cases of insanity. Some of these dangers have become apparent in the discussions in reference to methods of admission and discharge. Physicians are somewhat frequently sued for malpractice, false imprisonment, or on other charges, and are even more frequently threatened with such procedures. In a number of instances in the history of Philadelphia courts, decisions have been rendered against the physicians in the cases.

A recent case and one of some interest is not yet finally decided, although it has been before the courts several times. This is what is sometimes known as the "Haas case." Frederick Haas, an old man, was committed to the State Hospital for the Insane at Norristown, August 31, 1883, on a certificate signed by Drs. A. A. McDonald and Wm. E. Hughes. The superintendent of the asylum refused to keep Haas after he had been at the institution a short time, and the order for his admission was revoked. It was charged that consigning him to the hospital was the result of a conspiracy, in which his wife and daughters and one of the physicians were involved. A criminal suit was subsequently brought by Haas against the physicians. The case was heard before Judge Allison, who, upon hearing the testimony and also the statements of physicians, who, as witnesses, declared their belief in the competency of the gentlemen who signed the certificate, dismissed this criminal suit. Even this did not stop the annoyance to the physicians. A civil suit for damages was brought by Haas and some members of his family against the physicians. It was urged that there was negligence in certifying that the plaintiff was insane. The case was heard before Judge M. Arnold. Dr. Wood and myself testified that the physicians had sufficient ground on which to base an honest belief in the person's insanity. The physicians themselves testified to the examinations they had made, which certainly did not lack in thoroughness so far as could be judged. The case went to the jury, which brought in an extraordinary verdict—one which mulcted one of the physicians in small damages, and allowed the other to go free. The verdict was set aside by the judge, and the case will probably again come up for decision. This case will be sufficient to put you on your guard as to signing such certificates.

I will close with a recent personal experience. About a year ago, in connection with another physician, I made affidavit to the insanity of a business man. The case was to my mind a well-marked example of paretic dementia, or general paralysis of the insane, merging into the middle period of the disease. The man had epileptiform attacks, had disorders of speech, had remarkable delusions of importance and wealth in the shape of great projects, had also delusions of having committed certain crimes, and was subject to violent outbreaks. The examination was made upon the request of the wife and sisters, and personal friends of the individual. He was sent to the Pennsylvania Hospital for the Insane. After being there for a few weeks, he improved, as many of these cases do, temporarily. From the first, of course, he wished to be released, and denounced the physicians who had sent him there. Some members of his family, who had been anxious to have him placed under restraint, became worried about detaining him, owing to his improvement, and they called on me for advice. I told them that I did not believe that he had recovered, and that he had simply one of those remissions which often occurred in the disease, and that if he were discharged he would speedily get into trouble again, and they would have double difficulty in placing him once more in an institution. By his own request, he was visited by lawyers, by members of the Committee on Lunacy, and by a former physician. This physician, a friend of mine, began to think that the patient might possibly be allowed to be at liberty, at least for a time. Finally, he was

discharged. Immediately on being released, he secured the services of lawyers, who seemed ready enough to take hold of the case, and bring a criminal or civil suit, or both, against the other physician and myself. The lawyers made strong efforts to get the physician who had favored the temporary release of the patient to testify in some way against the physicians who had signed the certificate. This he refused to do, stating his belief that they were justified in what they did, and that if suit were brought, he would take the stand in their favor. Numerous efforts of this kind were made without success. In the meantime the evidence of the insanity of the patient again developed and multiplied; he became troublesome, and dangerous to himself and others. Physicians were now called upon to examine and certify to his insanity, but refused, and it was found necessary finally to have a commission or inquisition in lunacy. This was held, and the man again declared insane; and he was sent, by order of the court, to a State hospital, where he now is, a well-marked example of advancing paretic dementia.

Communications.

ON THE NUTRITIVE VALUE OF SOME BEEF EXTRACTS: AN EXPERIMENTAL INQUIRY.

BY THOMAS J. MAYS, M. D.,

Of Philadelphia.

(*Concluded from page* 582.)

The apparatus which was employed in testing the food value of the beef extracts was the following: The heart, by means of a double cannula, on which it is securely but gently tied, is attached to a Kronecker-Bowditch heart apparatus, and then, through a mercury manometer, and an appropriate glass needle it records its pulsations upon a revolving cylinder. The heart is fed or transfused through the double cannula from two Mariotte's bottles, with any desirable fluid; and in order to keep it pulsating regularly, minimum shocks of one Daniell's cell, through a DuBois sliding induction coil, were employed about every four seconds. Before testing the beef extracts; the heart was in every instance well washed out with a 0.6 per cent. saline solution, after which it was allowed to work with the same until all its stored-up material was exhausted and its pulsations reduced to zero. Then a weak solution of the inorganic elements of the beef extracts, chiefly containing phosphate and carbonate of potash, and chloride of sodium, was carefully tested on the heart to find out whether it had any power to induce cardiac contractions, but it failed in every instance. The same was also found to be true of a solution of urea whenever it was tried. After this preliminary work a number of different dilutions of a beef extract previously prepared with an 0.6 per cent. saline solution (usually in the following proportions: 1 : 100; 1 : 250; 1 : 500; 1 : 666; 1 : 1000; 1 : 2000; 1 : 4000) were alternately introduced into the heart and their effects noted. The stronger dilutions, like 1 : 100 to 1 : 500, had no influence whatever in restoring cardiac contractions; but in every specimen which was examined the dilutions from 1 : 666 to 1 : 2000 had the power of reviving and of maintaining the beats of the heart.

In this experiment the heart was filled with a 0.6 per cent. saline solution and allowed to work with it until it was fatigued, and this was repeated, and the pulse elevations grew after each filling, not because the saline solution conveyed any nutriment to the heart, but because it had not consumed all the energy stored up in its walls. And neither the phosphate of potash nor the saline solution could revive the heart, showing that its whole store of energy was exhausted. Valentine's Meat Juice was introduced and the pulsations grew to about half their original height. The other beef preparations which were examined in the same manner as Valentine's Meat Juice were Reed & Carnrick's Beef Peptonoids, Parke, Davis & Co.'s Sarco-peptones, Johnston's Fluid Beef, Cibil's and Liebig's Extracts, besides milk, and all gave evidence that they possess nutritive properties. Although the amount of nutrition varies somewhat in each specimen, as will appear later on, every one gave tracings substantially similar to those given by Valentine's Meat Juice.

Judging from these data, I think the following deductions can be made concerning the influence of the beef extracts on the frog's heart:

1. That they are absorbed and assimilated.

2. That they contain material which has the power of inducing muscular contraction —a power which has heretofore only been shown experimentally to exist in higher animal albumens or proteids.

3. That, hence, whatever else they may be, they are nutrients in the full implication of that term.

After it was thus demonstrated that these

beef preparations contained definite nutritive properties, it was deemed desirable to ascertain the value of each, and means to this end were instituted by comparing their effects with those of a two per cent. solution of dried bullock's blood alternately on the frog's heart in the following manner: In the first place the heart, after being washed out, was filled with the two per cent. blood solution and then allowed to beat until its pulsations were reduced to a minimum, or until the whole nutritive supply of the blood solution was consumed; after which it was washed out again and filled with a solution of the beef preparation to be tested, and allowed to beat with it until its pulsations were again reduced to a minimum. A large number of comparative tests were made of each of the above named beef preparations in this way, and the following products were obtained, which indicate the mean percentage of the number of pulse beats given by each preparation, while that of blood is taken as 100. These figures are probably not absolutely true, but they give an approximate idea of the nutritive worth of these extracts when compared with that of a two* per cent. blood solution, which is capable of producing a normal cardiac contraction.

	Mean Percentage of Number of Pulse-beats.
Liebig's extract of beef	58
Johnston's fluid beef	59
Valentine's meat juice	60
Cibil's extract of beef	61
Sarco-peptones (Parke, Davis & Co.)	62
Beef peptonoids (Reed & Carnrick)	74
Milk	100
Two per cent. solution of dried bullock's blood	100

From this table, it appears that all these preparations contain very nearly the same amount of nutritive material, except the beef peptonoids, which contain from ten to fifteen per cent. more than the others. It must not be forgotten in this estimation that the beef peptonoids are not a pure beef extract like the rest, but a compound of the latter with milk and gluten. Therefore, in order to get at the true value of this preparation, it is important to test each ingredient. Milk alone gives as good results as the blood solution, as can be seen from the table, and there is no doubt that a portion of its valuable property is due to this agent.

The next question which arises in this investigation is as to which of the many organic bodies resident in the beef extracts this nutritive property is due; and I must confess, that principally owing to the difficulty of obtaining these organic extractives, this portion of the work remains incomplete, but I am making preparations to resume it at an early day. It can be safely stated, however, that the inorganic elements of the beef extracts contribute no share to this result; for the phosphate of potash solution contains all these, and in every instance where this was tested it failed to bring out the least cardiac reaction. Hence, these can be left out of consideration.

When finely divided beef muscle is exposed to the action of about four or five times its own weight of cold water for four or five hours, and then well pressed out, it loses from sixteen to twenty-four per cent. of its original weight. In this watery solution is contained from two to fourteen per cent. of fresh albumen, while the remainder is made up of kreatin, kreatinin, sarkosin, sarkin, xanthin, carnin, inosit, fat, glycogen, and the inorganic elements; while in the residue there is left nothing but fibrous tissue, principally composed of muscular fibres and connective tissue, which is tasteless, rejected by animals, and entirely unfit for nutrition. Therefore, it is very probable that all the nutritive element of beef muscle resides in its organic extractives.

Now there cannot be the least doubt that the variable amount of albumen contained in the beef extracts furnishes some of the nutritive property displayed by them, but it is far from my intention to claim that this is exclusively due to it. Indeed, I have found altogether unexpected indications during the investigation, which may, on further examination, throw some more light on this question. One thing, however, remains steadfast throughout, and that is, if the albumen of flesh is not the sole nutritive element in these beef preparations, then some or all of the organic bodies which they contain must be nutritious, and can no longer be regarded as effete products of the animal body.

It is not necessary to point out, then, that the multitudinous composition of these extracts makes them a very valuable class of alimentary substances, both for nutritive and constructive purposes; and before closing this interesting subject, let me refer very briefly to the practicability of the subcutaneous introduction of these agents. I think it is quite evident now that these preparations are assimilated and utilized by the frog's heart without previously passing through a digestive process, and we have no reason for believing that this does not also obtain in the human organism; hence, in conditions where the stomach has an intolerance of food, or where there is any hindrance to the introdue-

*Two per cent. solution of dried bullock's blood gives as good cardiac contractions as fresh blood in proportion of 1: 3.

tion of the same through the primary passages, the object of feeding the patient can readily be secured by introducing a suitable preparation hypodermically. A number of years ago I treated several such patients with Valentine's Meat Juice, which, on account of its complete solution in the normal state, is probably preferable for this purpose. I injected from fifteen to twenty minims three times a day, with good effects. I failed, however, to keep a record of these cases, but recollect that one was a case of persistent vomiting caused by a severe blow on the head, and that after each injection the patient expressed himself as being stronger and feeling as if he had eaten something. Not the least irritation was produced at the point of injection, and I think this field deserves further investigation.

In conclusion, I wish to thank Dr. Marshall, of the University of Pennsylvania, and Dr. Leffmann, of Jefferson Medical College, for valuable aid in prosecuting these researches.

Medical Societies.

PHILADELPHIA CLINICAL SOCIETY.

Stated meeting, March 26, 1886.

The President, Dr. John B. Roberts, in the chair.

Dr. Edward T. Bruen reported

1. A Case of Abscess of the Liver and Ulcer of the Stomach.

2. A Case of Ulcerative Endocarditis.

These reports will be published in full later.

Dr. John B. Roberts then read a

Report of Two Cases of Abscess of the Nasal Septum.

Abscesses in the septal tissues of the nose are sufficiently uncommon to warrant a report of two cases, especially when both of them were unrecognized when first under professional examination.

1. In 1884, a boy of 10 years was brought to me for difficult breathing, which had occurred subsequently to a fall happening twelve days previously. He had fallen from the top of a stable, striking his face on his knee as he came to the ground, and thereby injuring the nose and lip. The accident was immediately followed by a swelling of the nose and lip, and in the course of a few days by occlusion of the nostrils and snoring respiration at night. When I looked into the nose, I found a soft elevation of the mucous membrane on both sides of the septal cartilage near its anterior margin, from which bleeding occurred upon the contact of the probe. There was no deviation of the external portion or long bridge of the nose. He had had slight delirium one night, according to his mother's statement. I considered the case a fracture of the cartilage with a good deal of swelling, and ordered atropia and iron internally, with the use of boracic acid powder locally. At the next visit I ordered the boracic acid to be used in solution. A few days later I saw him, and incised the pushed-up mucous membrane, evacuating several minims of pus. The abscess had apparently caused perforation of the cartilage, for there existed a communication between the pus collected under the mucous membrane of each side. It is, of course, possible that a fracture had created a communication before the pus was formed. The boy passed from observation; probably because all symptoms were quickly relieved.

2. In December last, a woman of forty years consulted me, saying she had received a blow upon her nose about five and a half weeks previously, but had not been under a physician's care for the injury. A physician, who saw the case before I did, looked upon it as one of deviated septum. I suspected, however, that it might be abscess of the septum, and punctured the swelling which occluded the left nostril by its projection from the surface of the septum. I was rewarded by the escape of some drops of pus. She came back in a day or two, saying her breathing was improved on the left side, but not on the right, which, when I saw her, was not so occluded as the left. Puncture of the septal mucous membrane of the right nostril gave exit to a little sero-pus. Three days later she complained that the left nostril was occluded again, and I accordingly punctured the elevated mucous membrane, and with the fixation forceps used in eye surgery, seized the membrane so that I could clip out a piece with the scissors. Thus I obtained free drainage of the abscess cavity. Subsequently applications of borax and afterwards of a four per cent. solution of cocaine, were applied to both sides of the septum, and the patient was soon cured of the annoying sensation of obstruction which had caused her to seek surgical aid.

Mary Willits, M. D.,
Reporting Secretary.
1527 *Green street.*

CLINICAL SOCIETY OF MARYLAND.

Stated meeting held March 5, 1886.

Dr. W. P. Chunn reported a case of

Kolpo-Cystotomy.

The term. kolpo-cystotomy designates an operation for the institution of an artificial vesico-vaginal fistula, and is produced for the relief of chronic cystitis. He first witnessed its beneficial action in a case treated by Professor Wm. T. Howard, where there was much annoyance from frequent micturition, and positive relief from the operation.

Dr. Chunn's case was similar in character. He operated on his patient about three months ago in the following manner. The woman was placed in Sims' position, a sound introduced through the urethra to just within the bladder, a fold of the vesico-vaginal septum was caught up with a tenaculum and the opening made at the most dependent portion of the bladder. The edges of the wound were touched with a solution of persulphate of iron to prevent their primary union; this opening was subsequently kept open by the introduction of a sound once or twice a week. It has now been about three months since the operation was done, and the patient is very comfortable, having been relieved of the annoying incessant dribbling of urine.

Dr. J. H. Branham asked if benzoic acid and tr. belladonnæ, used by Dr. Chunn before the operation, were the only remedial agents employed before resorting to the surgical procedure. He thinks in addition to them benzoic acid should have been given internally, and the bladder frequently washed out with a solution of boracic acid. Also, asked if after the operation the hypertrophied bladder walls had atrophied.

Dr. B. B. Browne said that a very large majority of the cases of cystitis in the female were accompanied by a diseased or morbid condition of the urethral tract, and frequently caruncular growths and fissures exist which keep up an irritable condition of the urethra, and lead to patients retaining their urine for a very long time so as to avoid the pain which they endure while passing it; in consequence of this the bladder becomes overdistended and paralysis of its walls results, the residual urine becomes ammoniacal, and cystitis is set up. In such cases kolpo-cystotomy, of course, would give relief so long as the bladder was drained by this means; but so soon as the artificial fistula was closed the cystitis would sooner or later recur, and continue as long as the previous morbid condition of the urethra exists. From a careful observation and study of a large number of these cases for the past twelve years, he is well satisfied that this is the explanation of the cause and return of the cystitis. He has had perfectly satisfactory results with dilatation of the urethra and removal of the caruncular growths, when they exist. He has never had incontinence of urine follow dilatation, and thinks that the strong statements that have been made in regard to the danger of the operation are more theoretical than practical, as they have only been made by those who condemn the operation and never practice it, and consequently have not much experience with it, whereas others who have dilated the urethra most frequently have had no bad results. As far as the comfort of the patient is concerned, forcible dilatation, which at once overcomes the spasmodic condition of the urethra and allows the woman to retain and pass her urine at will, and free of pain, is certainly preferable to kolpo-cystotomy with subsequent dribbling of urine through the vagina for several months, and then with an almost certainty of the cystitis returning, as in the cases related by Dr. Chunn.

Dr. Browne related several cases of cystitis treated by dilatation and removal of fissures and caruncular growths from the urethra, and referred to a paper on this subject, which he read before the Medical and Chirurgical Faculty, and published in the Transactions of 1880, p. 135.

Dr. Chunn, in replying to Dr. Branham, said he thought his question pertinent, but confessed to not having used the remedies advised by him. He gave as his reason, that the woman had been under the care of several competent physicians at different times, and he took it for granted that *they* had employed the full list of therapeutic agents, to no avail. Moreover, the patient could not be conveniently seen every day, and the case had proceeded to a such decidedly chronic stage that he thought an operation held out greater inducements. In reply to Dr. Browne, he thought dilatation of the urethra gave good results in simple irritability of the bladder, or where there were growths in the urethra or bladder.

Radical Cure of Inguinal Hernia.

Dr. Randolph Winslow, who was to have reported a case of radically cured inguinal hernia, and presented the patient, said he had found upon examining the patient recently that he still had some slight protrusion, although not sufficient to require the use of a truss; he therefore refrained from reporting

it as a case of radical cure of hernia. Thinks had the patient worn a truss for some time time after the operation, that it would more likely have been a radical cure. In performing the operation he had ligated and cut off the sac after the strangulated bowel had been relieved and returned.

Dr. J. W. Chambers asked what effect dissecting out the sac had on the mortality. What were the advantages?

Dr. R. Winslow said as to the mortality, he did not know. Dr. Bull, of New York, had cut off the sac with a view to radical cure, and his patient had died, but thought generally it did *not* increase the mortality.

Dr. R. M. Hall had seen Dr. Richardson, of Boston, operate for strangulated hernia, and asked him if he thought cutting off the sac would result in a radical cure. Dr. Richardson did not think it would.

Meningeal Hemorrhage in the New-Born Child.

Dr. J. H. Branham exhibited a specimen of a brain of a new-born infant in which there had been a meningeal hemorrhage. The child had lived about forty-four hours. There were no symptoms except stertorous breathing and coma just before death. Autopsy revealed a large clot on the right side, the result of the rupture of a small vein near the extremity of the lambdoid suture. A portion of this clot was firm, while the remainder was semi-fluid or fluid.

Dr. R. Winslow: What is thought to be generally the cause of convulsions in the new-born?

Dr. J. H. Branham: Sims ascribed them to meningeal hemorrhage.

Dr. Chambers: Had there been any convulsions in the case under consideration?

Dr. Branham: There had not.

Dr. Winslow thought Dr. Sims had ascribed such convulsions to a displacement of the occipital bone.

Dr. Branham thought that as some of the clot was fluid and the balance firm, it was evidence that the hemorrhage had been slow.

Imperforate Anus.

Dr. H. H. Biedler next reported a case of imperforate anus. The case was that of a boy about three years old, to whom he had been called a few weeks since. He found the patient had been operated on some days after birth with only partial relief, the opening only admitting a No. 8 sound. The patient was suffering very much from intestinal obstruction, as was evinced by an enormously distended abdomen.

He made a perineal incision of about .75 of an inch, into which he passed his finger to the distance of about 2.5 inches. Not being able to make out anything definite, he desisted from further operative procedure. The patient died on the followtng day. Autopsy revealed the rectum to have ended in a narrow fistulous opening about 2.5 inches from where the anus should have been. It was attached by several fibrous bands to the sacrum, and was distended to about eight times in its normal size.

NEW YORK NEUROLOGICAL SOCIETY.

Stated meeting, April 6, 1886.

C. L. Dana, M. D., in the chair.

The following named gentlemen were elected to office for the ensuing year: For President, C. L. Dana, M. D.; for First Vice-President, M. A. Starr, M. D.; for Second Vice-President, B. Sachs, M. D.; for Recording Secretary, G. W. Jacoby, M. D.; for Corresponding Secretary, W. M. Leszynsky, M. D.; for Treasurer, E. C. Harwood, M. D.; for Councilors, L. Weber, M. D., E. C. Seguin, M. D., W. R. Birdsall, M. D., C. M. Hammond, M. D., and A. D. Rockwell, M. D.

A New Thermo-cautery.

Dr. Graeme N. Hammond presented the instrument, consisting of a Bunsen burner, which, by the action of a spring and clamp throwing a platinum tip at right angles to the burner, could at once be converted into a thermo-cautery. It had the advantage over the ordinary Paquelin cautery of being always ready for use.

Case of Median Nerve Suturing.

Dr. Fraser C. Fuller presented a man who two and a half years ago sustained a glass cut wound of the lower forearm, resulting in complete division of the median nerve and a part of the sublimus flexor. The nerve was sutured with three small strands of catgut a few hours after the injury. The tendons were also united. The operation and dressing were absolutely antiseptic, and primary union took place.

At the time of the operation there was complete cutaneous anæsthesia of the region supplied by the nerve. After several months, sensation slowly returned, and a year and a half after the operation it was perfect. Power in the small muscles of the affected hand had not entirely returned.

Dr. Fuller referred to another case, in which spontaneous recovery took place, op-

eration being refused. There occurred, however, deep necrosis of the finger-tips, and to constant care and energetic electrical treatment only could the eventual recovery be attributed.

Dr. Dana thought the case illustrated very well the result of the experiments of Johnson and Stockholm, that divided nerves if sutured healed in about sixty days, but if let alone they healed in about ninety days.

Dr. B. Sachs then read a paper entitled

Preliminary Report on a Case (with Autopsy) of Tubercular Disease of the Spinal Cord.

After a few introductory remarks the reader gave a full report of the case, of which the following is a short abstract:

The trouble, which was supposed by the patient to be rheumatic, began with pains in the left shoulder, which radiated down into the arm, forearm, and hand; by degrees the pain became more intense; for the first it was confined chiefly to the area of distribution of the ulnar nerve, but had gradually spread over the entire dorsal and volar surface of the left arm and hand. In addition to this hyperæsthesia (and hyperalgesia), to puffiness of the fingers and to a glossy appearance of the skin, there was marked weakness of grasp in the left hand, with only slight loss of power in the left upper arm and forearm. The condition of the left upper extremity remained unchanged during the entire course of the disease—a period of about two months. At the time of the first examination—five weeks after initial pains—there were no symptoms discoverable but these: a slight paresis and some hyperæsthesia of the left leg, exaggerated knee jerks, and ankle clonus on both sides. These symptoms, chiefly unilateral, continued so until the close of the seventh week; meanwhile the paresis of the left leg had developed into almost complete paralysis. In the course of another week this unilateral paralysis was transformed into a complete paraplegia of the lower extremities. The motor paralysis also affected the abdominal muscles, and to some extent the respiratory muscles of the thorax, and the right upper extremity. Incontinence of urine and trophic changes in the skin were superadded. The sensory symptoms amounted to a general hyperæsthesia of the left half of the body below the level of the third rib; this hyperæsthesia was changed toward the end of the disease into an anæsthesia, which spread from the left half and finally involved the right leg, and to a lesser degree the right half of the trunk and the right upper extremity. A tumor pressing upon the left posterior root fibres of one of the lowest cervical segments was thought sufficient to explain the unilateral symptoms; the bilateral symptoms were attributed to a cervico-dorsal myelitis. But there was no clue during life to the nature of the tumor. The autopsy showed a solitary tubercle situated on the left side between the sixth and seventh cervical segments, followed by a cervico-dorsal myelitis; there were *very slight* tubercular deposits in the lungs and intestines.

In his remarks on the case the author of the paper attempted to explain the eccentric characters of the sensory symptoms (no anæsthesia on the side opposite the lesion), the exaggerated knee jerks and presence of ankle clonus on both sides, and then referred in detail to the behavior of the muscular sense, which was lost on the side of the lesion, and not on the side opposite the lesion. This was in accord with Brown Séquard's views, and opposed to those of Ferrier. In conclusion, the reader asked for discussion of the following points: 1. Differential diagnosis between tumor and other forms of spinal cord disease. 2. Frequency of tubercular affection of the spinal cord substance. 3. Unilateral symptoms from spinal cord disease, with special reference to disturbances of sensibility, and of the muscular sense in particular.

DISCUSSION.

Dr. M. A. Starr had, by invitation of Dr. Sachs, made an independent examination of the patient three weeks ago. That which caused them to hesitate in making a diagnosis was the difficulty of harmonizing the sensory disturbances with the assumption of an absolutely unilateral lesion in the cord. It had been said that Brown-Séquard had shown pretty conclusively that anæsthesia on one side and hyperæsthesia on the other were due to a unilateral lesion in the cord on the same side on which there was hyperæsthesia. The autopsy in this case showed pretty evidently that it did not fall in line with those of Brown-Séquard; that in the early stage, at least, of unilateral cord disease, anæsthesia of the opposite side of the body did not always exist. But it was impossible to draw any definite conclusions from a single case, and he had been unwilling to admit this one as being outside the usual line, because he had previously seen one at the polyclinic, since reported by Dr. Taylor as confirming in all respects theory of Brown-Séquard. It was true no autopsy was obtained, but the symptoms seemed to be very definite.

Dr. Starr thought the whole subject of sensory conduction in the spinal cord was in an unsatisfactory state. There seemed to be no doubt that the muscular sense tract lay in the columns of Goll and crossed in the medulla, not in the cord. That view was confirmed by Dr. Sachs's case. The areas of analgesia and hyperalgesia in the later stages of this case were rather irregularly distributed, thus rendering the study of the sensory tracts in the cord extremely difficult. He had been impressed with the great hyperalgesia in the arms of this patient, the slightest touch, even of the nails, causing great pain. If the sensory tracts crossed just after entering the cord, why was there not anæsthesia on the right side in this case? Three or four cases had been recorded in which there was some reason to believe that the sensations were conveyed upward through lateral tracts in the cord, anterior to, and a little outside of, the pyramidal tract. Three or four cases had been reported in which there was ascending degeneration in this tract, and he had himself seen one which was not yet reported. If sensations were carried upward in that portion of the cord, it would possibly explain some of the peculiarities in Dr. Sachs's case in which that portion chiefly escaped.

Dr. L. Putzel said that if Dr. Sachs referred to miliary tuberculosis of the cord he could say from his own experience that it was not of very infrequent occurrence.

Dr. Sachs said he referred to tuberculosis of the spinal cord substance, and not of the meninges.

Dr. Putzel had seen only one case of that kind, in which the disease gave rise to a myelitis with all the symptoms of myelitis. Tuberculosis of the cord had not been suspected. The case occurred in a phthisical woman. It seemed to him that the lesion in Dr. Sachs's case was so diffuse that very little could be learned from it regarding localization and transmission of sensory impressions. Concerning Dr. Starr's views as to the muscular sense being conducted by the columns of Goll, he had seen some years ago a case of meningo-myelitis in which there was considerable thickening of the membranes posteriorly, and such degeneration of the columns of Goll that it could be seen distinctly through the pia mater, yet there was not the slightest evidence of affection of the muscular sense.

Dr. Leo had seen in institutions a number of cases of tuberculosis in patients suffering from locomotor ataxia, especially in old men.

Dr. E. C. Spitzka reviewed some of the points in the case, and said he thought the fact that tumors in other portions of the cord had not been excluded, deprived the case of much determining value as to the views entertained by Brown-Sequard, and referred to in the discussion. He had been somewhat surprised at some of the revelations made during the course of the discussion. He had not considered tuberculosis either of the membranes or of the substance of the cord so common an occurrence in old age that any single observer could have seen a large number of cases, and certainly the suggestion made by Dr. Leo was worthy of following up. Regarding the muscular sense tract, he thought that if a single case were to be accepted as disproving the supposed function of a given part of the cord, there was no part which could not be regarded as without function. He remembered that specimens had been presented before this society in which it was claimed that the columns of Goll had undergone slight degeneration, when it was found that there was only a slight thickening of the septum from old age.

Dr. Putzel remarked that the case which he referred to was also examined by Dr. Welch.

Dr. Graeme M. Hammond said the question which interested him specially was whether exaggerated knee-jerks and ankle clonus necessarily indicated an organic lesion. He had under treatment a gentleman in whom there was exaggerated tendon reflex and very marked ankle clonus in both the upper and lower extremities on the left side. There was no stiffness, pain, atrophy, or other symptoms of spinal disease. After a few doses of ergot the ankle clonus and exaggerated tendon reflex disappeared, to return again after quitting the ergot, and disappearing with its renewal. Two or three years ago he exhibited before the American Neurological Association a man cured of locomotor ataxia, and in whom there was entire absence of the tendon reflex; yet under the influence of ergot the tendon reflex returned. We could hardly conclude that ergot cured true sclerosis or any organic disease. The question arose, were exaggerated reflexes and ankle clonus to be regarded as the effect of organic disease of the cord?

Dr. Putnam Jacobi inquired as to the relation between increased patellar tendon reflex and functional disease, and referred to a marked case of hysteria in which during a protracted attack she noticed very marked exaggeration of the patellar tendon reflex.

Dr. Spitzka said that only a few days ago a child which had polio-myelitis, the right lower extremity only being affected, received for several days in succession double the dose of strychnine which he had intended to administer, which had the effect of producing marked exaggerated knee jerks and ankle clonus, which had previously been entirely absent. He could not understand why ergot should produce the opposite effect, although he did not doubt that it had done so in Dr. Hammond's case.

In taking up the various points raised in the discussion, Dr. Sachs wished to insist again on the importance of differentiating in his case between the symptoms due to the tumor and those due to the subsequent myelitis; the unilateral symptoms alone could be put to the account of the tumor. Addressing himself to Dr. Spitzka, Dr. Sachs said he did not think it was necessary to suppose several lesions in the cord in order to explain the symptoms at the beginning of the case; the symptoms which developed later in the disease were attributed to the myelitis. Of the initial symptoms, the only one opposed to Brown-Sequard's views was the absence of anæsthesia on the side of the body opposide the lesion, and the author explained *that* on the supposition that the fibres in the sensory tract were only pushed aside, and not destroyed by the tumor, retaining their conducting power. Explained in this way, the case could be made to accord with Brown-Séquard's views. As to the exaggerated knee jerks and double ankle clonus, it was admitted by almost all that exaggerated knee jerk might be present in comparatively normal conditions. The existence of ankle clonus without some change in the lateral columns was questioned by many, but it was shown by Prof. Pitres to exist as early as eight hours after an apoplectic attack, and that therefore in his (Dr. Sachs') case it would not be necessary on account of these symptoms alone to assume multiple lesions.

Dr. Sachs agreed with Dr. Spitzka concerning the infrequency of tuberculosis of the spinal cord. The best authorities claimed that tuberculosis of the spinal cord substance was exceedingly rare.

Dr. Leo, in reply to a question, said he did not claim that the tabes dorsalis in the cases which he had seen in old people was due to tuberculosis of the cord; the existence of the two diseases may have been a mere coincidence.

Dr. G. M. Hammond thought that exaggerated tendon reflex or ankle clonus might be due to either a localized congestion or anæmia of the cord, and this would explain why in one case they were relieved by strychnia and in another by ergot.

CHICAGO MEDICAL SOCIETY.

Official Report.

Stated meeting, March 15, 1886.

The President, C. T. Parkes, M. D., in the chair.

Dr. Robert H. Babcock made remarks on

Two Cases of Mitral Stenosis,

with presentation of the patients.

Dr. Babcock said that he did not intend to give any discussion of mitral stenosis, but merely desired to present a few points of interest in connection with these patients. Mitral obstruction is due to a fusing together of the valves so that they project into the ventricle in the form of a funnel, which, according to many authors, is the most frequent form of stenosis; according to others, the obstruction is due to a septum-like valve stretching across the opening, and called the diaphragmatic valve. Owing to the obstruction to the flow of blood from the auricle into the ventricle, a murmur is produced which is rolling or blubbering in character, and, occurring during the auricular systole and previous to the systole of the ventricle, is called pre-systolic or auriculo-systolic. This murmur has been graphically represented by Balfour as in some cases resembling the sound of voot-rrrb, the final t or b being the sudden, abrupt first sound produced by the ventricular systole.

In some cases no pre-systolic murmur, correctly speaking, is heard—only a diastolic murmur which, being loudest at the apex in the mitral area, is a mitral diastolic murmur. This murmur should be differentiated from the diastolic murmur of aortic regurgitation, which, in certain rare cases described by Balthazar Foster, has its maximum of intensity in the mitral area, and not at the centre of the sternum.

In the two cases Dr. Babcock presented, the murmurs differed from each other in character, in the one case the murmur being very distinctly represented by the letters voot, in the other by rrrb. The doctor was disappointed at the last moment by his inability to present a third patient, a man in whom the stenosis was indicated by a mitral diastolic murmur which followed an impure first sound of heart, and both the impure first sound and the diastolic murmur were in this case audible at the lower angle of the

left scapula. The propagation of the diastolic murmur so far to the left is very unusual; indeed, the production of the mitral diastolic murmur is itself very rare, and is probably due to the fact that a rush of blood from the left auricle to the ventricle occurs with greater force at the beginning of the ventricular diastole than during the auricular systole, the auricle being dilated rather than hypertrophied, according to Sansom. The cases were then examined by members of the Society.

Dr. E. C. Dudley reported a

Unique Case of Vesico-vaginal Fistula,

in which the entire vesico-vaginal septum, the vaginal portion of the cervix, and anterior wall of the cervix to the internal os had sloughed away, leaving no bladder tissue between the inner extremities of the urethra and the points at which the vesico-uterine ligaments connect the bladder with the uterus. The only operation which seemed possible was to unite the posterior wall of the cervix uteri with the neck of the bladder. This would turn the uterus into the bladder and necessitate menstruation through the urethra. The anterior wall of the uterus could not be approximated to the neck of the bladder, but it was found, on further examination, that the mucous membrane of the bladder, if caught with the tenaculum about an inch in front of the uterus, could be drawn to the neck of the bladder and held without undue traction. The operator therefore undertook to close the fistula in this way by denuding a strip of the mucous membrane of the bladder from side to side an inch in front of the uterus, and thus he utilized that portion of the bladder between the line of denudation and the uterus, and made it a substitute for the lost anterior wall of the cervix and vesico-vaginal septum. Twenty-two silver wire sutures were employed after Sims's method. Union by first intention followed, notwithstanding the failure of the nurse the third day to keep the catheter *in situ*, which allowed several ounces of the urine to accumulate in the bladder. Notwithstanding the decrease in the size of the bladder necessitated by the operation, the patient experiences no difficulty in retaining the urine all night. The operator is not aware that another case of this kind has been previously reported.

(*To be continued.*)

Editorial Department.

Periscope.

A Simple Method of Artificial Respiration.

Dr. John Arthur Francis thus writes in a foreign exchange:

The desideratum at which we aim in artificial respiration, is to obtain a method of as simple a character as possible, combined with the maximum of efficiency. In cases of drowning, especially, many lives would doubtless be saved which are now sacrificed, were the first comers aware of a method requiring no previous practice, and which could be understood from, say, a short paragraph in a newspaper, or a moment's conversation with a friend, without practical illustration. The usual course for bystanders to pursue seems to be to loosen the clothes about the neck, and to vigorously rub the hands whilst some one fetches a policeman, who, in his turn, sends for a medical man. Upon his arrival, the patient is found to be a very fair subject for an undertaker.

In a short note to the *British Medical Journal* in 1884, I drew attention to a method of extreme simplicity, which has been very successful in my hands in many cases of apparently still-born children, and in one very alarming case of chloroform-poisoning. I have great belief that the same means would prove equally efficacious in cases of drowning, both in children and in adults.

The main indications in artificial respiration are, apparently:

1. To loosen clothing, braces, etc., so as to allow free movement of the chest, and prevent constriction of the neck.

2. To bring the trachea, larynx, and pharynx as near as is anatomically possible into a straight line with the openings of the mouth and nose.

3. To obtain as deep an inspiration as possible by elevating the ribs and depressing the diaphragm; and,

4. To get a deep expiration.

Now, although the accepted modes of

restoring respiration have proved very successful in the hands of medical men, the trained staff of the Humane Society, and doubtless many policemen, etc., yet I think they are almost unknown to the general public, who have not attended ambulance lectures. What we require is that an efficacious method should be as well known and as easily learnt as the fact that a poultice is a proper application for a boil.

What I claim for my improvement is, that it would soon be understood by the laity, and that it fulfils the last three indications mentioned above more thoroughly than the present accepted methods.

I remember, in two cases of drowning where I was sent for, watching a couple of policemen attempt the Marshall Hall proceeding. As the subjects had been submerged for eight and four hours respectively, I did not interfere. In both cases, the chin was on the chest, and the mouth and nose obstructed by the arm in the semi-prone position. This appeared to me a thing to be avoided. The Sylvester mode, adopted by the Royal Humane Society, is an improvement; but I think that the bundle of clothes under the neck is a mistake, as it is apt to slip up and throw the head forwards; and that the proceeding to procure inspiration acts in no way on the diaphragm, whilst a great deal of expansion of the chest is lost by not making use of the weight of the arms and ribs, combined with an extended spine.

Howard's is a still further improvement. The bundle under the back extends the spine and raises the ribs and sternum, at the same time that the intestines gravitate from the diaphragm and tend to cause inspiration by depressing that muscle through the alteration of the pressure in the lungs. But, in this case, the advantage of a good deep expiration, which seems to me of nearly equal importance, following the admission of air into the chest, is lost or rendered less by the bundle of clothes, which keeps the ribs permanently raised. His plan of kneeling across the abdomen, and springing backwards with the hands on the thorax, though apparently very successful in experienced hands, seems to present elements of danger, should it be undertaken by a heavy, clumsy, and inexperienced man.

Now, I believe that my method combines all the advantages of the above in a greater degree, without the disadvantages attending them; and also possesses the required simplicity. It is, merely, the body having been laid on the back, with clothes loosened and the mouth and nose wiped, for two bystanders to pass a narrow lever of any kind under the body at the level of the waist, and raise it till the tips of the fingers and the toes of the subject alone touch the ground; count fifteen rapidly; then lower the body flat to the ground, and press the elbows to the sides hard; count fifteen again; then raise the body again for the same length of time; and so on, alternately raising and lowering. The head, arms, and legs are to be allowed to dangle down quite freely when the body is raised. A child can easily be manipulated by one person with a hand under each loin. For an adult, the best way is for two persons to grasp each other's right hand under the body, and then raise it. A stout walking-stick or umbrella would be efficacious where the operators were too weak to lift up the patient with one clasped hand. To join both left and right hands with those of another person, would probably form too great a plane for the body to rest on, except in the case of a very tall patient, and prevent the full extension of the spine.

With regard to the tongue in suspended animation, I am inclined to believe that the danger of the tongue obstructing the entrance of air to the lungs is somewhat exaggerated; at least, in children I have never observed any necessity for interfering with that organ, and the air has apparently passed through the nose in preference to the mouth, and that quite freely. Although, of course, medical men would use their own discretion in such a matter, according to the exigencies of the case, yet I think it would be wiser for ambulance books, etc., not to instruct the public to pull out the tongue. An ignorant person would probably interfere greatly with the attempt at artificial respiration, would very likely close up the mouth by holding the tongue against the upper jaw, and finish the case by obstructing the nostrils with the palm of his hand.

Of course, in addition to my method of respiration, other aids are not to be neglected for restoring the circulation, such as hot brandy and water, when the patient can swallow, etc.

It seems to me that the position of the body, when raised as described, mechanically puts upon the stretch all the muscles of inspiration, except the external intercostals, and that the position of the ribs, sternum, and clavicles, allows their weight to aid considerably in the expansion of the thoracic cavity. The intestines and abdominal viscera also gravitate towards the pelvis, and would doubtless draw down the diaphragm.

Sudden Death from Hemorrhage into the Abdominal Cavity During Menstruation.

Dr. Edmund J. Penny thus writes in the *Brit. Med. Jour.:*

At 4 a. m., on November 11, 1885, I was summoned to R. E. T., aged 27, a resident of Hayes, Middlesex, who was said to be very ill. Within ten minutes I arrived at the house, and found that life was extinct, with all the signs of collapse present. Her husband stated that she had always enjoyed good health, and was the mother of two children. She was perfectly well until about 7 on the previous evening, when she complained to him of pain in the region of the stomach, which she attributed to the fact that she was menstruating at the time, and said she thought she would go to bed. She gradually grew worse, was extremely restless, complained of pain in her chest, and of difficulty of breathing; but refused to allow medical aid to be summoned, as she said she would be better in the morning.

Shortly before 4 a. m., her condition becoming more serious, my attendance was requested; but the patient had already died during her husband's short absence.

A necropsy was made on November 13, by Mr. E. J. Parrott and myself. The body was well nourished. Rigor mortis was present. The surface was unusually blanched. There were well-marked blood-stains to be seen at the external genitals. The lungs were found to be healthy; the pleura was normal, and the pleural cavity contained its natural quantity of serum. The pericardium was natural, with the usual amount of fluid. The muscular tissue of the heart was healthy. The ventricles were contracted; there was a small clot of fibrin in the left ventricular cavity. The valves were healthy. After the thoracic viscera were removed, the diaphragm was seen to bulge upwards in an unusual manner, particularly on the right side. On opening the abdominal cavity, a large quantity of dark fluid blood immediately escaped, and the whole of the right side of the abdominal cavity was found to be full of fluid and semi-coagulated blood; while the right iliac fossa was occupied by a tolerably firm clot, of the size of a fœtal head. The viscera were carefully removed and examined, and were found to be healthy, with no trace of lesion. The aorta and its principal branches were also minutely examined, and found to be everywhere healthy, nor could any lesion be discovered in the veins. On removing the large clot from the right iliac fossa, and tracing it onwards, it was found to lead to the right ovary; and a small but firm clot, at least an inch in length, was discovered attached to the outer surface of that organ. Two ruptured Graafian vesicles were also seen, to one of which an ovum was adherent; and in the neighborhood of these, several small blood-vessels were found to be distended with clot, one of them being distinctly ruptured; and it was to this site that the clot above-mentioned was found to be adherent. The left ovary also showed signs of activity having taken place previously to death; and on its surface were seen small blood-vessels filled with clot, whilst an ovum was also attached to it. The uterus, which not removed, appeared to be normal.

The occurrence of hemorrhage into the abdominal cavity, due to the rupture of a Graafian follicle during menstruation, is undoubtedly rare; but it is, notwithstanding, admitted by various writers on obstetrics, and notably Dr. Graily Hewitt. Hemorrhage, in this case, evidently took place very slowly, occupying at least nine hours, while the quantity of blood extravasated was enormous.

It seemed as if the whole body had been drained into the abdominal cavity; and the facts above stated, to our minds, so clearly indicated the ovaries as the seat of the hemorrhage, that I had no hesitation in stating such to be the cause of death at the coroner's inquest.

A Complicated Labor.

Dr. John D. Skeer thus writes in the *Chicago Medical Journal* for March:

Mrs. H., æt. 27, American, primipara. Labor began at 1 a. m. on September 1, 1885, and at 7 a. m. her family physician, Dr. E. Wyllys Andrews, was sent for. On arriving he found the os uteri slightly dilated, but could, however, make out a vertex presentation. Labor progressed from that time naturally, but slowly, until 3:15 p. m. of the same day, at which time a living, well-formed child was born. Immediately Dr. Andrews discovered the presence of a second child in the cavity of the uterus. The pains had ceased, and after waiting a half hour, a small dose of the fluid extract of ergot was administered, which was repeated at the end of an hour. These methods failed to excite the slightest uterine contractions. At 5:30 p. m. I was called in consultation.

We found it very difficult to make out the presentation, which proved to be the tuberosity of the right ischium, occupying the middle of the superior strait. The child's pelvis was tipped toward the mother's left

side. An undetached placenta occupied the left iliac fossa, extending nearly to the os uteri.

As there was no hemorrhage, we waited an hour and gave more ergot, but the pains continued to be irregular and inefficient, and we decided to bring down the feet and deliver at once. On introducing the hand, but one foot and one arm could be felt, the latter inclined to fall down in the pelvis. In the position that should have been occupied by the left leg and arm a large fleshy mass could be felt without any definite outline. The right leg was brought down with the toes to the front, and traction was made without causing the slightest change in the position of the child—it was firmly fixed, and held as though in a vise. Strong, unremitting traction for about half an hour, at the same time rotating the child toward the mother's left side, brought the child's pelvis through the vulva with the heel to the front. The child was then delivered as an ordinary breech presentation, and was found to be well developed, dead, and not a monstrosity as was at first supposed.

As the placentæ were not expelled within an hour, the cords were traced upward; one led to the lower placenta, the other was traced upward through a small opening beyond our reach. We then realized for the first time that we had an hour-glass contraction of the uterus, which had taken place after the delivery of the first child. With careful bi-manual palpation the constriction was overcome, and the upper after-birth removed. It was adherent throughout its entire extent. Immediately after the removal of the upper placenta the lower one became detached, and was readily brought away. The placentæ were united by a strong fibrous band about six inches in width. The patient made a good recovery, and nothing occurred in the after-treatment worthy of note.

Conclusions.—Regarding the position of the second child, we had, below the constriction, the body, the right arm and leg, and, as it proved, the left thigh and leg. For on no other hypothesis can we account for the oblique position of the pelvis, unless the foot were grasped and held in the upper chamber by the contraction. The left thigh and leg were behind and completely covered by the membranous band uniting the placentæ, so that their position could not be determined. Rotating the child towards the mother's left, slipped the left thigh and leg from behind the band, without detaching the after-birth. Had this latter accident happened, hemorrhage would have been a serious, if not fatal, complication.

A Case of Imperfect Abortion; Sapræmia; Recovery.

Dr. W. S. A. Griffith thus writes in the *Brit. Med. Jour.*:

The following case illustrates the dangers of imperfect abortion, and the satisfactory results to be obtained when the usual method of treatment is thoroughly carried out.

M. A., aged 45, the mother of thirteen children, the last five years old, came to the out-patient room at the Samaritan Hospital, complaing that she had not been well since her last miscarriage, twelve months previously; since then, she had suffered from profuse menorrhagia, and, for the last two months, a continuous bloody discharge, now fœtid, with bearing-down pains, which had obliged her to give up work, much against her will.

On vaginal examination, the uterus was found much enlarged, retroflexed, and the cavity so open as easily to admit a finger to the fundus. The cavity was occupied by blood-clot and a mass of decidua, which was adherent only to the anterior wall and the fundus. The hemorrhage after this examination was so considerable, that it was determined to remove the mass immediately; and, without much difficulty, this was done, the anterior lip of the cervix being seized by a valsellum forceps. The uterus was then gently irrigated with hot water, to which a little tincture of iodine was added, and the patient sent to the ward at the Dorset House branch.

Two hours later, the patient, who had had rigors, was found to have a temperature of 105°, and a large-volumed pulse of 128; the skin was very hot, and she complained of intense thirst.

The uterus was still patulous, and contained blood-clot, which, with two minute fragments of decidua, was removed; the uterus was again thoroughly irrigated, and a tampon of wool, smeared with iodoform and eucalyptus-vaseline, inserted into it. Six grains of quinine were given; and a draught containing a drachm of the liquid extract of ergot, and two grains of quinine, was ordered to be given twice that evening, and three times a day afterwards. Two hours later, the temperature had fallen to 102°, and, an hour after, to 101°, and the pulse to 100; she was sweating profusely, and was much more comfortable.

The following morning the temperature was 99°, and the pulse 84; the tampon was removed from the uterus, and another inserted into the vagina.

From this time, convalescence proceeded uninterruptedly, and involution of the uterus,

which had been delayed for twelve months, rapidly took place; the uterus became rigid, and was no longer retroflexed, and, on the fourth day, its cavity measured barely three inches. There was no hemorrhage after the uterus was once completely emptied.

The rapidity with which involution took place precludes the probability of there having been any chronic metritis set up by the prolonged retention of decidua; and, except at the seat of attachment, the mucous membrane of the uterus appeared to be natural, and free from inflammation.

Sapræmia is believed to be a septic condition produced by the absorption of septic material, which, unlike that causing septicæmia or pyæmia, has no power of growth and propagation in the blood, and, therefore, produces effects only in proportion to its amount; and when, as in this case, its source is easily within reach, and the septic matter can be readily and completely removed, it is most amenable to antiseptic treatment.

Case of Protracted Mechanical Labor Followed by Diphtheritic Inflammation of the Parturient Canal.

Dr. John E. Hall thus writes in the *Albany Med. Annals:*

June 24, 1881, I was called to attend Mrs. J. K., in her first confinement. She was a lady of medium build, dark hair and skin, age 30, born in Troy. Her labor was a little harder than the average, so that after having been with her some six hours I applied my small forceps, and she was very soon delivered of a strong, healthy boy, weighing about nine pounds. She progressed well for two or three days, with the exception of an unusual amount of pain in the abdominal region and a slight rise of temperature. On the fifth or sixth day her temperature rose to 105½°, with excessive pain in the abdomen. A vaginal examination revealed extensive metritis, and the vaginal walls largely covered with a complete diphtheritic membrane.

This occurred in the early days of July, with the atmospheric temperature at 90° every day, and the patient lived in ar upper floor under a flat tin roof. I took the patient's temperature three or four times a day for thirteen days in succession; for six consecutive days her temperature was not less than 102½°, and never above 105¼°; pulse from 110 to 130. During this time she was unable to pass urine, and on one of these days I drew off over sixty ounces. I shall never forget the condition in which I found her as I entered the room about 5 p. m., July 4th. She was lying in a small bed-room situated in the southwest corner of the house, gasping from the excessive heat of the day, and fatigued with the noise of twenty or thirty boys playing near her window. The exhaustion was so great that death seemed to be very near. I immediately pulled off my coat and remained with her two to three hours, and by the use of ice-cold cloths and whisky I was able to leave her in a more favorable condition. The progress for the next ten days was gradual, and she was confined to her bed for the entire month of July. She rode out for the first time on the 10th of August.

From July 1 to 10 there was excessive diarrhœa, which was treated by hypodermics of morphia and enemata of laudanum and starch. The local treatment consisted of carbolized injections of warm water every three or four hours. Internally, milk punch and other supporting measures.

She made a good recovery, and has since borne children with no such unpleasant complications as with the first.

As to the origin of the diphtheritic poisoning: I had not had a case of diphtheria for months, as far as I could remember. I used only those instruments that I had been and am still using, and had never had a similar case before or since that date. Hygienic surroundings were good. I do not think there had been a case of contagious disease in that proximity for several weeks.

Russian Diuretics.

The Russians have great faith in diuretics, and therefore many drugs of this class are popular as household remedies. Some of these, such as fox-glove, were in use amongst the peasants long before they were admitted into the category of even extra-pharmacopœial remedies prescribed by professional men. Dr. S. A. Popoff has recently made some researches on the action of certain household diuretics, communicating his results to the recent congress of Russian doctors. Cloudberries (rubus chamæmorus) are almost unknown in scientific medicine, though a paper on their diuretic quality was written in 1856 in German by Dr. Trinkovski, who recommended them in hydrocephalus. Dr. Popoff prepared infusions, decoctions, and tinctures, and also an acid which he believes to be the active principle, and found, by experiments on animals, that considerable increase in the urinary secretion was produced by the administration of any of the preparations by the mouth, under the skin, or into the veins.

This occurred also when the spinal cord and the splanchnics were divided, and when the animal was under the influence of curare. There was no alteration in the blood-pressure, and but slight palpitation of the heart. The only cases in which any slowing of the heart occurred were those in which a solution of the acid was introduced directly into the jugular. Nikanoroff's experiment of causing defibrinated blood to circulate through the kidney, first alone and then containing the acid in solution, was tried, and the amount of blood flowing out of the renal veins determined, but no positive results were thus obtained. The author has no doubt that the cloud-berry acts by directly stimulating the renal tissue without acting on the heart or circulatory system. It has thus, he says, an effect similar to that of antihydropin (tincture of black-beetles), which is well known in Russia and prescribed frequently, but this latter has the more powerful action of the two.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——An interesting address on the water supply of cities and villages, by Dr. A. Vanderveer, has been separately published from the Transactions of the Medical Society of New York. It presents the subject in a brief and pointed manner.

——"The Æsthetics of Medicine," is the title of a reprint by Dr. H. A. Cottell, of Louisville. It is in the nature of an address, and presents the subject in a pleasing way.

——The management at Sharon Springs, New York, has published a pamphlet describing the methods in use at that establishment for the treatment of nasal catarrh.

——A careful study of typhoid fever in Philadelphia, by Dr. Henry Leffmann, a reprint of which is before us, shows that that disease is steadily on the increase in this city, and endeavors to discover the cause.

——Several suggestive studies on nasal catarrh have lately appeared in various journals from the competent pen of Dr. Harrison Allen, of Philadelphia. One of these treats of the headaches which are associated with this condition; another on digital examination of the nasal chambers; and a third on the connection between obstruction of the lachrymal duct and nasal catarrh.

BOOK NOTICES.

A Compend of Pharmacy. By F. E. Stewart, M. D., Ph. G., etc. 12mo; pp. 196. Philadelphia, P. Blakiston, Son & Co., 1886.

This publication belongs to the "Quiz-Compend" series, which have been issued by the publishers with considerable success. They are generally carefully compiled and have been popular with students. The present work is based, by special permission, on Prof. Joseph P. Remington's "Text-Book of Pharmacy," which is now the acknowledged standard authority. The author and publishers have given much time towards making it as complete and concise as possible, and in arranging the types and paragraphs so that it may be easily and quickly referred to, and it will be found a useful guide to the tyro and worker in pharmacy.

The Student's Manual of Venereal Diseases. By Berkeley Hill, M. D., and Arthur Cooper, M. D., etc. Fourth edition. 12mo.; pp. 130. Price, $1.00. P. Blakiston, Son & Co., Philadelphia.

A concise account of the venereal affections is here presented, just enough to give the reader or student a correct outline of their history, methods of contagion, manifestations, sequelæ, and treatment. Those mentioned are syphilis, chancre, gonorrhœa, and their accessory disorders and complications. Within the space allotted to these large topics the authors have done better than could have been expected. This fourth edition has undergone careful revision.

On Asthma; Its Nature and Treatment. Containing an Entirely New and Comprehensive Working Hypothesis. By Horace Dobell, M. D. Illustrated. Smith, Elder & Co., London, 1886.

The name of Dr. Horace Dobell has long been associated with many interesting researches into the pathology and treatment of diseases of the respiratory organs. In the essay before us he presents with much care and elaboration a theory of the phenomena of asthma, and a variety of suggestions as to its treatment. One of the most noteworthy of the latter is the anhydrous oxide of barium. This active substance he suggests on theoretical grounds, and does not offer clinical examples of its efficacy. There is a large double-page colored illustration, which shows graphically the scheme of the author's theory of the action of the nerve forces in asthmatic paroxysms.

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THE EFFECT OF THE REMOVAL OF THE SPLEEN ON THE BLOOD.

At the January meeting of the Petersburg (Russian) Medical Society, Dr. Motschutkovski, of Odessa, presiding, Dr. Winogradow made the report of a very interesting experiment. Six years before, the spleen had been removed from a dog, and the blood was examined after that period to determine any possible alterations which the blood might have suffered in consequence of the removal of an organ so universally supposed to play an important part in the manufacture of the circulating fluid.

For the experiment a dog had been selected which thus far had been roaming about without a protective roof at night, and with but rare food, such as the animal was able to pick up on the street. After the splenotomy, the dog lived in good air, attached to a chain, nourished by mixed good food, and in possession of a warm shed, that gave him protection against inclement weather, and which was kept plentifully provided daily with fresh straw.

The examination of the blood gave the following result: During the first year after the operation a steady increase of the serum of the blood was observed, which augmentation continued until August, 1885, after which date the watery portion of the blood slowly once more diminished, until it reached the normal quantity, such as usually met with in dogs *with* a spleen. This normal state then remained. The number of red corpuscles increased in the second and third years after the operation, then it diminished, and the microcytes also have become less during the most recent period.

The specific gravity of the blood (1054) as well as of the serum (1026), always remained normal. The quantity of the hæmaglobin, which had decreased at the end of the first year, and but little varied during the other years, has of late again diminished.

Of all the phenomena noted, the diminution in the production of hæmaglobin is the most noteworthy. Very soon after the operation the production appeared even more active (in consequence of better food and better hygienic conditions?), but remained all the time below the normal, and during the last year it has become steadily less; from which fact Dr. W. draws the conclusion, that the compensatory action of the other blood-manufacturing organs gradually ceases, and that the animal will probably die in consequence of the steadily diminishing quantity of hæmaglobin, for even now the dog is slowly losing in weight, notwithstanding good nourishing food, best care, and a pure atmosphere.

TUBERCULOSIS OF THE BUCCAL MUCOUS MEMBRANE.

There are four different ulcerations which may attack the buccal mucous membrane. All four are of a grave nature, but one, if early recognized and correctly treated, may be cured, provided it has not yet impregnated the whole system. These four are carcinoma, lupus, syphilis, and tuberculosis. Mr. David Hausemann, of Kiel (*Virchow's Arch.*, 103 bd., 2 heft, 1886), has recently drawn our attention to these ulcerations, and published the result of his investigations.

According to him the main point, the correct diagnosis, can only be made by excision of the new growth and later examination of the same under the microscope. For this purpose, while the presence of giant cells with granulation tissue might answer in a general way, the discovery of the tubercle bacilli forms alone the definite proof; but of late it has been made so easy to detect their presence that almost a tyro in the art, provided his microscope be powerful enough, can demonstrate their existence. The tubercular nature proved, a thorough excision will establish a radical cure, provided the system is not yet affected, *i. e.*, provided there is no dullness over the apex of one lung.

Lues can generally be excluded by noting for one or two weeks the effect of specific treatment, as under the latter any syphilitic sore would at once improve. While the diagnosis between cancer and lupus is easy, that between the latter and tuberculosis is more difficult, as the bacillus of lupus and that of tubercle greatly resemble each other. Here the pure-culture, or at least the color-test, will decide.

The advantage to be obtained from following H.'s advice is clear, as an early excision of the tubercular growth will prevent a return and a general infection, while of the other malignant growths such cannot be said with the same certainty.

THE INTERNATIONAL CONGRESS.

It will be seen from the report that we elsewhere publish, that the American Medical Association has decided not to make any alteration in the organization of the International Medical Congress. This being the ultimatum, we trust that the profession, as a body, will accept it with good grace.

—Dr. William S. Little returns home much benefited in health from his winter sojourn in Thomasville, Ga.

Notes and Comments.

Case of Traumatic Nephrosis.

Before the Medical Society of London, Dr. John Lowe read the notes of a case in which the patient, a healthy, robust young man, was run over by an empty wagon, the wheel passing over the abdomen. Some weeks later a tumor formed in the right hypochondrium, which yielded distinct signs of fluctuation and fluid vibration. There was no albumen in his urine, no history of hæmaturia, nor any distinct jaundice. The tumor was slightly tender on pressure. The opinion was in favor of its being a renal cyst, resulting from injury to the ureter. Dr. Lowe introduced a moderate-sized trocar, and withdrew nine pints of fluid, which deposited a copious precipitate on the application of heat, the precipitate not being soluble in nitric acid. Subsequently, even larger quantities were evacuated, and tincture of iodine was injected into the sac. The area of dulness and the circumference of the abdomen gradually diminished, and he was finally made an out-patient, ultimately resuming his laborious occupation on the railway, without inconvenience. The diagnosis rested mainly on the following points: 1. The rapid formation of the tumor soon after the injury. 2. The highly albuminous character of the clear fluid withdrawn. Several other cases are on record where tapping had been attended with success, although it is not easy to see exactly why this was so.

Mr. Bernard Pitts mentioned the case of a girl who had been run over by a hansom cab. There appeared to have been some hæmaturia; and six weeks later a tumor was found, which was tapped, and about thirty-one ounces of clear fluid withdrawn. The sac rapidly refilled, and massage was then resorted to, with the result of procuring ultimate arrest and diminution in the size of the tumor.

Mr. Walter Pye quoted the case of a man who had been wounded by a spear thrust, involving the kidney. About a fortnight later hydronephrosis developed, and was tapped; sixty ounces of a clear albuminous fluid being evacuated. There has been no recurrence. It was probably caused by plugging of the ureter with blood-clot, the result of the injury to the kidney.

Mr. Davies Colley recalled an incomplete but interesting case of hydronephrosis, attributed, by the patient, to the shock of a railway accident. An action was brought against the railway company, and some division of

opinion was elicited as to the influence of the shock in the production of the tumor. His own opinion was that a calculus had probably become displaced, and so caused the blockage.

Dr. Samuel West said that, to his mind, the evidence was inconclusive as to diagnosis of hydronephrosis, and suggested that some of the symptoms pointed rather to chronic peritonitis with effusion.

Dr. Lowe, in reply, said that plugging by means of blood-clot was a very probable cause, and he said that injuries to the kidneys, involving hæmaturia, were more common than might be supposed.

Effects of an Extensive Fracture of the Skull.

A case of extensive wound of the skull and brain is reported in the Russian *Herald of Forensic Medicine*. The patient was a man who had been struck by a piece of an anvil of about seven pounds' weight. The wound extended from half an inch above the concha of the left ear to the right parietal eminence. The fracture of the skull corresponded in length and position with the external wound. In many places it was splintered, the posterior edge of the fracture being raised above the level of the anterior edge. The whole wound was filled with crushed brain substance, partly gray and partly white. There was both motor and sensory paralysis of the right arm. The power of sensation in the right leg was diminished; the pulse was 80 and the respirations 20; the temperature was also normal. The patient was fully conscious and in a peculiarly placid state of mind, being pleased with everything. He forgot, however, a number of abstract nouns and all proper names; his memory for numbers was also affected, and he had forgotten how to read. The wound was dressed with antiseptic bandages, and completely healed in fourteen weeks. During this time ten splinters were removed. The symptoms of amnesic aphasia gradually passed off. The memory for abstract nouns returned in about a fortnight. The placid humor passed away, and the man became decidedly irritable, and suffered from insomnia and headache. The paralysis of the leg passed off during the first few weeks. Sensation returned in the arm, and movement also, and after three months contraction occurred. After the lapse of eight months the man was still unable to read, and complained of constant headache and great feebleness of memory.

Erythema Nodosum.

The eruptive affection denominated erythema nodosum has always presented enough obscurity as to its etiology and relations to render it an object of peculiar interest to all observing physicians, and many persons will welcome the attempt made by Dr. Stephen Mackenzie to discover something definite regarding it. Dr. Mackenzie communicated the result of his inquiry to the Clinical Society of London recently, and though he is hardly yet to be congratulated on having cleared away all uncertainty surrounding our knowledge of the disease, yet he has unquestionably increased our knowledge respecting it. The most prominent point brought out by the paper seemed to be that, erythema nodosum is in some way associated with the rheumatic diathesis, not, as Dr. Mackenzie was careful to explain, that it can be regarded as in any way causative or rheumatism, but that its occurrence is strongly indicative of a tendency to the development of rheumatic affections. An important suggestion was made by Dr. Mackenzie to the effect that heart disease might be directly associated with the erythema, even in the absence of rheumatism, as evidenced by joint troubles, etc.; though this opinion did not approve itself either to Dr. Carrington or Dr. Angel Money. Other suggestions made in the paper likewise came in for criticism, but the main conclusion remains unchallenged, that, viz., that there is an intimate relation of some kind between rheumatism and erythema nodosum. The paper will serve to animate and direct further researches in the same direction.

Hemicrania of Eighteen Years' Standing; Cured by Operation on Old Laceration of Cervix and Pelveo-abdominal Galvanization.

Writing about reflex genital neuroses in the *Journal of Nervous and Mental Diseases*, Dr. Paul F. Mundé relates this case:

Mrs. C. S., thirty-nine years of age; married twice; one child by first husband eighteen years ago; married seven years to second husband without conceiving. Complains of frequent pain in right groin and down right thigh, with right hemicrania, nausea, and vomiting, both of which symptoms are most marked before the menstrual flow. Examination showed a bilateral laceration of the cervix of the third degree, completely healed over; extending from the angle of the rent in the right side was a small, hard nodule, evidently an old plastic

exudation, pressure on which caused pain down the right thigh. Basing on a previous good result from galvanism in acute sciatica due to pelvic exudation, but without expecting any benefit to the hemicrania, I applied galvanism by a vaginal electrode and a sponge over the right ovarian and sciatic regions, with the result of not only relieving the sciatica, but, curiously, also the hemicrania, the attacks of which diminished in frequency and severity after several weeks of galvanization, and finally ceased entirely The cure was confirmed by excising the cicatricial tissue in the angle of the cervical tear and uniting the edges. The patient has since then (nearly five years) remained free from sciatica or hemicrania.

Hemiglossitis.

Dr. R. Demme reports (*Wiener Medizinische Wochenschrift*, No. 7, 1886,) a case of a child, aged six months, whose tongue became rapidly swollen, so that it projected from the half-opened mouth. Examination showed that the swelling was confined chiefly to the right side, the surface of which was covered with yellowish-white vesicles, from the size of a millet-seed to that of a pin-head, arranged in groups. Similar vesicles were visible also on the inner and outer sides of the right cheek. On the fourth day the swelling subsided as rapidly as it had come, and the vesicles dried up and disappeared. From the similarity in symptoms and course of the disease to those of herpes zoster, the writer regarded it as a form of this affection. Two similar cases, occurring in adults, are reported by Dr. P. Güterbock (*Centralblatt für Chirurgie*, No. 7, 1886). In both of these cases, also, the affection was confined to the right side of the tongue. In these and other cases the seat of the disease corresponded almost exactly to the area of distribution of filaments of the trigeminal nerve, and in some reported instances there seemed also to be a participation of the chorda tympani in the disturbance. The glosso-pharyngeal and the hypoglossal nerves, on the other hand, seemed in none of the cases to have any etiological relation to the affection.

Alcoholism.

Dr. Jas. C. Wilson (*Polyclinic*, December 15, 1885,) makes the following division of alcoholism:

I. Acute alcoholism—
(A) Ordinary typical form.
(B) Irregular forms.
1. Maniacal.
2. Conclusive.
3. In persons of unsound mind.
(C) Acute poisoning by alcohol (lethal dose).

II. Chronic alcoholism—
(A) Visceral derangements.
1. Local disorders. *a.* Of the digestive system. *b.* Of the liver. *c.* Of the respiratory organs. *d.* Of the circulatory system. *e.* Of the genito-urinary apparatus.
2. Disorders of special structures. *a.* Of the locomotor apparatus. *b.* Of the skin.
(B) Derangements of the nervous system. Cerebro-spinal disorders.
1. Cerebral disorders. Complications. *a.* Lepto-meningitis. *b.* Pachymeningitis. *c.* Epilepsy. *d.* Cerebral congestion. *e.* Cerebral softening. *f.* Sclerosis.
2. Spinal disorders.
3. Disorders of the special senses.
(C) Psychical derangements.
1. Alcoholic delirium in general.
2. Delirium tremens.
3. Alcoholic psychoses.
III. Hereditary alcoholism.
IV. Dipsomania.

True dipsomania is not a manifestation of alcoholism, but a periodical insanity. The relations of alcohol to it are symptomatological, not ætiological.

A Case of Narrowing of the Small Intestine.

This case, which Dr. Davidson reports in the *Med. Press*, was one of a boy, æt. 5, the constriction being organic, and the passage less than half an inch in diameter. The situation was barely an inch from the ileo-cæcal valve. It was probably caused by the appendix lying across the small intestine at this point, and so leading to a gradual narrowing of the bowel.

The child had no symptoms of obstruction till ten days before admission into the Infirmary, when constipation and vomiting commenced. On admission the abdomen was much distended and tympanitic, pulse 120, temp. normal. He was treated with tinct. bellad. ♏v. every four hours, and small quantities of beef tea and barley water. The vomiting ceased soon after admission, and bowels acted the same evening. The child continued to improve, but suddenly, a fortnight after admission, was seized with symptoms of acute peritonitis, without any apparent cause, and died the same night. At the post-mortem a perforation of the bowel was found close to the stricture.

In this case the cause of the obstruction

could not have been diagnosed during life, nor could any operation have relieved a stricture so close to the cæcum.

Abscess of the Pancreas and Thrombosis of the Portal Vein.

Abscess of the pancreas is of such rare occurrence that the instructive case recorded by Dr. J. H. Musser, in the April number of the *American Journal of the Medical Sciences*, will receive careful study. Its clinical indications were so meagre that the revelations of the autopsy were surprising; and when the extent of the disease and alteration of structure are considered, it must be regarded as remarkable that the abscess could have existed with so little discomfort to the patient. The pain, the gastric disturbance, and the fever frequent in abscess in this situation, were absent entirely. Emaciation, constipation, a tumor, and pressure symptoms were present, it is true; symptoms and signs, however, due to so many causes so much more common than pancreatic disease, that this affection was quite plausibly, therefore, excluded. The latency of the symptoms appears to point to the chronicity of the abscess. The histological appearances of the pancreas, and the sequence of the pus formation, peritoneal adhesions, and thrombosis (from pressure), confirm this view. The rupture of the pancreatic abscess and its limitation to the duodeno-inguinal fossa are believed to be unique.

Unusual Causes of Coughing.

In these words, Dr. Clarence C. Rice concludes a paper in the *Med. Record*, May 1: The "unusual causes of coughing," then, are two: First, *hypertrophied glossal papillæ, overlapping an epiglottis which is bent far forward, but otherwise normal;* and second, *a congenitally asymmetrical epiglottis, which has been made still longer by inflammation, caused by constant friction with the tongue.* Abnormal conditions of the tongue and ulcerations of the epiglottis are mentioned in text-books as sources of irritation and causes of cough, but this relation between the tongue and the epiglottis has not been specially recognized as a strong cough-producing factor. I believe it is frequently so. I consider the recognition of this lesion to be of great importance to the physician; for it explains the etiology of many coughs the causes of which have not hitherto been accurately determined. Since my attention was first called to this lesion, I have seen many cases in which it existed, and in which it could be demonstrated beyond a doubt that it was the sole cause of cough.

Replacement of Tendon.

The *Med. Record* says that Dr. Assaki states that it is possible to replace a portion of a tendon an inch or more in length by a similar piece taken from another animal. When the operation is performed under antiseptic precautions union takes place in about a week, without any impairment of function of the tendon, which glides in its sheath normally, unrestricted by adhesions. He has made successful transplantations, not only from one animal to another of the same species, but also from dogs to rabbits, and the reverse, and even from birds to mammals. Subsequent examination of the animals operated upon showed complete union of the sutured tendons, the only trace of the operation being an increased vascularization of the tendon sheath. The author argues that the operation ought to be equally successful in the human subject. In his experiments the transplanted portions were united to the divided tendons by catgut sutures, and strict antisepsis was maintained.

Treatment of Cerebral Syphilis.

In the *N. Y. Med. Jour.*, May 1, this question is discussed by Dr. Herbert G. Lytle, who concludes that the treatment of crebral syphilis is, of course, by mercury and iodide of potassium. The former is curative, the latter palliative. It is strange to see in an English work on syphilis, published in 1884, the statement that iodide of potassium, in some cases, must be given in large doses, ʒj to ʒij in twenty-four hours; but that, as a rule, it is better to begin with about seven grains three times a day. In cerebral syphilis it is best to commence with thirty grains, t. i. d., and rapidly increase the dose until you get its physiological effect or the symptoms disappear. The hygienic management is important. The diet should be plain and nutritious. The patient should avoid bodily and mental exertion or excitement. He should not, as a rule, take alcoholic stimulants. Special symptoms must be met by appropriate treatment.

The Treatment of Scaling and Crusting Syphilides.

The *New York Med. Jour.* tells us that Rollet and Chambard (*Union Médicale*) remove the scales or crusts by means of vapor

douches, poultices, or wrapping with sheet-rubber. They prescribe a tepid bath, and paint the raw surfaces with tincture of iodine, or cauterize them lightly with a stick of nitrate of silver; finally, they apply an occlusive dressing of overlapping strips of *emplâtra de Vigo*. In cases of impetigo, rupia, and deep ecthyma, this mode of treatment allays the pain and irritation, and rapidly transforms the specific ulcers into simple ulcers. Where there is a tendency to destructive ulceration, before applying the strips of plaster the surface is cauterized rather energetically with the stick of nitrate of silver, with chloride of gold, or, if necessary, with the actual cautery.

Suicide by Butting the Head against a Stone Wall.

Mr. William Allan reports, in the *Dublin Journal of Medical Science* for March, 1886, a case of a prisoner who, on being informed that his wife had just been arrested, started off at full speed toward a wall some fifty feet away, and dashed the vertex of his head against it. So great was the concussion that the body rebounded three feet from the wall, and the man dropped dead without a struggle. The case was of interest from a medico-legal point of view, as if the man had not been seen by witnesses to commit suicide it might reasonably have been supposed that he had been struck by a keeper, or a fellow-convict.

Œsophagotomy for Foreign Bodies Lodged in the Tube.

The question of the propriety of this operation is ably discussed by Dr. T. M. Markoe in the *N. Y. Med. Jour.* (May 1), who concludes from the premises given that he would deduce the following surgical rule: To attempt the removal of foreign bodies impacted in the œsophagus as soon as proper instruments can be procured, and failing, after a fair and sufficient trial, to proceed at once to the operation of œsophagotomy.

Correspondence.

Human Triplets and Equine Twins.

Eds. Med. and Surg. Reporter:

Dr. J. N. Study's trio of girl babies at one birth, reported in the Med. and Surg. Reporter, April 10, reminds me of a case which came under my observation on the 23d of November last. Mrs. Taylor, aged 38 years, mother of twelve children, gave birth to three girls, first with vertex presenting, the other two breech, within about five minutes of each other; one placenta. Weights at birth 7, 6½, and 4½ pounds respectively. At this date they are doing well, and weigh as follows: 15½, 14¾, and 12¼ pounds. These three added to the other twelve make fifteen in all for Mrs. T. Two of the twelve are twins.

On the same farm, a mare gave birth to twin mule-colts, and a ewe to four lambs. "*Must be in the water.*"

Charles U. Harrison, M. D.

White Oak, Arkansas.

News and Miscellany.

American Medical Association.

On Tuesday, May 4, the American Medical Association commenced its annual session in St. Louis.

Dr. Atwood introduced Dr. Brodie, president. Prayer was offered by Rev. Montgomery Schuyler, D. D.

THE ADDRESS OF WELCOME

was given by Hon. D. R. Francis, Mayor of St. Louis.

Dr. Atwood welcomed the Association on behalf of the medical profession of St. Louis. The ex-presidents were invited to take seats upon the platform, and Drs. N. S. Davis, of Chicago; J. M. Toner, of Washington; T. G. Richardson, of New Orleans, and D. Yandell, of Louisville, were present.

Dr. Atwood then announced the programme for the entire meeting, with entertainments numerous and inviting. He also announced the presentation of

PROTESTS AGAINST DELEGATES

from the following organizations: Philadelphia County Medical Society; Davidson County, Tenn.; the Tri-State Medical Society, the Mississippi Valley Medical Association, the Tennessee State Medical Society. All these were referred to the Judicial Council.

The following gentlemen were elected

MEMBERS BY INVITATION:

Colonel Manfred Johnson, of McHenry, Ill.; Drs. William W. Morrison, of St. Louis; H. J. McKellops, of St. Louis; W. H. Atkinson, of New York.

Dr. William Brodie, of Detroit, Michigan, then delivered

THE PRESIDENT'S ADDRESS,

in which, after referring to the facts that no

epidemic disease had invaded the country during the last year, that a favorable state of health had been given by the members, then made special reference to the inroads made among our ranks by the removal by death of Drs. Bowling, John L. Atlee, and Austin Flint, of whom he gave brief biographical sketches. From this he passed to a sketch of the history of the organization of the Association, beginning with 1846, when it was conceived by Dr. Hayes, of Philadelphia; special reference was made to the influence of the Association on the question of the elevation of the standard of medical education. The influence of the code, as sustained by the Association, was dwelt upon, and the chief interest in this part of the address centred in the statement that the movement in the State of New York against it was due chiefly to financial considerations.

Dr. Brodie then referred by title to the papers which had been read before the Association, and which had made a healthy impression upon the minds of the profession.

He regarded the Association as no pent-up Utica, but as sufficiently broad to meet all the necessities of the profession, through its sections, and, therefore, that additional national associations were unnecessary. He favored the adoption of resolutions sustaining the National Board of Health.

He recommended the abolition of the metric system from the "Transactions" of the Association. He recommended the formation of a Section on Dermatology and Syphilis, also that the secretaries of sections be permanent officers, subject to removal in the wisdom of the section. He spoke of the success of the *Journal*, and directed attentention to the by-laws, which make every paper received by the Association its exclusive property, and said that it was improper to give copies to outsiders; but that if medical journals were sufficiently enterprising to employ competent men to take notes from which abstracts were to be made, while the papers were being read, no obstacle should be thrown in the way. Practically, there was no difference between a patented and a proprietary medicine, and whoever lent his name to the support of either should be disciplined in local societies.

With regard to the question of establishing branches, after the manner of the British Medical Association, he recommended that the subject be referred to a committee for report.

CONCERNING THE INTERNATIONAL MEDICAL CONGRESS,

all that remained to be done was for the Association to adopt the report of the Committee, which would soon be made, and thus relieve itself of all further responsibility in the matter.

He entered into a history of the Congress, and closed with an expression of the belief that the general sentiment of the profession was in favor of adopting the report of the Committee, and when adopted that personal feeling should yield to the common good of the profession.

The address was closed by the President returning to the Association his thanks for the honor it had conferred upon him.

Dr. Murphy, of St. Paul, moved that the thanks of the Association be tendered to Dr. Brodie for his address; that it be referred to the Committee on Publication, and that all its recommendations and special points be referred to the appropriate committees. Carried.

THE NOMINATION OF OFFICERS OF SECTIONS.

Dr. Davis spoke of the method of nominating officers which was laid on the table last year. He fulfilled his promise to bring up the subject this year, to change the present order of nominating officers of sections.

Dr. Kinloch, of South Carolina, protested against the attempt to make specialists of all the members. It was all very well in the North and in the Eastern States; but there were many who did not want to be restricted to any particular section, as they would be by the proposal.

Dr. Eugene Smith, of Michigan, opposed the amendment on the ground that it would give asplrants to chairmanship an opportunity of packing meetings with their supporters.

Dr. Murphy thought the proposal was all very well for the Eastern States, but in the West men could not always be specialists. The existing rule worked well; he hoped the motion would not prevail, and he should oppose the amendment.

Dr. Dudley S. Reynolds, of Kentucky, spoke in opposition to the amendment.

A member moved that further action on the whole matter be deferred until after the question of receiving delegates had been settled. Not seconded.

Dr. Staples, of Minnesota, said the sections would only nominate and not elect, so that there would be no use in log-rolling.

Dr. Murdock, of Pennsylvania, supposed it was important that the Association should not be turned into a political organization. They had met to discuss medicine and science, and not wire-pulling.

Dr. W. W. Allport, of Chicago, strongly advocated the adoption of the amendment.

Further discussion *pro* and *con* was participated in by others, and, on the amendment being put again, the President decided by a show of hands that four-fifths were in favor of its adoption.

The Committee on Nominations was then announced: Alabama, Arkansas, Dr. P. O. Hooper; California, Colorado, Dr. J. W. Graham; Connecticut, Dr. W. C. Wile; District of Columbia, Dr. J. W. Bulkley; Dakota Territory, Dr. J. B. Van Velsor; Delaware, Florida, Dr. T. O. Sommers; Georgia, Dr. J. W. Bailey; Illinois, Dr. J. E. Owens; Indiana, Dr. T. B. Harvey; Iowa, Dr. W. Watson; Kansas, Dr. C. V. Mottram; Kentucky, Dr. W. H. Wathen; Louisiana, Dr. Joseph Jones; Maine, Dr. Charles E. Webster; Massachusetts, Dr. E. W. Cushing; Maryland, Dr. G. H. Rohé; Michigan, Dr. H. O. Walker; Mississippi, Dr. P. W. Rowland; Missouri, Dr. G. F. Dudley; Minnesota, Dr. H. H. Kimball; Nebraska, Dr. W. M. Knapp; New Hampshire, New Jersey, Dr. E. L. B. Godfrey; New York, Dr. E. S. F. Arnold; North Carolina, Dr. C. J. O'Hagen; New Mexico, Dr. W. R. Tipton; Ohio, Dr. H. J. Sharp; Oregon, Pennsylvania, Dr. J. C. Lange; Rhode Island, Dr. H. R. Storer.

Dr. Nicholas Senn, of Milwaukee, then delivered

THE ADDRESS OF THE CHAIRMAN OF THE SECTION ON SURGERY AND ANATOMY,

in which he directed special attention to

THE PRESENT STATE OF ABDOMINAL SURGERY

by a condensed account of the advancement which had been made within the last few years in that department. He limited his remarks to the consideration of such injuries and lesions of the abdominal organs as were liable to be presented to physicians and general surgeons, aiming particularly to point out

THE LIMITATIONS OF ABDOMINAL OPERATIONS,

and to draw a distinct line between feasibility and justifiability. The first topic was penetrating wounds of the abdomen. The chairman mentioned the distinctions between punctured and gunshot wounds, and spoke of these as important with reference to diagnosis and treatment.

EXPLORATIVE LAPAROTOMY

had for its objects positive diagnosis, arrest of hemorrhage, restoration of breach of continuity, and removal of extravasations. Dr. Senn prefers the bichloride to carbolic acid, and for uniting divided ends of intestine the Czerny-Lembert suture was the only one which should be used. If any doubt exists concerning the aseptic condition of the peritoneal cavity, a drainage-tube should be inserted. He insisted upon the justifiableness of explorative laparotomy in all doubtful cases.

LAPARO-COLOTOMY

was the next topic, which was followed by that of subcutaneous laceration of intestines. Then came intestinal obstruction. The treatment of this condition by laparotomy was in its infancy, yet sufficient good results had been obtained to stimulate additional efforts in studying its limit of application. The results would improve as soon as physicians recognized the insufficiency of the expectant plan of treatment. Intussusception and entero-stenosis followed, and for internal strangulation the rules given by J. Greig Smith were endorsed. These were followed by enterectomy, rupture of the diaphragm, and

TREATMENT OF PERITONITIS BY ABDOMINAL SECTION AND DRAINAGE.

The last had been most successful in cases where the disease had not become diffused, and where the original cause could be removed. Tubercular peritonitis was considered next, and this was followed by gastrotomy, which was of questionable propriety in cases of malignant disease, but was recommended in all cases of non-malignant stricture. Pylorectomy, duodenostomy, and jejunostomy were the last topics considered.

The general conclusion was that abdominal surgery was a legacy of inestimable value, left to us by McDowell, Gross, and Sims, that it should be cherished and studied, and that our knowledge of it should be carefully cultivated.

Dr. H. F. Campbell, of Georgia, ex-President, was invited to take a seat upon the platform.

Dr. S. C. Gordon, of Portland, Me., then delivered

THE ADDRESS OF THE CHAIRMAN OF THE SECTION ON OBSTETRICS AND DISEASES OF WOMEN,

in which he said that nothing remarkable had been done or discovered in these departments during the last year. He could only emphasize matters which had been alluded to, and perhaps weigh inferences which had been made on topics that had been more or less discussed. With reference to attend-

ing cases of labor after having made an autopsy or while in attendance upon cases of puerperal fever, etc., he believed that the weight of opinion sustained the view that with proper regimen and absolute cleanliness, the daily work of the physician could be safely continued without delay or anxiety. The criminality was in the neglect to take proper precautions, and time might not be an element of safety if these were not observed. Concerning the early signs of pregnancy, he regarded Hegar's test as especially valuable, and one which was applicable early, namely, increase in the anterior curvature of the uterus, with increased elasticity of the uterine wall. For the obstinate vomiting of pregnancy no one measure was of so much value as forcible dilatation of the cervical canal below the internal os. In producing premature labor he recommended the use of the bougie, and when done on account of disproportionate head the eighth month was the most favorable time. He favored the use of a nutritious diet during the parturient period. For ameliorating suffering and shortening the process of labor, anæsthetics and the forceps had done much, and had thus prevented many of the injuries formerly incident to the parturient process. Under the judicious use of the forceps, vesico-vaginal fistula was diminishing in frequency.

The treatment of the placenta in both normal labor and abortion had been written of so satisfactorily by Pajot that nothing need be added. At full term the placenta was best removed by prompt and gentle traction on the cord, and the earlier after the delivery of the child this was effected, the more easily could it be done and the less evils come therefrom. Forcible removal of membranes in abortion was by no means the safer practice. Remove them if it can be done without much trouble or instrumental interference; otherwise carefully tampon the vagina, and less harm would be done than by resorting to forcible means.

In the department of gynecology only one theme was introduced, and that was the removal of uterine appendages, included under the three operations known as Battey's, Tait's, and Hegar's. After making some remarks, the chairman spoke particularly of hysteria and its relation to diseases of the uterine appendages. This part of this subject was discussed at much length, and accompanied by the histories of illustrative cases in which cure had been effected by the operation. He had removed the uterine appendages in twenty-five cases, and with only one death. The conclusions reached by the speaker were based upon his study of the subject and the favorable results obtained in these cases.

Dr. A. L. Gihon, of Washington, chairman of the

RUSH MEMORIAL COMMITTEE,

reported that in obedience to the resolutions adopted by the Association at its last annual meeting, the committee had been instituted by the appointment of one member from each of the States, Territories, and national services represented in the Association, and that the Standing Committee thus organized would proceed at once to collect funds for the erection of a statue of Dr. Benjamin Rush, in the city of Washington, by the members of the profession of medicine in the United States. No further time should be lost by the medical profession in completing its enduring testimonial of one who was not only a great physician and teacher of medicine, philosopher, philanthropist, and accomplished writer, but a fearless patriot and founder of the Republic, a signer of the Declaration of Independence, an officer of the army of the Revolution, and one of the authors of the Federal Constitution.

With this announcement the Rush Memorial Committee will at once undertake the work of obtaining subscriptions, which have been limited by resolution of the Association to one dollar from each member of the profession of medicine in the United States, and receiving such voluntary donations as may be made by persons interested in this great undertaking. The secretary of the committee is George H. Rohé, of Baltimore, and the treasurer, J. M. Toner, of Washington, D. C.

The report was accepted and referred to the Committee on Publication.

Dr. I. N. Quimby, of New Jersey, moved to take from the table the resolution introduced at the last annual meeting, providing for a new section, namely, one on medical jurisprudence, which was carried.

A motion for its adoption gave rise to discussion by Dr. Logan, of New Orleans, who thought that the necessity for such a section did not exist, and by Dr. Campbell, of Georgia, who originated the idea of establishing this section.

The resolution was adopted.

The President acknowledged the receipt of a communication from the Texas State Medical Society, extending its congratulations to the Association on its growth and usefulness, which was accepted and ordered entered upon the minutes.

HYSTERIA AND ITS RELATIONS TO DISEASE OF THE UTERINE APPENDAGES,

was the title of the address by Dr. S. C.

Gordon, of Maine, chairman of the Section in Obstetrics and Diseases of Women, and dealt principally with the subject of Battey's operation. It consisted largely of extracts from Dr. Hammond's book on nervous diseases, and the recital of the results of the operation for removal of the uterine appendages.

THE REPORT OF THE SPECIAL COMMITTEE ON CREMATION

was read by Dr. J. M. Keller, of Arkansas. The committee moved to amend the original resolution so as to read:

"*Resolved*, That cremation or incineration of the dead has become a sanitary necessity in populous cities, and that this association advises its adoption."

The amendment was adopted by a vote of 159 to 106.

THE ADDRESS IN STATE MEDICINE

was read by the chairman, Dr. John H. Rauch, of Illinois, who defined State medicine as the office of the sanitarian promoted by the State. He predicted its perfection, and its extinction when every member of the community should have become by education a sanitarian, making the interference of the State unnecessary. He referred to the regulating of medical practice by the State, which was now done by thirty-three states add territories. He stated that there were one hundred and twenty medical colleges in the United States in which the facilities for teaching and the competency of the instructors would compare favorably with those of similar institutions in any other part of the world. The number of physicians in the United States was stated at 106,947. He recommended that the association place itself on record as in favor of an extension of the term of study to four years, and of the period of attendance of lectures to three full terms, with ample hospital and clinical experience, as among the requirements for graduation. He urged the appointment by the association of a standing committee on medical legislation, to frame a law for regulating the practice of medicine, which law, when it had been indorsed by the association, should be the standard to which all existing laws must conform. State and municipal boards had done effective work in their respective spheres, but the subject of the registration of vital statistics was still in an unsatisfactory state, yet the death-rate for 1885 compared favorably with that of previous years. He said that the National Board of Health continued under the act of March 3, 1879, and that a re-enactment of the law of June 2, 1879, would restore it at once to activity. He commended the work done by the American Public Health Association, which was of more than usual practical value. The Sanitary Council of the Mississippi Valley, although it had not been called upon for action, was still organized and ready for an emergency.

Dr. J. T. Whittaker, of Cincinnati, then delivered the

ADDRESS OF THE CHAIRMAN OF THE SECTION ON PRACTICE OF MEDICINE.

There are three planes in the history of medicine: First, the study of the symptoms or appearance of disease; second, the observation of the effects or lesions of disease; third, investigation into the cause of disease. The etiology of acute infections is comprised under the single term bacteriology, for it has now been demonstrated that pathogenic micro-organisms do exist beyond dispute in distinct and definite entity. The speaker then considered the theory of spontaneous generation, the claims of convertibility of all germs, the question of mutability or immutability, the deviations that do occur, the doctrine that the germ, not the form, is essential, the morphology of bacteria, the destruction of bacteria, the formation of zoöglea, the subject of pure culture-soils, the necessities with reference to temperature and the need of oxygen, the fecundity of micro-organisms, the topic of spores and saprophytes, the mode of invasion and dissemination, the effects upon the tissues, their presence in neoplasms, in giant cells, in the blood. The question of immunity was studied, and also the manner in which micro-organisms produce the phenomena of disease. The address concluded with a brief reference to the subject of ptomaines.

(*To be continued.*)

Sanitary Inspectors at Foreign Consulates.

From the Washington correspondent of the *N. Y. Med. Jour.* we learn that "upon recommendation of the Surgeon-General of the Marine Hospital Service, the Acting Secretary of the Treasury has requested the Department of State to appoint sanitary inspectors at the United States consulates at Genoa, Naples, Marseilles, and Venice, with instructions to give prompt information of the appearance of cholera in any of the consular districts named, and to report the departure of emigrants and merchandise for the United States from infected districts. The disease has not appeared in any of the ports named, but is reported to exist in vil-

lages in the same consular districts. This is in pursuance of the plan so successfully carried out for the past few years, and in view of the recent cases at Brindisi, and the alleged cases at Venice, is a timely and necessary precaution. There is said to be some higgling in Congress about the authority of the United States to have these sanitary *attachés* to the consulates; but it seems there has never been any question about the employment of military or naval *attachés*, or of the payment of their salaries while so engaged, consequently such obstructionists must have some more valid reason than lack of precedent. The same argument was used to defeat the proposition of Surgeon-General Hamilton to make an inspection of the foreign quarantines. He proposed to make a thorough inspection, obtain photographs and maps, and publish in a report, for the general information of health officers, the result of his personal observations. The cry of no precedent was immediately raised—a cry which, thus far, has not availed to prevent appropriations for sending commissioners to the tops of foreign mountains and islands beyond the sea to take triangulations or photographs of eclipses, transits of Venus, or unusual sun-spots. Thus it is apparent that abstract science has more charms to woo our Solons than practical science."

Cremation.

Dr. Wm. Le Moyne Wills thus concludes a paper in the *Southern California Practitioner:*

"I have stood," says an eye-witness, "before the threshold of the crematory with a fluttering heart, and trembled at the thought of using fire beside the form of one I loved. But when, in obedience to his own dying request, I saw the door of the incinerator taken down, its rosy light shine forth, and his peaceful form, enrobed in white, laid there at rest, amid a loveliness that was simply fascinating to the eye, and without a glimpse of flames, or fire, or coals, or smoke, I said, and say so still, 'This method, beyond all others I have seen, is the most pleasing to the senses, and most grateful to the memory.' And as I turned away from the incinerator, where we had left the body of our friend, it was pleasant to think of him still resting in its rosy light, enveloped by what seemed to us as floods of purity." When all was over, nothing remained but a few fragments of calcined bones and delicate white ashes and dust, perfectly pure and odorless.

This mode of disposing of the cast-off body, absolutely innocuous to the living, whose claims should be paramount, seems a more fitting destiny than that it should remain for years and years a mass of loathsome and death-bearing putrefaction. It is a question of custom and association which the intelligence of the nineteenth century should not hesitate to change, for sufficient reasons.

The medical profession has led the way in this reform; among others the Nestor of surgery, Samuel D. Gross, testified to his approval of this method by having his body cremated. Let the example of these great and fearless advocates of reform be emulated.

A Nursery for Scrofulous and Rhachitic Children.

Mr. Rindge, of California, has offered to give Lowell Island, in Salem Harbor, to one of the charities of Boston, as a summer home for scrofulous and rhachitic children, and, in addition, he has guaranteed $1,000 annually for three years toward its support. If at the end of that time the situation is found unsanitary, the property, which is valued at about $50,000, can be sold and the proceeds used for a similar institution elsewhere. Recently a meeting of the staff of the Boston Dispensary was called, to consider the subject from a medical standpoint, and, as it seemed to be the unanimous opinion that such an institution was desirable, those interested called a second meeting, Monday, April 26, to determine how the nursery organization should be effected. As the trustees of the hospitals of Boston, Lynn, Salem, Lowell, and Worcester had not had time to consider the matter, the meeting adjourned to meet at the call of the chairman.

How the Late Dr. Nebinger Bequeathed His Valuable Estate.

The late Dr. Andrew Nebinger, of the Board of Education, left an estate valued at $300,000, of which amount $200,000 is in personal effects. By his will, dated June 30, 1880, and admitted to probate recently in the office of the Register of Wills, $300 goes to the Southwark Soup Society, $1,000 to St. Joseph's Orphan Asylum, Seventh and Spruce streets; $1,000 to St. John's Orphan Asylum, Forty-ninth and Westminster avenue; $1,000 to the R. C. Church of the Sacred Heart, Moyamensing avenue below Reed street; $5 000 to the Sisters of the Order of St. Francis, to be expended in the erection of a hospital on the lot bounded by

Tasker, McKean, and Broad streets and Nebinger avenue.

One-fourth of the residue of the estate is left in trust for the benefit of his sister, Charlotte C. Shaeffer, and at her decease one-half of this trust goes to the Sisters of St. Francis, for the hospital above mentioned.

In the event of the decease of his nephew, Andrew N. Shaeffer, without having issue, the remaining half of the one-fourth part is bequeathed to the Sisters of the Order of St. Francis, to be used in the erection of the hospital. Another one-fourth part is left in trust for the benefit of his sister, Mary A. McMinn, and upon her decease and that of her husband, James B. McMinn, the executors are directed to pay $2,000 out of the principal to St. Joseph's Orphan Asylum, $2,000 to St. John's Orphan Asylum, $2,000 to the House of the Good Shepherd, $2,000 to the Society of St. Vincent de Paul, and the residue to the Order of the Sisters of St. Francis, to be expended in the construction of the hospital building referred to.

The Good Effect of a Disgusting Custom.

A southern secular paper is authority for the following statement regarding the fattening effect of chewing-gum: "Twenty years ago the rule was the Southern women were thin and delicate; it is not the rule now. Southern women are not physically equalled in all North America. Any physician who is as well informed as he ought to be, will tell you that this is true. This change is due to the habit of chewing gum. You may smile, you may even laugh if you please, but I am telling you a plain fact. As to Southern men, they are as thin and gaunt as they ever were, and so they will remain until they cease to chew tobacco and begin to chew gum."

A Healthy City.

Speaking of Goulburn, in New South Wales, a recent English visitor, Dr. J. E. Taylor says: "It is a picturesque and clean town, with wide streets and fine buildings, surrounded by a breezy, open country on one side, and a bold, craggy ridge, half forest-clad, on the other." He then proceeds to state that "Goulburn is said to be so healthy that the doctors rely on the natural increase of population for a living! People are neither in a hurry to be sick nor to die."

Two Senators with but a Leg Each.

Senator Butler and Senator Hampton, of South Carolina, have but two sound legs between them. Neither of them uses crutches, and each wears a cork leg with such skill that the ordinary beholder would scarcely believe that they are thus afflicted. Hampton lost his leg since the war in an accident; Butler left his leg at Brandy Station twenty-four years ago. Upon the anniversary of the battle, which happened only a few days ago, Butler took a trip to the place where he was shot, and where, standing by his side, a brother of Hampton was killed.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE WEEK ENDED MAY 1, 1886.

Magruder, G. M., assistant surgeon. Appointed an assistant surgeon, April 24, 1886. Assigned to temporary duty at Norfolk, Virginia, April 26, 1886.

The Congressional Corn Doctor.

The attendants at the congressional bathrooms are paid out of the treasury, of course. Then to cap it all, a chiropodist, who is on duty, takes care of the pedal extremities of such members as happen to be afflicted with corns, bunions, and the like.

Personal.

Dr. D. D. Richardson, late Physician-in-chief Insane Department Philadelphia Hospital, has located at No. 3204 Chestnut street.

Items.

—Dr. Levick will soon go to the Adirondacks.

—Dr. Philip Leidy, physician-in-chief at the Almshouse, drives a fast bay, which is the envy of lovers of horseflesh.

—A Sanitary Convention will be held at Kalamazoo, Mich., under the auspices of the State Board of Health, on the 1st and 2d of June.

—It is understood that Dr. T. Hollingsworth Andrews has been offered the position of demonstrator of anatomy in Jefferson Medical College.

—The *Scientific American* says oil stains may be removed from paper by applying pipe-clay powdered and mixed with water to the thickness of cream; leave on for four hours.

—There are nine physicians in the House of Representatives, according to the *Weekly Medical Review*, which journal at the same time hopes from them a benign influence on legislation.

—Mr. Andrew Carnegie has generously given $5,000 to the Western Pennsylvania Institution for the Deaf and Dumb, at Edgewood, as a fund the interest of which is to be expended for the increase of the library of the institution.

—In Paris the consumption of fish and other articles of the *maigre* diet in passion week is something enormous: 55 tons of salt cod, 20 tons of pickled herrings, 3 tons of skate, 4 tons of shad, 300 pounds of salmon, with vast quantities of eggs and butter.

—It is announced that Dr. J. S. Billings, U. S. A., has been selected to deliver the Address in Medicine before the next meeting of the British Medical Association, in place of the late Professor Austin Flint. The well-known ability of Dr. Billings, and his familiarity with general medical literature, makes the selection one eminently proper.

—In the *Lyon Médical* and *Journal de Médicine* for March 27, Aubert states that headache and coryza resulting from full doses of iodide of potassium can be prevented by using belladonna. In one instance, in which five grammes of the iodide were administered daily, six grammes of extract of belladonna were also given. A few days later the belladonna was discontinued, and iodism did not return.

—It seems that the little toy balloons or India-rubber bladders which children inflate with the breath may be readily reversed by inspiration and even drawn into the air-passages. In two instances recently death has occurred by suffocation, a balloon of the sort being drawn into the opening of the glottis. This is a matter of danger which ought to be recognized. Parents and nurses should be on their guard.

—Sir Henry Thompson can truly be styled a versatile man. As a physician he attained eminence many years ago, specially distinguishing himself in the field of urethral surgery. He is also well known as an artist, having frequently been an exhibitor at the Royal Academy. He is not unknown as a writer and speaker, having on several occasions championed the cause of temperance reform. He is now busy with a new novel, and bids fair to attain equal renown in the field of romance.

—The Paris correspondent of the *British Medical Journal* refers to the treatment of neuralgia by means of a spray of methyl chloride. Dr. Peyronnet makes this the subject of a doctoral thesis, and states that his own results, and those of Waller, Schultze, Abadie, Debove, and others, show that the methyl chloride spray is most efficacious in neuralgia of the trigeminal nerves (sciatica). The effect is instantaneous, and is due to "congelation of the peripheral expansions of the branches of the nerve."

—The *Southern California Practitioner* says: "We know a physician who, soon after establishing himself in Los Angeles, was very much elated upon seeing an elegant coach stop at his door. A richly dressed lady alighted and rang the doctor's bell. She was most cordially received, but soon sent a cold chill through our medical friend by saying, 'Doctor, my dog Fido is suffering dreadfully with the earache.' The newly arrived Æsculapius made the best of the embarrassing situation, carefully examined the dog's ear, prescribed, and charged the lady ten dollars. The other party then had the chill.

—The Kansas State Board of Health has issued its first annual report, covering the period from its organization, in April, 1885, to the close of that year. Besides a great deal of interesting matter, largely of a statistical nature, the volume contains a number of short practical papers on topics connected with sanitation, contributed by Dr. G. H. T. Johnson, of Atchison, the President of the Board; Dr. D. Surber, of Perry; Dr. W. L. Schenck, of Osage City; Dr. J. Milton Welch, of La Cygne; Colonel William Tweedale, of Topeka; and Dr. J. C. McClintock, President of the Topeka Board of Health.

QUERIES AND REPLIES.

Diagnosis and Treatment Wanted.

Eds. Med. and Surg. Reporter:

Gentlemen: I wish to submit the following case to your "Queries and Reply" column, to see if I can get any light as to diagnosis and treatment:

Patient, male, age 47, of previously good health, excepting that he had scurvy in the army, from which he lost *all* of his teeth, and has not had artificial teeth on account of the unevenness of his gums. Was taken between six and seven months ago with severe headache and ringing in the ears; pain is sometimes across the forehead, but usually runs from the ears backwards, and down back of the neck to shoulders. On getting up or down, or making any exertion, head aches worse, limbs jerk, the eyes roll upwards, and he becomes unconscious for a few seconds. Face rather flushed at all times, tongue red, slightly fissured and seldom coated. Pulse 65 to 70, temperature about normal, bowels costive, appetite usually very fair, but food sometimes passes partially digested. When I first saw him, six weeks ago, headache had been constantly severe for five months. Cathartics, tonics, pepsin, with morphia and bromides, have made the pain almost entirely easy at times, but it is yet often severe. Has had no nausea or vomiting. Conjunctivæ injected.

W. A. T., *Iowa.*

THE

MEDICAL AND SURGICAL REPORTER.

No. 1525.] PHILADELPHIA, MAY 22, 1886. [Vol. LIV.—No. 21.

Original Department.

Lecture.

EMPHYSEMA ARRESTING TUBERCULOSIS.*

BY J. M. DA COSTA, M. D.,

Professor of Theory and Practice of Medicine, Jefferson Medical College.

The patient is a woman aged 45, who brings a history of long-standing ill health. She has been exposed to damp houses, has had malarial fever, and for some time past has been suffering from dyspnœa. She was once before in the hospital with symptoms much the same, but in addition there was evidence of lung consolidation, supposed to be tubercular.

She left the hospital in '83, remaining for a time in fair health. She says the cough entirely disappeared. While in the hospital she had some spitting of blood, which symptom has recurred twice since that time, and she has lost considerable flesh.

At the time of her admission she had been ill four weeks, and presented, with decided cough, ralés through both lungs, and slight rise of temperature, which has, since her treatment here, subsided. The urine is normal.

As she appears this morning, her tongue is normal, her respirations 30 per minute; Pulse accelerated, (108,) and it has been continually as high, sometimes varying from 108 to 116 in twenty-four hours. She has no abdominal symptoms. It now remains to determine what significance this cough has. There is considerable expectoration; the right lung is clear on percussion, with extreme resonance posteriorly, especially over the lower part of right lung; the resonance is of higher pitch on the right than on the left side, and only very slightly increased upon deep breathing.

The physical signs are coarse ralés under the right clavicle, which mask the breath-sounds, but where we can distinguish the breath-sounds they are distinctly bronchial low down, while above they are feeble but *not* bronchial.

Left side: respiration is harsh, with moist ralés, that mask the breath-sounds.

What do these sounds indicate?

1. Bronchial catarrh.
2. Consolidation at right apex.
3. Extreme resonance, with harsh breath-sounds, demonstrate emphysema of lower part of both lungs.

The history and signs point to bronchial catarrh of recent origin—acute, without doubt. But this emphysema; is this a bronchial catarrh which often co-exists with emphysema?

Mark the shape of the chest. How long has she had this emphysema? I believe for years. What relation has it to the consolidation at the right apex? Both are chronic, for our old hospital notes show it.

There is no evidence of hereditary phthisis, though at the time of her first admission to hospital, the signs were of phthisis.

The question now arises: How is it that she had this long interval of comparatively good health? This is the very interesting point.

Emphysema has arrested the development of consolidation of the lungs, which bore all the signs of tuberculosis. Indeed, so true is it that a condition of dilated air-cells is thought

* Abstract of lecture delivered in the Pennsylvania Hospital.

favorable to tuberculosis, that we formerly tried to devise means to bring about emphysema, hoping thereby to arrest the progress of this disease; the reasons are not yet fully explained.

The patient's treatment, which was commenced February 25, has been—

℞.	Ammon. chlor.,	gr. x.
	Tr. opii deod.,	gtt. vj.
	Syr. prun. virg.,	ʒj.
M.	S.—Dose every hour—	

since which time the cough and expectoration are lessened. She may now have less opium, and as soon as the acute condition of the catarrh is better we will administer cod-liver oil and iodide of potassium 10 grs. three times daily, which will relieve the dyspnœa and improve her general condition. From every point of view, this case is one of considerable interest.

CATARRHAL FEVER SIMULATING TYPHOID.

Here is a woman, aged 21 years, who tells us that her mother and one sister died of consumption. She has one child, (two years old, who seems healthy. Patient was well till her thirteenth year, when the menses were established. She soon lost much blood, and her general health suffered, but after marriage this improved, and she was in comparatively fair health till three weeks ago, when she complained of chilliness, followed by nausea, vomiting, and complete anorexia.

She endeavored to relieve obstinate constipation by the use of salts, which induced excessive purging (as in typhoid fever), and there was a continued rise of temperature, especially in the afternoon. At present the bowels are constipated, the tongue coated and red at the tip and edges. Countenance dull, pulse weak, temperature 101½°. Urine is 1016 sp. gr. and normal. Skin is dry.

The temperature chart shows on the day of admission a temperature of 101½°; the following day it fell to 100°, next day to 99°, then to 98°, and one day later shoots up to 100°, then suddenly to 98° again. This extreme irregularity is *unlike* typhoid. The mind was dull and heavy for the first few days, but is now better. The tongue, which was then dry, is moist. There is no eruption, though it has been sought for repeatedly. At first there was some tenderness of the bowels, but this has also disappeared. There is no heart lesion.

What is the diagnosis? This woman has had a catarrhal fever, simulating typhoid fever, and aggravated by colds. Such fevers are calculated to mislead the practitioner and cause errors in diagnosis. Epidemics of such fever sometimes occur; in fact, such an epidemic exists in the city at the present time, under the false name of typhoid fever.

It would seem that the intestinal irritation was the *main* misleading point. But in beginning typhoid fever, we do not have nausea, vomiting, etc., causing the patient to seek relief. Temperature is not irregular, as in this case. I do not hesitate to say that this is a case of protracted catarrhal fever. I have known cases to last for weeks, but with judicious treatment they always end in recovery.

The diet is of great importance, light, easily digested food, (chiefly liquid,) milk, beef tea, etc., because of the intestinal irritation. Watch the secretions, and endeavor to keep them in normal condition.

We gave this patient an occasional laxative, and as she was very restless at night morphia, and as the tongue became dry some aromatic acid and quinine. For the dry skin we ordered sponging, as there was slight fever. We also gave her

℞.	Phos. ac. dil.,	℥j.
	Tinct. cinchonæ comp.,	℥ij.
	Simple elixir,	ʒj.
M. S.—One drachm before meals.		

The best laxative would be castor oil, but this is so difficult to take, that we have substituted confection of senna.

COMMUNICATIONS.

CLINICAL DIETETICS.

BY T. C. SMITH, M. D.,

Of Aurora, Ind.

The following case will illustrate many that are met with in practice. This was the case of a female; but the male often presents the same symptoms, so far as dietetic influences are involved on the general system:

Mrs. X., æt. 25, mother; one child, æt. 26 months. She is of French-American extraction, has dark hair and eyes and florid face. Her height is five feet four inches; weight, 140 pounds; very muscular, and carries considerable adipose tissue. She presented the following history: About thirteen months after birth of her child she supposed she was pregnant, but at the second menstrual period the discharge appeared. She states that it was then very free, continued far beyond the usual period, and became very offensive after the first two days. This condition has been repeated three times since that, and she is now in the second week of the fourth men-

struation of this character. To diagnose this condition now and dispose of this feature of the case may be most convenient. It seems clear to my mind that this lady had four times become pregnant, and that this caused the interruption of the menses. Their return, accompanied by the above-named symptoms, indicates the discharge of a blighted ovum. That she did not in any way, by intention, produce this blight of the ovum and return of the menses, I am fully persuaded, as that is not according to her wish; but whether the cause lay in the general extra plethora of blood and oversupply of nutrient material from overfeeding, we leave the reader to judge for himself. She did not come to complain of this condition of her menses, but of other systemic derangements.

She is troubled much of the time with a heavy supra-orbital pain. Some disturbance of vision at times, as the entangling of letters before her eyes; has a bad taste in the mouth much of the time, especially of a morning on rising; tongue is covered with a firm yellow coating, is thick, and disposed to be indented by the teeth. She has a strong, craving appetite, eats regularly, and does not piece between meals; complains that her food does not digest well; has constant bloated sensation in the stomach; very frequent eructations that demonstrate an acid fermentation rather than normal digestion of the food eaten; does not often vomit; has a dull pain in the liver much of the time; bowels are greatly constipated—do not move for three or four days without the use of some cathartic medicine; has been using some patent pills for this purpose; feels better after operation. The urine has been troubling her for months; it is scalding, sometimes very high-colored and scant; often free, but scalding; attributes this to disease of the kidneys; says "when the urine stands awhile in the vessel it leaves a thick pink stain and sediment on the bottom of the vessel; sometimes the urine is almost ropy, it is so thick."

To the question, "Do you feel depressed much of the time, and sometimes very cross toward everybody and everything?" she replied, "I do feel very greatly depressed, and cross too."

"What food do you crave most, and of what do you most freely partake?"

"O, I eat everything that is good if I can get it. I use meat freely, eggs, fried victuals, butter, cakes, molasses, and usually eat all I want, and that is considerable. I do my own housework, and that keeps me going most of the time."

She further stated that about an hour after eating she was usually greatly annoyed with indigestion, eructations of sour gas, has supra-orbital pain, and feeling of great depression, often very cross. This woman is naturally cheerful and kind.

Now this is not a remarkable case by any means, and its type is met with almost daily in the office of every busy physician. What is the trouble? Is it simply one of dyspepsia with constipation? Do these chylopoetic derangements have their origin in a strong sympathy with the uterus? The specialist might think so, and be led to ply a course of treatment directed to that organ, innocent though we deem it to be of all this offence. That there are dyspeptic symptoms is true. Shall we therefore ply the case with pepsin, peptonoids, digestive tonics, and stimulants? To do so is only to give the patient temporary relief, and ultimately render the condition of the stomach worse. It is too much like whipping the over-tired horse, instead of resting him. True, he works better for a while, but it renders his plight only the worse at the last. But then if we turn to the liver, we find it also growling at its overburden, and making its overworked state known by the dull pain and its engorged condition. Shall we, therefore, keep giving soda and cholagogue cathartics to spur it to increased effort? This will relieve it for a while, just as the digestive agents and stimulants relieve the indigestion in the stomach. But this relief is only transient.

If we turn to the kidneys, we find that they too are drawn upon to the utmost of their capacity for labor. They manifest this by the dull pain across the loins, by the high-colored and strong-smelling urine, but more by the character of the sediment which the urine casts down when allowed to cool and stand awhile. This clearly indicates that the overworked liver is trying to find relief by throwing a part of its excess of labor on the kidneys. These in their turn are doing their utmost to relieve the system by the elimination of their usual proportion of the ordinary waste material, and of the excess of unassimilated material that the liver could not prepare for a higher step in the process of assimilation and tissue building.

We, in short, have a case in hand of a naturally stout, robust, healthy, good-natured and industrious woman, who has for months and very probably for years overfed herself. Not only so, but she has crowded on a very great excess of nitrogenous food. The results have been seen in the production of

some marked dyspeptic manifestations of a grave character; by engorgement of the liver, by the overworked kidneys, by the supra-orbital pain, crossness and depression of feelings, and by relative inactivity of the bowels, as shown in constipation.

Now, what course of treatment shall we pursue? Four channels of relief are open: *a*, digestive stimulants; *b*, free catharsis; *c*, increase of physical labor; *d*, regulation of diet. Which route shall we take? Which is the most practical? If we look to immediate relief, without regard to permanency of results, the second is the best. To follow the first channel will result in worse than failure at the last, though it may slowly bring relief at first; for the over-stimulated stomach will flag at the last, in spite of stimulants, and be left weaker than when the treatment was begun, and far less able to recuperate. The third channel—more work—in this case cannot be applied. In some others, where lazy indolence is habitual, it will be just the line needed and the most practical, provided you can get the lazy lout to think so. Albeit, the physician who advises this course in some of these lazy cases had better collect his bill before the lazy lout departs from his presence. But if we turn to the last channel of relief, especially if we precede it by the second, *i. e.*, catharsis—salines are best—we will hit the nail fairly on the head. An excellent threshing machine may be fed too rapidly and choked down. The remedy is to clear it of the excess of straw, and then feed less and with regularity. That is just what is needed in these cases. Clear the system of the excess of waste tissue and of unassimilated material that are floating in the blood and stowed away in the cells of the different tissues, and at once the patient feels relieved, digestion improves, mental hebetude is gone, the liver clears itself of its overburden, and the kidneys give normal urine again, because their overwork has been taken off down to their healthy amount.

If now we let the patient eat to gluttony again, the same state of things is soon re-established. But, if now we regulate the quality of the diet, and govern, to a fair degree, the quantity eaten, we shall keep our patient in health with the use of but little or no medicine. A placebo may be needed to satisfy the mind, but often not otherwise.

What should such a patient eat? It is better to ask, what such a patient avoid eating? If we can list the latter, the former will be easily comprehended.

All, or nearly all, nitrogenous articles of diet should be eschewed, for it is this class of articles that throw the greatest weight of work on the stomach and liver, and lastly on the kidneys. When nitrogenous diet is indulged in by such a patient with freedom, he must eat very little of the non-nitrogenous class of food at that same meal. The two conflict sufficiently in the processes of digestion and assimilation to make it quite difficult for an impaired stomach and liver to carry the different steps to a full completion. To stop short of it is to bring upon the patient a return of the old symptoms with all their fulness, because it leaves the liver overloaded, the blood overcharged with waste and unassimilated material, and the kidneys soon choke up by reason of the extra demands made on their eliminative powers.

In the foregoing case, I ordered a free cathartic of salts, and directed that all manner of meats, eggs, butter, fatty foods, and rich pastry, must be scrupulously avoided. Nuts must also be eschewed. She must eat regularly, and live on vegetable foods, fruits and salt fish. Milk might be used freely if not taken with more than a very light meal. Buttermilk was commended. She must exercise freely. If her housework was not sufficient she must find other means of exercise. The constipation was to be overcome by the use of the unbolted flour made into bread, pancakes, or mush, by the fruits, and by the prompt answer of all the calls of nature. As to medicine, she took a weak solution of hydrochloric acid for a few days after each meal, and nothing more. She was advised to drink very freely and often of soft water; to drink, indeed, far in excess of what she felt the need of. This was to assist in the elimination of the waste and unassimilated material of the system. It also aids in the relief of constipation. Most persons could find the very best watering place for health right at the nearest cistern of pure water, if they would do so, instead of visiting expensive watering places. It is often more needful to flood the system with water, as a means of elimination, than we are wont to believe. The course indicated above will relieve most of this class of cases completely, and more permanently than will the free use of medicines.

As a rule, we in this country use too much nitrogenous food, *i. e.*, too much animal food, etc. The proportion of nitrogen demanded by the system is pretty large, and is not supplied as largely from the atmosphere as was formerly supposed; but the supply comes chiefly from a nitrogenous diet. Still, it is easy to overstock the system, easy to thus throw too

much work on the digestive, assimilative, and excretory organs, and thus produce a serious state of ill health. In fact, one may, by overfeeding, fill his blood, as it goes flying through its channels, with material that cannot be assimilated and made into tissue, and cannot be eliminated with sufficient rapidity to relieve the system. It therefore can do no other thing than decay while thus floating in the circulation and glands of the system. This makes it poisonous. It becomes a disease-producing power. There is animal matter rotting in the blood of the system. The subject has a storm of cephalalgia, of bilious colic, or it may be even of renal colic, of great dyspeptic depression; or it may develop, with a little malarial complication, a full-blown bilious fever, or a periodic neuralgia of no pleasant proportions.

On this subject Pavy wrote (Pavy on "Food and Dietetics," p. 505, ed. 1874,) in this strain, "The effect of a highly nitrogenized diet—and it is animal food which is characterized by richness of nitrogenous matter—is to throw upon the system a large amount of eliminative work. The nitrogenous matter in excess of that which is directly applied to the growth and renovation of the structures of the body undergoes a process of retrograde metamorphosis, and is resolved in part into certain useless nitrogenous products which have to be cast out by the agency of the glandular organs with which we are provided. Now, as long as free exercise is taken, and the circulation is kept in an active state, favorable circumstances exist for the absorption of oxygen and the proper occurrence of metamorphosis and elimination. Thus circumstanced, a diet into which animal food enters largely—a diet, that is, rich in nitrogenous matter—is borne with ease, and, indeed, may be said to conduce to increased tissue formation and the development of a high state of bodily health and strength. Conjoined with sendentary habits, however, a different result is observed. The sluggish circulation which such habits tend to occasion naturally entails defective oxygenation. This, in its turn, leads to imperfect metamorphosis, and the two together conspire to induce deficient eliminative action. Thus the system becomes more or less clogged with effete products, which act perniciously in various ways upon the body. For instance, there is reason to believe that they may sometimes in a direct manner constitute the source of gouty deposits in the joints. They undoubtedly give rise to the presence of a preternatural amount of solid matter in the urine, manifesting a proneness to become deposited under the form of sand, gravel, or stone."

I have twice, recently, been called to see, in counsel with Dr. L. Louden, of Wilmington, Ind., a young man suffering from nephritic colic of a very severe grade. This young man is a hearty eater, as reported to me, using freely of nitrogenous food, and is not at all sparing of non-nitrogenous diet also. He works little or none. The result is that his urine is loaded with waste nitrogenous products. These gather in the kidney in a sufficiently concentrated state to form a concretion, which, when it is dislodged and starts down the ureter, causes the young gentleman to suffer dearly for his idleness and the too free, pleasant indulgence of his palate. The remedy here is clear. More work or less nitrogenous food, or both, would be better than either one alone. Such cases are not uncommon.

But Pavy continues (*loc. cit.*): "They likewise disturb the action of the liver, producing a disposition to the occurrence of bilious derangements. Besides these effects, evidence is not wanting to show that through their influence the other functions of life are, to a greater or less extent, interfered with. To obviate, therefore, the production of these disordered actions, those who lead an inactive life should not allow their diet to contain a preponderance of nitrogenous food."

Our knowledge of the demands of the system in the way of food has now reached a point where we ought to teach ourselves and our patients what to eat. This matter is of too much importance to allow mere fancy or the mere pleasing of the palate to govern us in our eating and in our advice to those coming under our care. It is often better to diet a patient properly and wisely than to stuff him with drugs.

CONCURRENCE OF MEASLES AND TYPHOID FEVER.

BY DANIEL B. D. BEAVER, M. D.,

Of Reading, Pa.

Willie W., æt. 6, recovered from an attack of measles on the first day of May, 1880. Two days later his brother, æt. 4, went to bed sick, after having complained several days of loss of appetite, lassitude, and peevishness. There was elevation of temperature, dry skin, thirst, headache, anorexia, and nausea and vomiting whenever any food was taken. These symptoms gradually increased in intensity, and were taken as constituting the first stage of measles, until the

fourth day, when the absence of the catarrh of that disease cast a doubt upon the diagnosis. On the fifth day the temperature was measured and found to be 103.4° between 11 and 12 a. m. Now a dry, hacking cough appeared, but no other signs of catarrh —no lachrymation nor sneezing, and no congestion of the pharynx or palate. The bowels up to this time were natural. The pulse varied from 110 to 125. The headache had now almost ceased, and the patient's mental condition had changed from restlessness and irritability to that quiet indifference which precedes the hebetude so common at the close of the first, and during the second week of typhoid fever.

On the seventh day, May 10, the mental dullness had slightly increased, but he still answered questions promptly. The temperature continued the same. There was no cutaneous eruption, and no catarrhal symptoms except the cough, which was frequent, dry, and not accompanied by any auscultatory signs of disease. The tongue was coated light brown on the centre, but was clean along the edges; the lips were dry and chapped; the throat natural; the pulse 128; and there was no subsultus tendinum. The abdomen was not distended, but there was very slight tenderness, and distinct gurgling upon pressure over the right iliac fossa. There was no rose-colored eruption on the abdomen nor chest. The bowels had not been moved for several days, owing probably to the use of pulv. Doveri to quiet the cough. The nausea and vomiting had disappeared, but anorexia was still present. Slight bleeding from the nose occurred several times since the last note. The general appearance of the patient was decidedly that belonging to typhoid fever, although there were some of the usual prominent symptoms of that disease absent.

8th day. The bowels were opened with a teaspoonful of castor oil, and the stools presented the ochre color characteristic of typhoid fever.

9th day. The temperature to-day was lower than any time during the sickness. In the axilla it was 98.8° this morning, and 100.4° F. in the evening. This sudden fall of the body heat, with the irregular course of the disease, as shown by the other symptoms, in a child of strumous diathesis, excited fears of the approach of meningeal disease, and led to the frequent use of the thermometer, which was intrusted to the mother, who is an intelligent and observant person. This suspicion was further strengthened by a frequent rolling of the head from side to side by the patient, which was not before noticed, and by the very distinct presence of Trousseau's *tache cérébrale*, which Meigs and Pepper* mention as one of the diagnostic symptoms of tubercular meningitis.

10th day. Temperature at 9:30 a. m., 99.2°; at 12 m., 103°; 4:30 p. m., 103.2°; 6 p. m., 102.2°. Other symptoms same.

11th day. Temperature, 8:30 a. m., 100.8°; 11:45 a. m., 103.7°; 4:15 p. m., 102.8°; 7 p. m., 102.1; 8 p. m., 102.8°. At this time the symptoms noted on the seventh day all continued. During the interval there was occasional slight epistaxis; the cough continued dry and frequent, without any physical signs of throat or lung disease, except a few mucous ralés. There is still gurgling on pressure over the right iliac fossa, but no distension of the abdomen, and for the first time one rose-colored spot to be seen, which is located over the seat of the gurgling. The pulse is 128.

12th day. Temperature at 7:30 a. m., 100.2°; 2 p. m., 99.5°; 6 p. m., 104°; 9 p. m., 101.4°. This morning at 9:30 there was a typical measle eruption visible on the temples, behind the ears, in the throat, and on the soft palate, accompanied by a lachrymation and some running at the nose. The cough was worse, while the other symptoms were about the same as yesterday.

13th day. Temperature, 7:30 a. m., 102.6°; 11 a. m., 100.7°; 1 p. m., 102.8°; 4:30 p. m., 103.1°; 7:45 p. m., 104°. Measle eruption is very copious.

14th day. Temperature, 1 p. m., 99°.

17th day. The temperature has been the same as on the fourteenth day. The tongue is beginning to clean, and the patient is approaching convalescence. Since the last note of the bowels, they moved several times spontaneously, and the stools were ochre-colored. The patient's mind is clear to-day, but he is weak and still without appetite. The measle eruption began to disappear at the usual time and has nearly all gone.

The treatment was as follows: liquor ammoniæ acetatis, ʒj. and tinct. aconiti rad., gtt., ½, every two hours, followed by a drink of water. The face and upper part of the body were sponged with tepid water whenever the temperature approached 104° F. Dover's powder was given to quiet the cough and procure rest at night. After the end of the first week, cinchona gr. jss was given three times daily. As food, beef essence, milk, broths, soft-boiled rice, and bananas in small quantities were given.

* Edition of 1870.

On the 5th of May, two days after this child went to bed, the older one, Willie, who had just passed through measles, was taken with a distinctly intermittent fever, which on the third day became continuous, and was attended with about the same elevation of temperature as the other case. Anorexia, nausea, epistaxis, slight delirium and gurgling upon pressure over the right iliac fossa followed, and the same dry and harassing cough noted in the other case was present through the whole course of the disease. There was no rose-colored eruption nor diarrhœa, but the stools were ochre-colored. The treatment was the same as in the other case, excepting that no cinchona was given. Convalescence occurred on the fourteenth day.

At the time of the illness of these children there was an epidemic of measles in this city, and the older one, who had taken sick first, went through a typical attack. There can therefore be no doubt about the presence of the measle contagium.

The presence of typhoid fever poison at the same time was indicated by the manifestation of the disease in the elder child a week after his recovery from the measles. The only symptoms wanting to make this a typical case of typhoid fever were diarrhœa, tympanitis, and the rose-colored eruption on the skin. But, as already intimated, the use of the Dover's powder to palliate the cough may have averted the diarrhœa and tympanitis, which are usually associated in presence and intensity; and, furthermore, both are often absent in otherwise well-marked cases. Stokes mentions a case in which the disease ran a course of forty-three days, of which he says: "At no stage of the disease was there any swelling of the belly or tenderness there. There was no throbbing of the abdominal aorta, no rigidity of the recti muscles, no diarrhœa; the evacuations were all through healthy in character. In fact, in so far as the belly was concerned, not a single symptom could be detected from beginning to end. Not only was there a complete absence of any direct symptoms of intestinal disease in this perfectly marked case of typhoid, but also the patient took his food well, and it seemed perfectly to agree with him. On dissection, the lower third of the ileum showed a sheet of suppurating ulcers, with extensive destruction of the mucous membrane."

There are many other cases reported in which these symptoms were absent, but this one covers the point so fully and is given by so excellent an observer that no others need be cited. The absence of the rose-colored eruption and the intermittent character of the fever in the beginning of the disease are so frequent in children as not to require any special remarks.

If this second case of typhoid had not occurred, the first might have been mistaken for one of those irregular cases of measles in which the eruption appears late. Trousseau says the eruption may appear as late as the eighth day; Flint, the seventh or later; and Watson and Wood, as late as the tenth. In my experience it has not appeared later than the seventh day in the uncomplicated disease, and so late in one case only, that of an adult female. In this child the eruption appeared on the twelfth day of the disease. The fever which preceded it approached the character of typhoid more than measles. Epistaxis, headache, nausea and vomiting, and cough, may all be present in either measles or typhoid alone, but ochre-colored stool belongs only to the history of the latter. The general appearance of the patient, mental and physical, is also of diagnostic value in differentiating the two diseases; and the picture presented by this case before the eruption of measles was certainly that of typhoid fever.

In the light of recent investigations in the domain of disease germs, these cases might be made the subject of speculations as to the actions and reactions of different kinds of morbific matter simultaneously present in the human body; and with the advancement of our knowledge the record of them may, perhaps, serve a more practical purpose.

SOME SUGGESTIONS AS TO THE CARE OF THE INSANE PRIOR TO THEIR ADMISSION TO AN ASYLUM.

BY H. A. HUTCHINSON, M. D.,

Superintendent Western Pennsylvania Hospital for the Insane, Dixmont, Pa.

The care of the insane previous to their removal to an asylum is a responsibility demanding the wisest judgment and thought of those whose duty it is to be thus engaged.

In some of its forms, no disease is more amenable to treatment in its acute or early stages, and no fact than this is more widely recognized by alienists, and more earnestly advocated.

As the superintendent of one of our large State Hospitals for the Insane, I have had ample opportunity to observe the methods often employed in caring for this afflicted

class, and from these observations I am inclined to believe the reason a larger percentage of cures is not obtained in hospitals consists in the oftentimes indifferent treatment patients receive before their admission.

In many families there exists a prejudice in committing patients to an hospital, and to commit one of their afflicted members to an institution of this character is regarded as a disgrace both to the family and to the patient. A short time since, a patient was brought to this hospital, and the mother upon giving me the history of her daughter's case, remarked, "I have prayed heaven to spare me this greatest of all afflictions, the disgrace of having a child a lunatic and confined in an asylum."

As a result of this prejudice many insane are treated at home by their friends and family physician, the objectionable lunatic asylum, with its every facility for the care of just such cases, remaining an insurmountable barrier to the patient's rapidly departing chances of recovery.

When these endeavors have signally failed to restore the patient to reason, and the unfortunate being has become incurable and broken down in bodily health, he is taken to the hospital, and the friends accompanying him entreat the asylum physician to care for him kindly, and are surprised if an unfavorable prognosis be given.

Many who have no friends to care for them, or in whom the insanity is of a dangerous type and unsafe to be cared for at home, are arrested and placed in jail, their period of residence varying, sometimes but a few days or extending for several weeks, until the Court decides as to their insanity, and they are then committed to an asylum. It is at this very time, upon the first manifestations of the disease, the Court should at once direct their admission to a hospital; for their residence in jail where no means exist for their proper treatment, and as is often the case there are provided the barest necessities of life, is the time when judicious medical treatment and the care and comforts of a well appointed institution would effect their restoration.

Female patients have frequently complained to me of the disregard of the proprieties of life during their confinement in jail. No jail should be without a matron, whose duty should be to care for the female inmates.

Of forty-five patients committed to this hospital by order of the Courts of the thirteen counties comprising this asylum district, sixteen were committed directly from the jails, and of this number but three recovered,
though a large proportion were acute cases.

A no less important factor in the care of the insane is the time and manner of their removal thereto. The larger number of patients when admitted to our hospitals are in poor bodily health, and there can be no doubt the condition of many is made worse by the fatigue and exposure incident to the journey.

In acute cases the exhaustion following is often fatal. In this hospital fifty-nine deaths occurred during the past year; eight died whose period of residence was but twelve days, and two were in a dying condition at the time of their admission, and died within seventy-two hours after. One of these patients, suffering from acute melancholia, was in a state of collapse when admitted; the other, who had typhoid fever, was beyond the aid of all human skill when brought to the door.

Female patients should always be accompanied by some female friend, in whom the patient has confidence, and to whom she can make known her wants and necessities; the total disregard of these proprieties, as shown so frequently in female patients brought to asylums in the custody of men and who are perhaps strangers, is often attended with great mental excitement, prolonging the insanity, and operating largely against possible recovery.

All superintendents will agree with me. I think, in regard to the difficulty in obtaining a history of patients admitted to their hospitals, so often the friends hesitate or dislike to state the particulars of the patient's trouble, thereby embarrassing the physician in his future treatment of the case, and also acting as a hindrance to the patient's recovery.

This hesitancy on the part of friends of patients is universal, as the records of this Institution prove. In preparing this paper I have referred only to the prominent defects in the present methods of providing for this class of humanity; but I feel assured "until the present laws controlling the admission of patients are amended, making provision for the overcoming of these evils, the mortality in the State Hospitals will be necessarily large, and the number of cures materially lessened."

—Japan has been mapped out into six divisions, and a medical college is to be established in each division.

Medical Societies.

CHICAGO MEDICAL SOCIETY.

(*Concluded from page* 622.)

The President asked if it was not possible that some portion of the upper wall of the vagina was drawn upwards and backwards by the bladder, and what was taken to be a continuous wall of the bladder might be a part of the vagina. He had seen a case where there was a large laceration into the bladder, and the opening seemed one cavity with continuous walls, but the flap thrown backwards was post-vaginal, and it was found that this flap could be drawn up and into its position.

Dr. E. C. Dudley, in answer to questions, said that the loss of tissue at the base of the bladder from sloughing differs from that by incision. In the latter case the ureters would perhaps be included in the excised tissue, but it is seldom that a slough of the base of the bladder in vesico-vaginal fistula, however extensive, destroys the connection between the bladder and kidneys. Even if the points through which the ureters penetrate the mucous coat of the bladder be lost, it is yet possible their openings into the bladder may be preserved, because the ureters penetrate the muscular coats nearly an inch from their normal points of opening through the mucous coats of the bladder, and run obliquely between the two coats for a distance of nearly an inch. In this case, as in many cases of loss of entire base of bladder reported by Emmet, the openings of the ureter were on either side, at the very margins of the fistulous opening. The operation was performed at Morton, Ill., in the presence of Dr. Harris, of that place, and Dr. Mansfield, of Metamora. Dr. Parkes's surmises with reference to the vaginal wall could hardly be correct, because this, together with the anterior wall of the cervix uteri up to the internal os, had sloughed away. His surmise might be correct with reference to certain tissues between the bladder and the cervix uteri which might have retracted and become adherent by inflammation, so as actually to form a portion of the bladder wall. Moreover, there is always a very decided difference in color and appearance between vaginal and bladder tissue, and the tissue in this case was to all appearance like the tissue of the rest of the bladder, and to the touch gave the sensation of a thin wall. Dr. Baker, of Boston, reports a case similar to this in that he introduced sutures into the bladder tissue, but so close to the cervix uteri as not to draw down any portion of the interior of the bladder, to be used as material in place of the lost vaginal wall.

Dr. W. L. Axford reported

A Case of Removal of the Entire Lower Jaw through the Mouth.

Harry T., aged 5. Admitted to St. Joseph's Orphan Asylum in November, 1885. It was noticed that his mouth was frequently swollen and sore. Child very much emaciated. In January, 1886, he had measles. Tedious convalescence followed. Came under observation about February 1. Weak and thin. Lower part of face very much swollen. Breath offensive. Symphisis of jaw bare. Could not examine further at this time. Pulse 120 to 130. Put the child on supporting treatment, hoping to get him in condition for an operation. No improvement at the end of two weeks. February 16 the patient was anæsthetized and the mouth explored. Found the jaw on either side stripped of its periosteum back to the masseters. Determined to attempt removal through the mouth. Any cutting operation involving the loss of much blood would have been fatal at once. Divided the jaw on either side of the symphysis with bone pliers, and thus removed a large portion of the body. Seizing the remaining pieces with sequestrum forceps and making moderate traction, they were easily enucleated by the index finger of the left hand. Not more than a tablespoonful of blood was lost. Patient rallied well. Some reaction on second day. On third day the pulse had dropped to 116, and with exception of a swollen parotid on the left side, the child was in better conditton than before the operation; so much so that a recovery was confidently predicted. A severe attack of diarrhœa occurring on the morning of the fourth day was followed by death in thirty-six hours.

Dr. Arnold P. Gilmore exhibited a patient on whom he had performed an operation for

Symblepharon of the Lower Lid,

due to a burn by molten iron, and in which three plastic operations had been unsuccessfully performed. Nine months previously the entire lower lid, from external to internal canthus, was adherent to the eyeball, covering almost the entire cornea. This triangular-shaped tissue was covered by a pale membrane of cicatricial tissue. The operator first detached the lower lid and transplanted the conjunctiva of a rabbit. For six weeks the operation was apparently suc-

cessful, but after an absence of two months from the city he found the lid was again becoming adherent. Six weeks previously Dr. Gilmore made a thorough dissection, freeing the lid and making a deep cul-de-sac, leaving the upper half of the eyeball covered by mucous membrane and the lower half bare. A semicircular band of conjunctiva, one-third inch wide, was dissected close to the cornea above, leaving a bridge of tissue at each end. This band was dropped into the cul-de-sac below and carefully stitched to the ball. A semicircular plate of silver long enough to fill the space between the external and internal canthi, with two holes at the circumference, one-half inch apart, threaded with silver wire, was dropped into the cul-de-sac to prevent adhesions, and fastened by bringing the wires through upon the face and fastening them by small lead plates and perforated shot. For this operation Dr. Gilmore claimed priority. The object of the operation was neither to improve the appearance of the eye nor to restore vision, but to relieve the irritation of the other eye, by allowing coördinate movements of the two eyes. There was enough clear cornea left to make an artificial pupil in case the patient ever lost his well eye. There was little reaction, and at no time much pus, while the well eye has grown stronger in spite of the presence of the plate.

Dr. Tilley thanked Dr. Gilmore for showing this case, but thought that if the Doctor were to go out of town again for two months as in the first instance, he would find at the expiration of that time the conditions relatively very much the same as on his return after the first operation. He thought there was little fundamental advantage likely to be associated with the operation, as he thought that in a short time the wire and plate would cause a certain amount of atrophy of the intervening tissue, and the plate be forced up and out of position, making the operation of no avail. If he was so unfortunate personally as to be placed in a similar position, he would have his eye enucleated.

Dr. E. L. Holmes thought it unwise to say that a certain thing could not possibly be accomplished, but he had been through the experience of putting in plates, and seeing it done, and never saw one permanently successful. It is different with a very narrow symblepharon in which the globe and eyelid are grown together, where by dissection and transplanting the mucous membrane excellent results may be attained. He thought the plate would irritate the cicatricial tissue and cause it to be very much thickened, and after a few months, or weeks even, when everything is removed, there will be the same tendency to creep over the cornea and make adhesions with a broad union. He thought it absolutely impossible to get an artificial eye to fit. A very small eye might be used and temporarily make it appear that the patient was better off, but that small eye will often irritate and cause the cicatrix to increase.

The president thought this case one of the same category that is so troublesome to the general surgeon, the improvement of deformities from cicatrices of all kinds, in which relief comes only in the way that Dr. Dudley has applied in gynecology, after the divided cicatrix has been separated as widely as possible, by drawing together the healthy skin or tissue between the two ends of the divided cicatrix. This method has long been in use in general surgery. So far as his experience went, the application of any foreign body between these divided surfaces has never been followed by success, so far as prevention of contraction goes.

The president presented an

Encapsulated Sarcoma of the Thigh.

It had been in alcohol for some time, and was reduced about one-third in size. It had grown the full extent shown in three months, and was removed from an old lady aged 69. It was found growing upon the posterior part of the upper portion of the thigh; was a firm, smooth tumor to the touch, and as far as external manipulations determined, could not be distinguished positively from other parts of the surrounding tissues. He could not determine whether it was or not attached to the bone, but from external appearances it was diagnosticated to be of a malignant type. The external surface was crossed by a large number of varicose veins. After removal it was shown to be a sarcoma. The interesting point was the rapidity of its growth. He thought it a singular coincidence that about a year previous he had removed a similar tumor from the upper portion of the left arm of an old man of 72 years, which had also grown to the full size in three months. Upon exposing the tumor a perfect capsule was reached, and it was easily enucleated from its bed.

BALTIMORE GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY.

Regular meeting held February 9, 1886. The President, George W. Miltenberger,

M. D., in the chair. William E. Moseley, M. D., Secretary.

Dr. A. F. Erich read the following paper:

Diagnosis of Fibro-Cystic Tumor of the Uterus—Laparotomy and Supra-Vaginal Amputation of Uterus.

Mrs. A. McN., American, aged forty years, widow, entered the Maryland Woman's Hospital December 15, 1885. Married when nineteen years old; she has had no children nor abortions. She menstruated first when thirteen years old, generally every four weeks, sometimes the interval being but three weeks. Amount usually small, and the duration four to five days. She is very anæmic. Five years ago she first noticed a hard tumor the size of a hen's egg in the lower portion of her abdomen; it grew rapidly during the first two years and a half; since then, more slowly. It varied in size, and had lately become somewhat smaller. Has had bloody discharges from her vagina, lasting six weeks, and has at times gone as many weeks without any discharge. Has frequently suffered from pains resembling labor. Her health has been gradually growing worse ever since she first noticed the tumor. Has also been subject to attacks of nausea, vomiting, and diarrhœa. Physical examination revealed a tumor the shape of an enlarged uterus, extending from the pubes to a little above the umbilicus, movable and continuous with the cervix uteri. The depth of the uterus, as measured with the probe, was five inches. Temperature, pulse, and respiration normal. The consistency of the tumor seeming rather softer than that of a fibroma, the aspirator needle was introduced and about a fluid drachm of a colorless, serum-like fluid was obtained, which, upon microscopical examination (by Dr. Keirle) did not furnish any characteristic appearances that were calculated to assist in the diagnosis. The aspiration was not followed by any unpleasant effects. The diagnosis arrived at was interstitial fibro-cystic tumor of the uterus, adopting the definition as given as given in Prof. Th. Billroth's "Handbuch der Frauenkrankheiten," band i, abschnitt iii, seite 102, according to which all fibroid tumors that contain collections of fluid within their stroma are fibro-cystic tumors. These include lymphangioma, myoma-telangiektodes s. caremosum (Virchow*), and myxomyoma, of which latter Gusserow says (page 103 of Billroth's work above quoted) that microscopically it would be difficult to distinguish this form from sarcoma. The great danger of supra-vaginal amputation of the uterus (the only radical cure of the case) being fully stated to the patient, she elected to take the risk, rather than to continue to lead the life she had been leading. The patient being extremely anæmic, the palpebral conjunctiva being perfectly white, she was put upon a preparatory treatment consisting principally of good food, iron, and quinia, until after the expiration of six weeks she seemed to be strong enough to make a successful operation possible. The operation was done February first, under all the usual antiseptic precautions, and occupied three hours. The abdominal incision made in the linea alba, extending from an inch and a half above the pubes to the umbilicus, had to be extended to a little over an inch above the umbilicus before the enlarged uterus could be rolled out. Both ovaries, considerably enlarged, rolled out with it. Finding the diagnosis verified and no adhesions present, an Esmarch gum tube of the thickness of a little finger was tied firmly around the cervix as low down as practicable, including a considerable portion of the broad ligaments.

The greater portion of the uterus was then removed, taking care to leave enough of the cervix to prevent the gum tube from slipping. The broad ligaments were next secured by ligatures before they had time to slip from under the gum tube, which they are apt to do. As much of the cervix as could be safely removed was then trimmed out in the shape of a funnel with thin edges. These edges were brought together anteroposteriorly, by first a row of deep sutures to prevent bleeding, and second, a row of superficial sutures, to bring the edges of the peritoneum in good apposition. Being unwilling to trust a mass ligature around so thick and rigid a stump as the remnant of the cervix presented, much time was spent in arresting hemorrhage from the stump by the introduction of deep sutures. The rubber tube had to be loosened and tightened many times before all the bleeding points had been thus secured. The blood lost during the whole operation could not, however, have amounted to more than a few ounces. The vagina was then carefully washed out with the bichloride of mercury solution, an opening made at the lowest point in Douglas' cul-de-sac, and a rubber drainage-tube provided with a cross-bar, to prevent it from slipping out, and long enough to reach from this space to the vulva, inserted. The vagina was filled with salicylated cotton, and the external opening of the drainage-tube covered

*Geschwulstlehre iii., p. 124.

with the same material in order to exclude the air. The abdominal incision was closed in the now usual manner, deep and superficial silk sutures, and dressed antiseptically. Fully realizing the gravity of the operation, only such assistants as were absolutely necessary were admitted to the operating-room, in order to make the risk from infection as small as possible. Prof. Rohe administered the ether, and Dr. Clair, the resident physician, the three house students, Messrs. Lindley, Wise, and Robertson, with the matron, Mrs. Warner, all dressed in freshly-washed linen, were all that were permitted to be present. The subjoined pulse and temperature chart furnishes the subsequent history in a condensed form.

Dr. Keirle's report of the necropsy gives as the cause of death cardiac asthenia and thrombosis, and says that the heart was so flabby as to flatten out of shape when laid upon the table. His report also shows that there was no secondary hemorrhage, that the drainage had been efficient, and that septicæmia had been prevented, as shown by the absence of decomposing fluid in the abdominal cavity, the temperature and pulse changes, and the fact that a firm clot of blood was found in the heart and pulmonary vessels, while after death from septicæmia, the blood is generally found of the consistency of tar. The manner of operating was that described by A. Martin in his "Pathologie und Therapie der Frauenkrankheiten," with such slight modifications as personal experience suggested, or were made necessary by the conditions under which the operation was done. Martin places a ligature around the cervical stump, to which, with my experience with a catgut tourniquet in cervix operations, I felt I had no right to trust the life of a patient. As I was not able to secure a drainage-tube provided with a cross-bar as he describes, I was compelled to extemporize one by cutting a hole through a gum tube near its end, and then forming a cross-bar by splitting a small piece of the same tube, and passing one of these pieces through the holes formed at the upper end of the drainage tube. This piece, turned with its concave surface downwards, gave an opening on each side of the tube immediately under the cross-bar. The opening in Douglas's cul-de-sac, for the passage of the tube, was made by pushing the point of a uterine dressing forceps, with a boring motion, through the peritoneo-vaginal septum, from the vagina into Douglas's space, the fingers of the left hand being used to make counter pressure. This instrument being so very blunt, the opening was made without the loss of blood. The lower end of the tube was now seized between the blades of the forceps and drawn down until its cross-bar rested upon the floor of the space. The necessity of the tube was made manifest by an almost constant dribbling of bloody serum during the first twenty-four hours. The tube was removed on the morning of the fourth day. In reference to the condition of the abdominal cavity, Dr. Keirle reports, "there was no attempt at union of the abdominal incision, the lower half of which is discolored. The stump of uterus is observed united by sutures and lymph. Injection with two-ounce glass syringe, nozzle introduced through cervical canal, does not, until after fourth trial, spirt in three fine jets through incision." Around the opening made for the drainage-tube he found "a layer of lymph (fibrin), of irregular superficies, which extends thence on the pelvic peritoneum 2 cm. area. Fibrin also agglutinates some coils of small intestines to uterine stump. This is a limited pelvic peritonitis. No further inflammation exists in the abdominal cavity, in which the other organs and structures are normal." The tumor was imbedded in the anterior wall and fundus of the uterus; the thickness of the anterior wall being six inches, that of the posterior only three-quarters of an inch. Weight of the whole uterus and tumor three pounds and eight ounces. Upon section the tumor presented a pink-colored transparent tissue, seemingly consisting of a delicate network of fibres and capillary vessels separated by transparent fluid, looking very much like a section through connective tissue in œdema, and corresponding very nearly to a description of myxomyoma as given by Virchow.

Dr. N. G. Kierle, the pathologist to the hospital, states: *"Its microscopic histology is that of the medium-sized spindle-cell sarcoma."

First day—6:30 p. m., temperature 96°, pulse 120; 9:30 p. m., temperature 98°, pulse 108.

Second day—10:00 a. m., temperature 101°, pulse 110; 4:00 p. m., temperature 100°, pulse 114; 10:00 p. m., temperature 101.6°, pulse 130.

Third day—10:00 a. m., temperature 102.2°, pulse 120; 4:00 p. m., temperature 100.8°, pulse 130; 10:00 p. m., temperature 101°, pulse 114.

Fourth day—10:00 a. m., temperature 103°, pulse 120; 12:30 p. m., temperature

*The microscopical examination was made after the case was reported.

104°, pulse 150; 2:30 p. m., temperature 104.8°, pulse imperceptible; 3:13 p. m., death.

Dr. W. P. Chunn asked Dr. Erich the character of the fluid withdrawn by aspiration; did it coagulate on exposure to air? He had always considered that if the fluid coagulated, it was a proof of fibro-cystic tumor, as the rule, to which he knew there were exceptions, was that fibro-cystic fluid was blood minus its corpuscles, and would coagulate when exposed to the air.

Dr. Erich answered that, as the amount of fluid obtained was very small, and as it was wanted for microscopical examination, he did not test its coagulability. As he said in his paper, the microscopical examination threw no special light on the diagnosis.

Dr. T. A. Ashley said that Dr. Erich had stated that he had used thorough antiseptic precautions in this operation. He would like to ask the doctor what antiseptic method he had employed.

Dr. Erich replied that the ceiling, walls, and floor of the patient's room were swept and washed and then sprayed with a carbolic acid solution. Only those required as assistants were permitted to be present, and all were dressed in freshly-washed linen, their finger-nails cut, and hands thoroughly cleaned. Carbolic acid solution was used for instruments, and a 1 to 2000 solution of bichloride of mercury for sponges, etc. The dressings for abdominal wound and vagina were described in the paper.

Dr. Ashley said that the object of his question was to elicit some discussion on the use of antiseptics in abdominal surgery. As is well known, opinions differ very widely among European abdominal surgeons in respect to the use of antiseptic agents within the abdominal cavity. While thorough Listerian principles, including the use of the spray, are enjoyed by a surgeon of Mr. Thornton's acknowledged ability and experience, all antiseptic agents are discarded by so successful an operator as Mr. Lawson Tait. One fact is clear amid all the confusion respecting the details of antisepticians, and that is the great value of absolute cleanliness, which is the essence of Mr. Lister's teachings. Modern statistics show the great value of these principles in abdominal surgery, and he would be indeed a bold operator who failed to apply these principles, modified only as to details.

Dr. Chunn questioned the advisability of introducing a drainage tube in those cases where there were no adhesions, and consequently no blood or fluid of any kind left in the peritoneal cavity. This opinion he based upon the teachings of Mr. Keith. He considered that if any fluid did collect in Douglas' space, it could be easily detected and gotten rid of. He was of the opinion that a woman of forty with a growth like that shown could be tided over until after the menopause, which could not have been many years distant in the case reported.

Dr. H. P. C. Wilson questioned the report that some distinguished operators entirely ignored antiseptics. Some, he was aware, did not use the spray, but he was under the impression that they were careful to see that all sponges, instruments, and appliances that had been used in one operation were rendered thoroughly antiseptic before being used in another. Several acids, bichloride of mercury, and other agents, were antiseptic, and if any of them were used to guard against septicæmia, those employing them could not be said to be opposed to antiseptics in abdominal surgery. As far as he personally was concerned, he still had great faith in antiseptics, especially in hospital practice, and he favored the use of the spray in such cases, having it stopped only just before beginning the operation. He never could understand why we should be so careful in disinfecting sponges, and not use as great precaution to render antiseptic the air around hospital operations. In one case he did a laparotomy upon a patient at the same time that there was a case of erysipelas in the next room, and the result was uninterrupted recovery. At another time he removed an ovarian tumor from a woman who occupied the same room and bedstead that had been vacated only ten days before by a patient having a sloughing fibroid, from which the stench was so great that it was nauseating to enter her room, and rendered the air of the whole floor offensive. In this room the carbolic spray was used liberally for several hours before the operation, and especially under, around, and in the bed. In some cases he washes out the abdominal cavity with bichloride solution before closing the incision.

Dr. Ashley said he had not had any opportunity of seeing Mr. Tait operate, and so was not personally familiar with his methods, but Mr. Tait had published the fact that he had no faith in the so-called antiseptic agents, and believed they did more harm than good. At one time he (Mr. Tait) had practiced the Listerian ideas in all their details, but they disappointed him, and he gave them up. He took water from the tap and put it into the basin for the sponges, over the instruments and into the abdomen, but he practiced the most rigid enforcement of cleanliness. Dr.

Ashley had recently, through the courtesy of Dr. Chambers, the resident physician, had an opportunity to examine Dr. T. G. Thomas's private hospital from cellar to garret. Every idea that prevails in its construction and management has reference to purity of air, scrupulous cleanliness, and absolute comfort. But, with every modern convenience for ventilating, heating, and lighting, Dr. Thomas still employed a thorough system of antisepsis, and in every detail of his operative work reference is had to disinfection and absolute cleanliness. Dr. Ashby expressed the opinion that, in our country at least, omission of antiseptic precautions in abdominal surgery would mean an increased death rate, and that no surgeon could, in justice to his patient or to his own reputation, afford to hazard an operation within the abdominal cavity without using those methods of antisepticism that are expressed in the Listerian idea.

Dr. A. asked permission to relate the following case, which he considered of interest in connection with the case reported by Dr. Erich. The patient was a negro woman, age 31, and had been married between nine and ten years. Her youngest child was about 8 years old. For four or five years past she has lost considerable blood during menstruation, and has noticed an enlargement of the abdomen, but attributed the latter to taking on flesh. For several months past menstruation has been very profuse, generally lasting about eight days. During the inter-menstrual period she has a discharge from the vagina of a clear watery fluid, and ranging in amount from a teacupful to a pint in twenty-four hours. The discharge of fluid is spasmodic in character, deluging her clothing. Her general health is at about par. Physical examination reveals a globular tumor about the size of a uterus at the fifth month of pregnancy. The tumor has thick, dense walls, and is largest at its upper part. The cervix uteri is normal in size, and full. The sound enters the uterus 5½ inches, is grasped tightly by the lower segment, but rotates freely in the cavity near the fundus. Dr. A.'s diagnosis is a fibroid of the uterus undergoing cystic degeneration. The indications for treatment are palliative, as in the present condition of the patient no operative procedure would be justifiable. The case is of interest from the fact that the woman's health remains so good, and that the cyst should have opened into the uterine cavity and allowed its contents to discharge as described.

Dr. W. E. Moseley thought one great source of misunderstanding in regard to antisepticism came from the inclination people showed to limit disinfectants to the so-called antiseptic solutions and powders. Those surgeons who decry most loudly the use of antiseptic precautions are very careful to expose their sponges, etc., to a high degree of heat before using, and thereby make use of the most powerful means of rendering them aseptic. Live or free dry steam is found to be the most effective agent in disinfecting on a large scale. The numerous antiseptic preparations have their places, but many of them are almost or quite useless, unless used in very concentrated form, and others are poisonous or irritating, and caution must be exercised in their application.

Dr. Erich said that in institutions having arrangements for disinfection by heat much could be done by that means, but in our own hospitals he thought it necessary to have recourse to antiseptic fluids.

If any question arose as to the diagnosis of the case reported, he would refer those present to Billroth's work mentioned in his paper, and ask a comparison of the specimen with the description found there. He thought many cases were diagnosticated fibro-cysts which were not really such, as, for instance, one operated upon by himself, which proved to be an old abscess of a broad ligament. The rule laid down by authorities is that fibro-cysts contain either blood, serum, or lymph, and that the diagnostic value of coagulability of the fluid contents depended entirely upon the character of cystic degeneration. In the seventy cases of fibro-cystic tumors collected by O. Hear, only eleven contained fluid coagulating spontaneously.

Regarding the question, whether the removal of a growth, the size of that shown, was a justifiable procedure or not, he thought the social position of the patient had much to do. He considered that a rich woman would have been able to endure the growth for a considerable time, even until the menopause, as she could place herself among the best surroundings and have proper care; but, in the case in hand, the woman was poor and obliged to earn her own living, which the growth prevented her from doing. He had represented fully to his patient all the dangers attending the operation, and she had insisted upon undergoing it. In such cases he thought we had no right to refuse to operate.

He considered the detection of a small amount of fluid in Douglas' cul-de-sac, unless

encapsulated, an impossibility, as free fluid would recede upon the slightest pressure from without. The peculiar form of drainage he had adopted was that recommended by Martin of Berlin, and had been used by him in several cases with the best results.

Dr. P. C. Williams asked for an explanation of the fact that, in a woman dying of asthenia, there should be a temperature of 96° F. immediately after the operation, and that it should rise each day until it reached 104.8° F. on the day of her death. Would not such a range of temperature indicate some inflammatory or septic complication?

Dr. Erich replied that he considered it an advantage to have a slight rise of temperature after an operation, as he thought it indicated a greater amount of vitality in the patient than if it had a tendency to remain sub-normal. That with the closure of the peritoneal edges by the exudation of lymph, there must be some local peritonitis.

Drs. Ashley and H. P. C. Wilson emphasized the importance of taking the patient's social position into account in considering the advisability of any operative procedure, and agreed with Dr. Erich in his conclusions.

Dr. Robert T. Wilson exhibited some surgical needles, the invention of David Genese, D. D. S., of this city. Dr. Genese calls his needles "Iridinized Platina Needles." They are made with a platinized gold head, hardened under hydraulic pressure. Needles can be made by this process of any shape or size, and they are said to be indestructible under the pressure of forceps or the action of acids, but can be bent to any desirable curve.

Dr. Moseley thought that, judging from the needles shown, they would be useless in any operation where much force would be required for their introduction. Strong steel needles will often bend and sometimes break in the hands of skillful operators, and in such cases a needle which can be bent as easily as the samples would be of absolutely no value. They might be of use in a limited class of cases where their introduction would require but little force.

Dr. Erich said that the danger of the steel needle breaking at the eye could be obviated by heating it at that end and allowing it to cool slowly. This would not interfere much with the temper of the needle at its point.

In his operations for lacerated cervix he uses a tourniquet, and supposes he is a marked exception to the rule in so doing. The instrument he uses is his own device, is like a light ecraseur with catgut for a chain. His special reason for using it, aside from preventing hemorrhage, is that it so benumbs the cervix that he does not need to use any other means of producing anæsthesia, except in the case of very nervous women, when he has recourse to ether or chloroform. The use of this instrument demonstrated to him the fact that, after the parts had been ligated for some time, they would shrink, allowing the bleeding to return and requiring the tightening of the tourniquet, and had thus taught him not to depend upon a ligature in supra-vaginal amputation of the uterus.

Dr. B. B. Browne said that in many cases of deep laceration of the cervix, extending up to and beyond the vaginal junction, he thought it would be difficult if not impracticable to apply the tourniquet above the seat of laceration. We asked Dr. Erich how, in such cases, he prevented cutting the ligature of the tourniquet while removing the cicatricial tissue from the angles.

Dr. Ashley stated that he continued to employ the tourniquet in a certain number of cases. He had found it useful in those cases where the cervix uteri was much elongated and where there was hyperplasia and congestion of the cervical flaps. He could verify the assertion made by Dr. Erich as to the necessity of constantly tightening the loop of the tourniquet in consequence of a shrinkage of the tissues. He had never employed catgut as a loop, but used very flexible wire.

Dr. H. P. C. Wilson could not see how, in those cases in which the laceration extended up to the vaginal junction, it would be possible to apply the tourniquet so as to clean out the angles without cutting the catgut cord. He thought that in certain special cases the instrument might be of use.

Dr. Erich replied, that where the uterus was easily movable, by drawing the cervix well down, the tourniquet could be applied above the angles of the deep laceration, even above the internal os. That the only cases in which he had difficulty, were those in which there was a very short and conical cervix, or the uterus was fixed, so that it could not be drawn down far enough.

—The adulteration of lupulin with sand is largely practiced in England, according to J. S. Ward. In a paper read before the Liverpool Chemists' Association, he reports that the results of analysis of four samples obtained from houses of good repute justifies the belief that the lupulin of commerce will not answer the official tests. The percentages not soluble in ether were 55.24, 41.49, 40.64, and 39.41 respectively, and of ash 27.01, 29.10, 30.86, and 31.42 respectively.

Editorial Department.

Periscope.

Disinfectants.

The following disinfectants were recommended by the Committee of the American Public Health Association in their report submitted to the Association at the meeting held in Washington, in December, 1885:

FOR EXCRETA.

(*a*) In the sick-room:

For spore-containing material;

1. Chloride of lime in solution, four per cent.

2. Mercuric chloride in solution, 1:500.†

In the absence of spores:

3. Carbolic acid in solution, five per cent.

4. Sulphate of copper in solution, five per cent.

5. Chloride of zinc in solution, ten per cent.

(*b*) In privy vaults:

Mercuric chloride in solution 1 : 500.*

(*c*) For the disinfection and deodorization of the surface of masses of organic material in privy vaults, etc.:

Chloride of lime in powders.‡

FOR CLOTHING, BEDDING, ETC.

(*a*) Soiled underclothing, bed-linen, etc.:

1. Destruction by fire, if of little value.

2. Boiling for at least half hour.

3. Immersion in a 2 per cent. solution of mercuric chloride of the strength of 1 : 2000 for four hours.*

4. Immersion in a 2 per cent. solution of carbolic acid for four hours.

(*b*) Outer garments of wool or silk, and similar articles, which would be injured by immersion in boiling water or in a disinfecting solution:

1. Exposure to dry heat at a temperature of 110° C. (230° Fahr.) for two hours.

2. Fumigation with sulphurous acid gas for at least twelve hours, the clothing being freely exposed, and the gas present in the disinfection chamber in the proportion of four volumes per cent.

(*c*) Mattresses and blankets soiled by the discharges of the sick:

1. Destruction by fire.

2. Exposure to super-heated steam—25 pounds pressure—for one hour. (Mattresses to have the cover removed or freely opened.)

3. Immersion in boiling water for one hour.

4. Immersion in the blue solution (mercuric chloride and sulphate of copper) two fluid ounces to the gallon of water.

FURNITURE AND ARTICLES OF WOOD, LEATHER, AND PORCELAIN.*

Washing, several times repeated, with:

1. Solution of mercuric chloride 1:1000. (The blue solution, four ounces to the gallon of water, may be used.)

2. Solution of chloride of lime, one per cent.

3. Solution of carbolic acid, two per cent.

FOR THE PERSON.

The hands and general surface of the body of attendants of the sick, and of convalescents at the time of their discharge:

1. Solution of chlorinated soda diluted with nine parts of water (1:10).

2. Carbolic acid, two per cent. solution.

3. Mercuric chloride, 1:1000; recommended only for hands, or for washing away infectious material from a limited area, not as a bath for the entire surface of the body.

FOR THE DEAD.

Envelop the body in a sheet thoroughly saturated with:

1. Chloride of lime in solution, four per cent.

2. Mercuric chloride in solution, 1:500.

3. Carbolic acid in solution, five per cent.

* The addition of an equal quantity of potassium permanganate as a deodorant, and to give color to the solution, is recommended. (Standard Solution No. 2.)

† A concentrated solution containing four ounces of mercuric chloride and one pound of cupric sulphate to the gallon of water is recommended as a *stock solution*. Eight ounces of this solution to the gallon of water will give a disinfecting solution for the disinfection of excreta, containing about 1:500 of mercuric chloride and 1:125 of cupric sulphate.

‡ For this purpose the chloride of lime may be diluted with plaster-of-Paris, or with clean, well-dried sand, in the proportion of one part to nine.

§ The blue solution containing sulphate of copper, diluted by adding two ounces of the concentrated solution to a gallon of water, may be used for this purpose.

* For articles of metal, use Solution No. 3.

Diphtheria not a Sewer-Gas Disease.

The *Med. Record* says that Dr. Erwin F. Smith, in an elaborate paper on the "Influence of Sewerage and Water-supply on the Death-rate in Cities" (Report of Michigan State Board of Health, 1885), claims to establish the three following propositions:

1. Typhoid fever and cholera decrease in proportion as a city is well sewered.

2. There is no direct relation between diphtheria and sewers.

3. The general death-rate falls after the sewering of a city, and, other things being equal, never again reaches the maximum of its ante-sewered condition.

4. The cost of sanitation is incomparably less than that in sickness and death resulting from neglect of sanitation.

Dr. Smith's statements with regard to diphtheria and sewerage are:

"1. Diphtheria is as frequent in the country as in the city, *i. e.*, in non-sewered as in sewered districts.

"2. Diphtheria has been more frequent and fatal in certain rural districts than in any city whatsoever.

"3. Diphtheria is not more frequent or fatal in sewered cities than in unsewered ones.

"4. Of the given cities, equally well- or ill-sewered, diphtheria, during a long series of years, may be widely prevalent in the one and rare in the other.

"5. Certain sewered cities have never suffered seriously from diphtheria, while others have been afflicted very much worse in recent years (*i. e.*, since the houses have been protected from sewer-air), than formerly, when with the same sewers, but much less perfect plumbing, flushing, and ventilation, the sewer air found its way into a majority of the houses.

"6. When an epidemic of diphtheria appears in a city, the sewered and unsewered portions generally suffer alike.

"7. No relation of interdependence can be traced between diphtheria and the sanitary state of a city, such, for example, as enables us to predict with almost absolute certainty the typhoid fever mortality of a city from a knowledge of its sanitary condition, or conversely, the sanitary condition from its typhoid mortality.

"8. The annual mortality from diphtheria fluctuates greatly, and this, too, in cities where the sanitary conditions are very nearly constant.

"9. Diphtheria is a disease of cold weather, being most active when putrefactive decomposition in sewers is presumably least so.

"10. Diphtheria is a contagious disease, transmissible from person to person and place to place, like small-pox and scarlet fever.

"11. The closing of schools and other places of public gathering checks an epidemic; and the isolation of the sick from the well, with the subsequent proper disinfection of the sick-room and its contents, extinguishes it.

"12. The data relied upon to prove a connection between sewerage and diphtheria either cover too short a period to be trustworthy, or are drawn from single cities having incomplete and defective sewerage.

"If these propositions be true, it follows as a necessary corollary that there is no direct relation between sewers and diphtheria."

These conclusions are based upon a study of the vital statistics of a large number of European and American cities and districts.

These are not at variance with any settled views as regards the origin of diphtheria. Many individuals have reported cases which seemed to originate from sewer-gas, but the most careful authorities have not been disposed to attribute to sewer-gas more than a predisposing influence.

A Marvelous Case of Tubal Pregnancy.

Dr. N. T. Tauski thus writes in the *Obstetric Gazette:*

Mrs. H. D.——, æt. 38, mother of seven children, on June 29, ult., complained to me of absence of her menses, loss of appetite, sleeplessness, and general malaise. Prescribed hot mustard baths and quin. sulph. in five-grain doses three times a day, with otherwise good results except the menstrual trouble.

She was very much afraid of getting pregnant again, as the attending physician to her last child gave the opinion that she would not outlive another confinement.

Examination did, indeed, not reveal any state of pregnancy, there being a normal condition of the uterus. The usual remedies for suppressed menstruation proved useless; the lady is, in the meantime, complaining of puffiness and swelling on the left side, just under the ribs, especially towards evenings, so that she could breathe only with difficulty.

Examined again July 19. Same state of the organ, save a small tumor-like elevation near the fundus, in the region of the left ovary. It must be a tubal pregnancy or a tumor, I stated to her, and advised further examination by other physicians of experience and authority. Her friends urged her to try their doctors. Among them was a certain Mrs. Brackmann, alias Bergmann, a "lady doctor," in Elmwood Place, two miles north from here. This "doctor," after a careful examination of Mrs. H. D——'s urine, pronounced her to be pregnant, with the fœtus in the abdomen, and floating in an unusual quantity of fluids. But our patient did not seem to trust the "doctor's" art of telling the kind of pregnancy by a mere looking at the waters, and concluded to fol-

low my advice. She consulted Dr. Thad A. Reamy, whose opinion was that she had either a tumor or abdominal pregnancy, he then being unable to detect any signs of fœtal life. This was about the middle of October last. His second examination, however, dispelled the theory of tumor, as the child was playing quite palpably, but, according to all indications, in the abdomen.

November 11 she was again examined by Dr. Reamy and myself, with no other absolute proof whether it was a tubal or abdominal life, Dr. Reamy strongly inclining to the latter; the advanced state of gestation seemingly losing all claims to any probability of a tubal domain.

By this time the lady was in the eighth month of gravidity, and with no hope of surviving the dreadful ordeal, was preparing for a sure death, in spite of our trying to pacify her by citing many similar successful cases.

December 24. I was called, she experiencing some pains, and what did not the examination reveal? The entire fœtus descended into the womb! Mrs. D. almost cried of joy when I announced the great possibility of a natural labor in a few days, though she thought the time was not so near yet.

December 26, at one o'clock a. m., being hastily summoned, I found my patient in lively labor pains, though the organs did not seem to dilate. In a short time, however, I succeeded in arousing the uterus to welcome contractions, and in about one hour and a quarter a nine-pound girl began to cry and kick in the outer world.

The mother claims this to have been her easiest confinement.

Quite a severe inflammation of the uterus scared me the following day, the organ swelling to an enormous size; but a few doses of quinia and a carbolic acid wash turned it all right again, and now mother and child are enjoying a brilliant health.

Diagnosis of Cancer of the Uterus.

In the *Brit. Med. Jour.*, Dr. H. Handford reports the following interesting case:

M. T., aged twenty-four years, was admitted into the Nottingham General Hospital under my care on April 7, 1885. Her family history was good. Menstruation commenced at the age of twelve; the flow lasted four days, and recurred every month. She was married at fifteen, and had had two children, both of whom died before they were six months old. Since then she had two miscarriages at about the third month; the last five years ago, since which time she had been regular. She first noticed a fœtid vaginal discharge about six weeks before admission, and a little later saw Dr. Truman at the Nottingham General Dispensary, who diagnosed cancer of the womb. She never had any rash on the skin or falling out of the hair, and had no syphilitic eruption. On vaginal examination, the cervix was found indurated, enlarged, ragged, and excavated so as to admit the index-finger for about three-fourths of an inch. The uterus was somewhat restricted in movement, but the fundus was not enlarged. The patient was also seen by Mr. Wright, the senior surgeon, who confirmed the diagnosis of cancer. The examination caused a little hemorrhage. I removed a small fragment of the growth, which, upon microscopic examination, was found to consist chiefly of large round cells, with a single large nucleus, but no flat or irregularly-shaped cells. The tissue was pervaded by the mycelium of a filamentous fungus (one of the hyphomycetes).

The patient left the hospital, and died eighteen weeks later, six months from the first symptoms. No post-mortem examination was made.

The diagnosis was between cancer, sarcoma, and syphilis. The ravages of the latter may be very extensive, but are stated to be limited to primary ulcers taking on a phagedænic character. There was no evidence of syphilis in this case. Sarcoma is said almost invariably to take its origin from the lining membrane of the body of the uterus, and not to commence in the cervix. The microscopic examination of the portion removed did not suffice to determine the exact nature of the growth. The fragment was necessarily small, was infiltrated with inflammatory materials, and consisted in large part of vascular granulations. These latter cover the surface of ulcerating new growths, are an important source of the hemorrhage, and, in many cases, differ very little in structure from healthy granulation-tissue; though, in others, "cell-nests," or other characteristic structures, may be found. For these reasons, I have come to the conclusion, after many trials, that negative results of the microscopic examination of scrapings or small fragments by no means disprove the malignant nature of the growth.

Cancer of the Lung.

Dr. A. T. H. Waters thus writes in the *Brit. Med. Jour.*, Feb. 20:

James C., aged 44, was admitted into the

infirmary under my care on January 13th last. He complained of tightness in the chest and slight dyspnœa, but no pain. His illness began, he said, about three months before his admission, and he had been gradually wasting since then. He had, however, followed his work in an iron foundry up to six weeks before coming to us. On examination, we found the whole of the right side of the chest dull on percussion, with very impaired movement. The dulness was very marked, but it did not extend beyond the median line in front. Vocal fremitus was very slight. The breath-sounds were very faint all over the lung. On the left side the resonance was good, and the breath-sounds loud, but healthy. The heart was not displaced, and the sounds were normal. The aspect of the patient, although somewhat pale and sallow, was not otherwise unhealthy. The pulse was 85. On the day after admission, the right pleura was tapped, and twenty ounces of a dark-colored fluid were drawn off by the aspirator. The fluid was very fibrinous, and coagulated soon after it was drawn from the chest; indeed, it coagulated in the canula during the operation. There was a slight improvement in the physical signs after tapping; the breath-sounds were more audible, but the patient did not improve. On January 17th, tapping was again practiced, but only two ounces of fluid withdrawn. The man now became rapidly weaker, and took his food badly. He complained of restlessness and insomnia, but there was no pain. The physical signs in the lungs remained unchanged. There was some expectoration of frothy, tenacious, and rust-colored sputa, for a few days rather abundant. The symptoms of exhaustion gradually increased. The chest was punctured again on the 25th, but only a very small quantity of blood-stained fluid was withdrawn. About February 1st the abdomen began to swell, but there was little or no pain. During the whole time the patient was under observation, his motions were very pale, but there was no jaundice. He died on February 7th.

An Anomalous Case of Renal Calculus.

Dr. James Oliver thus writes in the *Brit. Med. Jour.:*

Calculi may exist for a long time, not only in the pelvis, but in the structure of the kidney, without producing any definite manifestation of their presence; and often they are discovered, on post-mortem examination, in cases in which they were wholly unsuspected during life. Some months ago a young lady, aged twenty-four, consulted me, complaining of aching pain in the right lumbar region, from which she had suffered more or less for six years. During the last two years she had been subject to paroxysmal attacks of severe pain in the same region, shooting across the abdomen towards the left groin, associated with vomiting and occasional rigors. Simultaneously with the recurrence of these attacks of pain, appears a swelling in the situation of the right kidney. For four or five hours prior to the paroxysm, the patient usually experienced an aching in the front of both thighs, but especially the right. On three separate occasions I had the opportunity of examining the patient whilst thus suffering. A cystic swelling, about the size of a small cocoanut, was distinctly felt in the region of the right kidney, the lower and inner margin of which was always more or less sharply defined. It could be readily palpated by the fingers, employed in the manner usual to elicit any change in the renal organ, but was manifestly tender to the touch. There was marked increase of the area of normal kidney dullness, whilst, anteriorly, there was a limited though appreciable area of resonance between the liver dullness and that over the fluctuating tumor. As soon as the paroxysmal pain ceased, which it usually did in twenty-four or thirty-six hours, the swelling gradually disappeared, and the patient was again able to get about as usual. Twelve hours after the cessation of the attack, the right kidney could be felt, apparently normal in size, and no trace of the swelling could be detected. As the tumor disappears, there is no appreciable change in the amount of urine passed. The urine is acid and somewhat thick; it contains a few apparently inflammatory corpuscles, and spindle-celled flat epithelium, with no trace of degeneration; a fact strongly in favor of the supposition of the presence of a calculus, and the removal of the epithelium from the pelvis to the kidney by attrition.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——In a paper on the influence of the sex of the fetus on the length of the intergestation period, Dr. J. Stockton-Hough reaches among other interesting inferences the con-

elusion that under the influence of feebleness, degeneracy and disease, each sex tends to produce a larger proportion of offspring of its own sex.

——Some cases of affections of the eye dependent on hysteria are reported in a reprint by Dr. M. Landesberg. They are of an instructive character.

BOOK NOTICES.

Handbook for the Instruction of Attendants on the Insane. 8vo. Pp. 187. Price, $1.25. Cupples, Upham & Co., Boston.

The Medico-Psychological Association of Glasgow at one of its recent meetings appointed a committee to prepare a short series of instructions for the nurses and attendants in asylums for the insane. The present volume is the result. As expressed in the preface, its object is to give this class of readers such simple notions of the body and mind in health and disease, such instructions for the management of those maladies with which they are usually brought in contact, and such rules for their guidance in matters of every-day experience, as will enable them to do their work with greater intelligence and watchfulness. These ends are closely kept in view, and are well carried out throughout the pages of the volume, and hence it will be found to be one highly useful in establishments for the care of mental diseases.

Transactions of the American Gynecological Society. Vol. 10. For the year 1885. Pp. 356. D. Appleton & Co., New York, 1886.

These Transactions continue to appear in as handsome form and as replete with valuable essays as ever. Of the writers and topics in the number before us we may mention the papers by Dr. Busey on the Natural Hygiene of Child-bearing Life; Puerperal Diphtheria, by Dr. Garrigues; Protection of the Perineum During Parturition, by Dr. Reamy; On a Modification of Emmet's Cervix Operation, by Dr. Sutton; Inflammation of the Parotid Glands after Ovariotomy, by Dr. Goodell; Peristalsis of the Genital Tract, by Dr. Chadwick; The Advantages of the Genu-pectoral Posture in the Vomiting of Pregnancy, by Dr. Campbell; and this does not exhaust the list of those of marked merit. The address of the President, Dr. William T. Howard, is descriptive of two rare cases in abdominal surgery. The minutes, constitution, etc., complete the volume.

Lectures on Dietetics and Dyspepsia, By Sir William Roberts, M. D., F. R. S., etc. Second edition. Pp. 92. From G. P. Putnam's Sons, New York.

These lectures are interesting as being largely the result of original observations and experiment. The theories built upon the facts are also novel and striking, and well merit the attentive consideration of those who would study the digestive functions.

The general headings will serve to indicate the range of topics considered. Beginning with dietetics in general, the author treats of the effect of food accessories on salivary digestion, on peptic digestion, and on pancreatic digestion, and closes with a discourse on the acid dyspepsia of healthy persons. By food accessories he means alcoholic beverages, beef-tea, coffee, tea, sugar, salt, etc. His conclusions are carefully stated and of practical importance.

A Manual of Surgery. In Treatises by Various Authors. In three volumes, edited by Frederick Treves, F. R. C. S., Surgeon to and Lecturer on Anatomy at the London. Hospital. Vol. I., General Surgical Affections, the Blood-vessels, the Nerves, the Skin. Vol. II., the Thorax, the Organs of Digestion, the Genito-Urinary Organs. Vol. III., the Organs of Locomotion and of Special Sense, the Respiratory Passages, the Head, the Spine. Duodecimos, 1866 pages, 213 engravings. Per volume, cloth, $2. Philadelphia, Lea Brothers & Co., 1886.

Surgical Diseases of the Kidney. By Henry Morris, M. A., M. B., F. R. C. S., Surgeon to and Lecturer on Surgery at the Middlesex Hospital, London. 12mo., 555 pages, with 6 chromo-lithographic plates and 40 engravings. Cloth, $2.25. Philadelphia, Lea Brothers & Co., 1886.

The Surgical Diseases of Children. By Edmund Owen, M. B., F. R. C. S., Surgeon to the Hospital for Sick Children, Great Ormond Street, London. 12mo., 585 pages, with 4 chromo-lithographic plates and 85 engravings. Cloth, $2. Philadelphia, Lea Brothers & Co., 1886.

The work whose titles are given above belongs to the "Clinical Manuals for Practitioners and Students of Medicine," the series of which we have already had occasion to mention with praise. These latest publications continue the high character of the previous issues, and will be found to be as comprehensive and as well-prepared as any works of their size which can be named.

THE

Medical and Surgical Reporter.

A WEEKLY JOURNAL,

ISSUED EVERY SATURDAY.

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THE

QUARTERLY COMPENDIUM

OF

MEDICAL SCIENCE.

The attention of our readers is especially called at this season to the ***QUARTERLY COMPENDIUM,*** which we publish.

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THE AMERICAN MEDICAL ASSOCIATION.

It is simply wonderful with what pertinacity our esteemed contemporary, the *Medical Record*, continues to view the existing professional unpleasantness through partial eyeglasses. In its issue of May 15 it says:

"A PERMANENT SPLIT IN THE AMERICAN MEDICAL ASSOCIATION.

"Now that the American Medical Association has finished its session, and its members have dispersed to their homes, there must come to all a period of calm reflection. Such reflection can hardly fail to show that the Association has committed another serious error, and one from which it will not soon recover. We refer to the arbitrary refusal to admit the Philadelphia delegation. This delegation was the only one sent by the Philadelphia County Medical Society, it was duly accredited, and its rejection was a piece of injustice and folly so monumental as to make one wonder if the gods had not infused some mad frenzy into the minds of the Judicial Council. The immediate result of this act will be to alienate the profession of Philadelphia from the Association, and the sympathies of a very large majority of the profession not attached by political ties to the Association will go with them.

"For it is again demonstrated that the American Medical Association has fallen into the hands of political managers whose unskilfulness and stupidity are so astounding that we feel inclined to commiserate more than condemn.

"No doubt the American Medical Association believes that it can get along quite well enough without the coöperation of the leading physicians of Philadelphia, New York, Boston, and Baltimore, etc.; but without them it can no longer call itself a national or representative body.

"The American Medical Association will continue to live, and we trust will thrive; but it is permanently divided, and will, we fear, never again represent the whole American profession."

It is hardly fair or correct to speak of a *split*, when only a *few fibres* are carried away; it would be more correct to say a *shave*, or a *scrape*. The main body of the American Medical Association is to-day more united than it ever was, and it has lost the allegiance only of those who "got mad" because they could not control. We cannot help but see that the action of the Judicial Council was eminently proper in the case of the *alleged* delegation from the Philadelphia County Medical Society. There were two

sets of delegates before them; one set had been regularly and legally *nominated*, but they were not *elected*; the other set had been elected, but, and this is a big BUT, they had not been legally nominated, and as such nomination is, according to the constitution and by-laws of the Society, a *sine qua non* of a *legal* election, every unbiased mind must hold that they were not *legally* elected. Hence the clear position, which we foreshadowed in our issue of March 27, was that the Philadelphia County Medical Society had no legally-accredited delegates, and that the Society was not entitled to recognition. Like the famous "Kilkenny cats," our representatives have torn themselves to pieces.

The "whole row" from beginning to end has been made by a few men, who, as we have before said, were willing to try to ruin that which they could not control. We have great respect for these few men, among whom are to be found some of the greatest men in our profession, but we cannot have respect for or sympathy with their revolutionary methods of obtaining control. We have been asked by those who questioned our oft-repeated statement of the absolute supremacy of the American Medical Association, whether we would consider it right, *no matter what it did*, and we have answered, and we do still answer unhesitatingly, *yes*. In all bodies where the majority rules, the majority must be right: the right of the majority to rule the minority is the basis of all good government, and when the minority revolt, forcibly, against the majority, they are rebels, revolutionists, and anarchists. If successful, as we were in '76, they are heroes, but none the less they are rebels, simply because they rebel.

The *Medical Record* gives us the side of the *specialist*: let us turn to the other side, and we will present it in the words of a correspondent from Arkansas. He says: "I could not help feeling sorry for the Roberts-Agnew delegation from Philadelphia, at the meeting of the A. M. A. at St. Louis—they were so mercilessly sat down upon by the Association, and most justly so. The specialists, in my judgment, *who* have been raising such a *professional* muss, have to make up their minds to 'eat crow,' or, like Othello, their occupation will be gone; for they are dependent for their business, to a very large extent, upon the 'general practitioner' or 'family physician,' and in their present attitude to organized medicine they cannot expect to receive recognition from the *rank and file* of the profession. As we have before remarked, 'a word to the wise is sufficient.'"

CEREBELLAR SOFTENING.

While we are getting acquainted more and more with the localized functions of the brain, our knowledge of the special functions of the cerebellum is still rather confused. This is probably due partly to the fact that so many conducting fibres enter the cerebellum, and that lesions strictly limited to one part of it or to the whole are but seldom met with. In this respect, therefore, the following case of Dr. Thierry, in Paris (*Progres Med.*, 11, 1886), is of great interest to neurologists.

The patient, æt. 31, is said to have always enjoyed good health until last year, when he suffered from an attack of inflammatory rheumatism. Abuse of tobacco or in venery had not occurred. About a month previous to his admission to the hospital the present disease developed. The first symptoms were violent headache, greenish vomiting, at first but seldom, later several times daily, and attacks of loss of consciousness, amounting more to stupor. The latter were followed by obscure vision and a remarkable weakness of the left side, causing the patient to walk like a drunkard. Sometimes he had to sit down to prevent himself from falling, and occasionally while working at his trade (shoemaker) he dropped down unconscious, dazed. Real apopletic attacks did not occur, neither had he convulsions.

State on Admission.—Complains of great weakness all over left side. He cannot stand erect, must always lie on his right side. There is no paralysis, but the muscles of the left side move sluggishly. The left hand can be opened but partially. Has the appearance of a claw, as in progressive muscular atrophy, though no atrophy is present. No contraction, no convulsive twitchings, no disturbance of motion on right side. Sensation and reflex excitability slightly diminished on left side, otherwise normal. No lesion of skin anywhere. Continuous intense pain felt all over the head. Tinnitus and great impairment of hearing in left ear. Amblyopia and extreme dilatation of pupil on same side. Apathy, continuous somnolency, hallucinations, and speaking incoherently, as in a dream. No excitement; if accosted loudly and shaken, patient replies intelligently to questions. Temperature, 36.3°; pulse, 50, not intermitting; heart-sounds normal; respiration regular, 16 inspirations per minute. In the evening twice vomiting.

Treatment.—Thirty-six grains potassium iodide per diem. From February 24 to 26 no special change. The scanty urine con-

tains neither albumen nor sugar. February 27, patient becomes comatose and cyanotic. The pupil, which had thus far been widely dilated, contracts, and the right remains in that state. At ten o'clock in the morning exitus letalis.

Autopsy.—Internal organs evince no morbid alteration. Cerebrum: Meninges free from adhesions; no trace of inflammation or of miliary granulations. The vessels of the pia seem almost to burst with dark blood, and appear very prominent. In the ventricles large quantity of a clear serous fluid. Very superficial softening of the walls of the right lateral ventricle; the cerebrum has preserved its normal consistence and shows no lesion. Cerebellum: Softening of the left cerebellar hemisphere throughout; its anterior and posterior parts form a grayish white band. Only the parts forming the foot of the peduncle have alone remained intact. At the anterior end of the right hemisphere another superficial focus of softening is found. The middle lobe, the bulbus and the pons are normal. While the basilar artery shows no obstruction, a coagulum closes for a length of about half an inch the left inferior cerebellar artery derived from the basilar. Prof. Cornil made a miscroscopical examination and discovered many granule-cells in the softened portions.

Notes and Comments.

Some Points in the Practice of Artificial Respiration in Cases of Stillbirth, and of Apparent Death after Tracheotomy.

Mr. Francis Henry Champneys, in an article in the April number of the *American Journal of Medical Sciences*, in which this whole subject is carefully considered, thus sums up the treatment:

Never hurry; it is not a question of seconds, and success depends upon a fine exercise of the judgment. Make a good diagnosis, first as to life or death, secondly as to the stage of asphyxia (if life is not extinct). If the child is macerated, it is obviously dead and past hope. If the heart beats, ever so slowly and feebly, it is not dead. If the heart is not beating, death is not certain, unless it can be proved to be inactive for some time. If the child is livid and not flabby, it will probably come round: wipe out its mouth and pharynx, and rub it with a soft cloth down the spine; press gently on the cardiac region. If this produces no effect, inflate the lungs by the mouth, and then by Silvester's method. If air enters the lungs, well and good; if not, try Schultze's method, or insert a catheter. On the first sign of muscular action, plunge the child into cold water, or into alternate hot and cold baths. Vary the treatment between occasional inflation of the lungs, artificial respiration, pressure over the cardiac region, baths, irritation down the spine, according to the judgment; remembering what may be expected of each method, and that no one will suffice for all cases. Watch for signs of resuscitation, namely, improvement in the color, in movements, in cardiac pulsations, as described above. Never be content until the child breathes regularly, and appears to be continually improving.

Chronic Rheumatic Arthritis of the Hip-joint.

In a paper thus entitled, read on March 4, before the Harveian Society of London, Mr. W. Adams contrasted as follows the symptoms of rheumatic arthritis and those of Charcot's disease:

Rheumatic Arthritis.	*Charcot's Disease.*
1. Changes chiefly hypertrophic.	1. Changes chiefly atrophic.
2. Commences in the soft tissue.	2. Commences in the bones.
3. Painful throughout its course.	3. Generally painless.
4. Pain confined to the joint.	4. Pains shoot through the limbs.
5. No febrile disturbance. No gastric or ocular symptoms.	5. All these are present.
6. Reflex symptoms present.	6. Reflex symptoms absent.
7. Limited mobility.	7. Flail-like mobility.
8. Progress slow and chronic.	8. Progress rapid and acute.
9. Patients often reach old age.	9. Patients seldom reach old age.

The Treatment of Intestinal Obstruction by Laparotomy.

Dr. Randolph Winslow reports, in the April number of *The American Journal of the Medical Sciences*, a case of acute intestinal obstruction successfully treated by laparotomy. In commenting on the treatment, Dr. Winslow expresses his opinion decidedly against any and all severe methods of attempting to overcome the obstruction, whether by rough manipulations, or by rectal injections under strong pressure. On the other hand, he deprecates resorting to operation until a fair trial of medical means has failed to relieve the condition, and until it is reasonably certain that there is some mechanical hindrance to the passage of the feces, which will terminate fatally unless relieved by operation. For obstruction in the large intestine, colotomy would in many cases afford relief. For persistent obstruction of the small intestine, his preference is decidedly in favor of laparotomy in the linea alba below the umbilicus, under rigid

antiseptic precautions, as being the most precise, scientific, and rational means of discovering the cause and seat of trouble, and of remedying it at the same time. Whilst not underrating the risks of laparotomy, he does not think an exploratory incision to be a more serious procedure than abdominal taxis, or enemata under heavy pressure, and he thinks it much more certain and reliable in its results.

News and Miscellany.

American Medical Association.

(*Concluded from page* 637.)

The report of the Standing Committee on

METEOROLOGICAL CONDITIONS,

and their Relations to the Prevalence of Diseases, in coöperation with the British Medical Association, was presented by Dr. N. S. Davis, of Illinois. He stated that the progress of the work had been aided by the U. S. Signal Service, and that sufficient material had accumulated to present an elaborate report, but that it was deemed best to withhold it until the progeess of the cholera epidemic in Europe was better known. The report was adopted.

THE COMMITTEE ON NOMINATIONS

presented the following report of nominations for officers for the ensuing year:

President—E. H. Gregory, M. D., of St. Louis.

Vice-Presidents—Drs. B. H. Miller, of Stillwater, Michigan; W. B. Welch, of Fayetteville, Arkansas; Wm. H. Pancoast, of Philadelphia; W. C. Wile, of Sandy Hook, Connecticut.

Permanent Secretary—W. B. Atkinson, M. D., of Philadelphia.

Assistant Secretary—J. Nevins Hyde, M. D., of Chicago.

Treasurer—R. J. Dunglison, M. D., of Philadelphia.

Librarian—C. H. A. Kleinschmidt, M. D., of Washington, D. C.

Section of Practice of Medicine—Drs. J. S. Lynch, of Baltimore, Chairman; J. B. Marvin, of Kentucky, Secretary.

Section of Surgery—Drs. H. H. Mudd, of St. Louis, Chairman; J. B. Roberts, of Philadelphia, Secretary.

Section of Obstetrics—Drs. S. M. Johnson, of Kansas, Chairman; W. W. Jaggard, of Illinois, Secretary.

Section of Oral and Dental Surgery—Drs. J. S. Marshall, of Chicago, Chairman; E. S. Talbott, of Chicago, Secretary.

Committee on Necrology—J. M. Toner, M. D., of Washington, Chairman.

Judicial Council—Drs. N. S. Davis, of Illinois; Hawkins Brown, of Kentucky; William Brodie, of Michigan; D. J. Roberts, of Tennessee; R. C. Moore, of Nebraska; T. A. Foster, of Maine; James A. Gray, of Georgia.

Trustees of Journal—Drs. P. O. Hooper, of Arkansas; A. Garcelon, of Maine; L. S. McMurtry, of Kentucky.

Time and Place of Next Meeting—Chicago, first Tuesday in June, 1887.

Chairman of Committee of Arrangements—Charles Gilman Smith, M. D., of Chicago.

The report was unanimously adopted.

GENERAL SHERMAN

was then called to the platform, and spoke a few words of compliment and respect. He referred to his own observations of the labors of the surgeons in the late war, and closed by assuring the Association of its cordial welcome to the homes of St. Louis, and expressing approval of such general assemblages of scientific men, which can only result in profit to the public as well as to themselves.

THE ADDRESS ON OPHTHALMOLOGY

was delivered by Dr. Eugene Smith, of Michigan.

Reference was made to the recent discoveries in regard to the action of cocaine, particularly to the occasional toxic action it exerts, and he advised that in all cases it should be tried first in the strength of one per cent., until its action on the patient has been demonstrated, when the strength of the solution employed may be increased to three or four per cent.

He stated that recent experiments had placed the operation of transplanting the conjunctiva of the rabbit upon the human eye, among the recognized operations. Clinical experiences and careful study have demonstrated, that in sympathetic conjunctivitis the inflammation travels along the optic nerve to the unaffected eye. Referring to the use of antiseptics, he stated that they should always be combined with other means for the prevention of suppuration—above all, with careful observation of cleanliness.

Cocaine, he continued, has taken its place in the treatment of painful affections of the ear. A four per cent. solution is usually employed. Bad symptoms have followed its use in but a few cases. The dry treatment of otitis media suppurativa, although strongly advocated by some, has been decided as being applicable to but a certain class of cases,

others improving more rapidly under other methods. The discovery of a causal relation of certain local pathological conditions of the nasal chambers to pulmonary disease, has been an important advance.

The relation of the same diseases to asthma, chorea, and epilepsy, has also been demonstrated by cure by appropriate treatment. Reference was made to the application of electricity to the removal of adventitious tissue from the nasal cavities.

During the year, the intubation of the larynx has been practiced to an extent and with a result that are truly remarkable. It is an operation that bids fair to supplant tracheotomy for the relief of laryngeal affections. Its introduction is due to Dr. O'Dwyer, of New York. Great improvement has also been made in the process of photographing the laryngeal image.

INOCULATION OF YELLOW FEVER.

Dr. Gaston, of Atlanta, Georgia, presented a resolution the purport of which was that, in view of the fact that well-authenticated reports have been received of the successful inoculation with attenuated virus of yellow fever poison, in proof of which Dr. Horace Allen, now present, testifies that he was inoculated and afterward passed through an epidemic of the disease at Rio Janeiro, without contracting the disease, while many others died of it; and in view of the fact that reports have been published which indicate the safety of the procedure, the Association, therefore, petition Congress to appoint a scientific commission and appropriate sufficient funds for an investigation of the method and its success. The resolution was adopted.

A RESIGNATION.

Dr. John B. Roberts, of Philadelphia, offered his resignation of the office of Secretary of the Section on Anatomy and Surgery, in view of the fact that the delegation of the Society of which he was a member had been excluded from the Association. On motion, the resignation was accepted.

EXPUNGED FROM THE MINUTES.

Dr. A. E. Baldwin, of Chicago, then moved that as certain resolutions offered by Dr. Roberts were of a character which cast a reflection on the conduct of our excellent President and Permanent Secretary, therefore that all allusion to said resolutions be expunged from the minutes of the Association. Carried.

Dr. Jackson, of Philadelphia, then read

A PROTEST AGAINST THE ACTION OF THE JUDICIAL COUNCIL

by which the Philadelphia County Medical Society, one of the oldest, most respectable, and the largest of the medical societies in affiliation with this Association, has been excluded from recognition, at this meeting. A motion to table the protest was promptly made and carried.

Dr. N. S. Davis, of Chicago, moved

A VOTE OF THANKS

to the Committee of Arrangements, to all the local officers, and to the people of St. Louis, from whom such cordial courtesies and such kindly treatment had been received. Adopted.

AMENDMENT TO THE BY-LAWS.

Dr. Keller, of Arkansas, offered an amendment repealing that adopted at the present meeting by which the sections nominated their own officers.

Drs. Davis and Johnson were then appointed a committee to introduce

THE PRESIDENT-ELECT,

Dr. Gregory, of St. Louis.

Dr. Gregory accepted the office with a few appropriate remarks expressing sincere gratitude for the honor conferred upon him.

Dr. Brodie, after a few words of thanks to the members of the Association for the manner in which they had supported and aided him in the discharge of his duties, and after congratulating them on the pleasant manner in which all matters on which there existed a difference of opinion had been adjusted, leaving no personal ill-will between any of the members, declared the Association adjourned.

SECTIONS.

In the Section of Obstetrics and Diseases of Children, Dr. H. O. Marcy, of Boston, exhibited on the screen a number of cuts in treating of

THE LESIONS OF THE PERINEUM AND THEIR REPAIR.

These consisted of frozen sections, among others that of a woman who hung herself in the eighth week of pregnancy; another who died during parturition. He showed the bladder and rectum full and empty; the dissection and repair in operations on the perineum; showed Emmet's operation, complimenting his method of dissection; cuts from Hart, Henly, and Savage, and showed cuts of his own manner of operating, which he had reported to this section two years ago. He also showed his "safety-pin," made of heavy German-silver wire.

Dr. E. W. Cushing, of Boston, showed a number of microscopical specimens on the screen in discussing

THE PATHOLOGY OF EROSIONS, SO-CALLED, OF THE OS UTERI.

Dr. A. C. Miller, of Cleveland, O., discussed the paper, and was replied to by Dr. Cushing.

Dr. W. W. Potter, of Buffalo, N. Y., read a paper entitled

SOME OBSERVATIONS ON THE UTERINE SOUND, WITH ESPECIAL REFERENCE TO ITS USE IN GYNECOLOGICAL THERAPEUTICS.

It was but a few years ago when a Ferguson's speculum, caustic-holder, uterine dressing-forceps, and Simpson's sound, were an ample outfit for the practice of gynecology. The sound has been used in almost every malady peculiar to the pelvic organs, and I am sure it is in the range of truth to assert that this instrument has done woman more harm than any other used in the management of her diseases. The young physician is prone to its improper use, and, sad to say, causes often irreparable damage to the genital tract or health of woman. Nor is this animadversion applicable exclusively and alone to the professional novitiate, for many whose experience should have taught them better are guilty of the same. I myself am not holier than thou, but take a full share of blame for past misuse. My experience has taught me in every instance in those cases which seem to invite its use for diagnostic purposes, most earnestly to use it with the utmost caution, circumspection, and gentleness. I would most strenuously insist that this instrument should be applied to only as a *dernier ressort*, and in juncture with extreme doubt. Have we not repeatedly seen endometrium so sensitive as to spring into violent inflammation as a result of contact with the sound? Metritis, both peri- and para-salpingitis, ovaritis, pelvic cellulitis, et id omne, are among the results. What, pray, may all these lead to? Were it possible to group together in one table where woman has been caused to abort by the use of the sound, what would be the array? Those indescribable symptoms, remote and reflex in character, also sympathetic, which we call neuroses—hystero-neuroses if you please, that are difficult to locate but unbearable—neuralgias, headaches, backaches, etc., count up a picture of woe pitiable to think about. Mr. Lawson Tait has found that in his own practice, as experience increases, his use of the speculum and sound grows less and less. This comes from the increased *tactus eruditus*. He says, educate the finger-tips. This were well, but few of us can reach the perfection of a Tait. However, the nearer we can come to attaining this, the better gynecologists we are and the less will we use the sound. The essayist said that the os uteri should always be patulous,and the endometrium free from disease before the sound is used.

When necessary, the delicate virgin-silver probe of Sims is better and safer than the Simpson sound. This should never be passed at the first interview. We should, if possible, avoid it until we are quite familiar with the topography and peculiarities of the sexual tract of our patient. We should wrap absorbent cotton about the instrument to serve as a cushion for the metal. He could not speak in too strong terms against the use of the sound to replace the retroposed uterus. He named this use of the instrument as barbarous practice, and recommended the intelligent and persistent use of manipulation and the genu-pectoral position. The sound has taught us some good things, chief among them being the better use of our fingers. He hoped that with the use of the better educated finger-tips the sound would grow less and less in demand and use, and we shall be rid of much of the opprobrium which the young and growing art, gynecology, is now compelled to suffer.

Dr. Gordon, the President, in a neat speech, complimented the paper very highly, and endorsed every word of it.

Dr. Franklin H. Martin, of Chicago, read a paper on

ELECTROLYSIS IN GYNECOLOGY.

The author first spoke of the theory of action, then described what took place in the normal tissue and in the pathological tissue, or in pathological tissue mixed with normal tissue. He mentioned the principal advocates of electrolysis, and enumerated the diseases in which it was beneficial, viz., varices, polypus, nævi, epilation, hydrocele, bronchocele, extra-uterine pregnancy, hernia, hemorrhoids, epithelioma, and uterine fibroid. He also related his experience with an extra-uterine fibroid. This trouble is reported cured by this means by numerous authors. He gave the particulars of the application of the remedy, spoke of the mixed galvanic and faradic method, and showed his manner of applying electrolysis.

Dr. Ely Vandewarker, of Syracuse, N. Y., complimented the paper, and gave brief expression of his experience. He reported a case of solid uterine outgrowth to which he applied electrolysis. The operation proved to be very painful; the patient groaned and writhed under the pain, though anæsthetized. After eight days he observed a rise in tem-

perature, and an abscess followed. The tumor was reduced in size, but the woman was very ill and barely escaped death. Two other cases have submitted to an operation, but the results have been negative.

Dr. Robert Newman, of New York, took great interest in the subject. He recommended weak currents. Instead of twenty, thirty, or eighty cells, we should use two, three, four, five, or six cells. The object is absorption. The strong current does harm; the weak causes absorption. In gynecology electrolysis has a wide field. The one great thing is, we have a safe and sure remedy to save the woman suffering from extra-uterine pregnancy. Do not use needles, use electrodes. In cases of hardened tissues, electrolysis has done much good, in my experience. In malignant growths and cancers it has done good, and been followed by failure in stricture of the urethra in females. In my hands it has never failed. I hope the gentlemen will not forget to use weak currents.

Dr. Hulbert, of St. Louis, said he was an electrical crank. He had reported some remarkable cures. He said we should measure the dose, as in other remedies, and thought Dr. Vandewarker's failures due to not having measured his dose.

Dr. George Engelmann, of St. Louis, said Dr. Martin had only brought this subject before them in a scientific light. He only touched on the results to be attained. He was surprised at Dr. Vandewarker's and Dr. Newman's speaking so indefinitely of strong and weak currents. He had always insisted on using the galvonometer. Know your dose. Cases had been reported here where cures occurred only after forty-five sittings. If you will measure your electricity, you will cure your patient in five or six sittings of five minutes each. The kind of electricity used is quite as important as the number of cells. Give a sitting of five minutes, and a strength of forty, fifty, eighty, or one hundred milliampères, according to how much the patient can bear; it may cause slight pain at first, but should not after that. Avoid the peritoneum if possible, but if necessary pass it through. He uses one needle and a large plate, fourteen by sixteen inches. The cells are gradually added, until the galvonometer shows enough.

In the Section on Diseases of Children, Dr. Mary Harris Thompson, of Chicago, read a paper on

WHY DISEASES OF CHILDREN SHOULD BE MADE A STUDY BY THEMSELVES.

She said opium and alcohol should in all their forms be discarded as soon as safer remedies could be found, and she was confident it could be done if the subject was more thoroughly studied. The rules for physical diagnosis would not well apply to a child, because they were undeveloped; the child being small and fretful, a correct examination could not be had. Adult remedies were not applicable to a child, even in reduced doses, and it was as important to save the life of a child as an adult.

The discussion was spirited, but the speakers were divided upon the necessity of using opium and alcohol as remedies. Some would not use either in any of their preparations, under any consideration, while a like number felt they could not practice intelligently without either drug in their preparations. Dr. Thompson, in closing, said the application of external heat would often answer the purpose of both drugs, which should be discontinued for moral reasons, if for no other.

From time to time we will furnish abstracts of papers as they come in.

American Climatological Association.

The third annual session of this Association was held in Philadelphia, May 10 and 12, 1886.

The President, Wm. Pepper, M. D., opened the session with an address on

THE CAUSES AND DISTRIBUTION OF CONSUMPTION IN PENNSYLVANIA.

He wished this to be considered simply as a preliminary report. The data obtained, while not sufficient to warrant any positive conclusions, seemed to indicate that consumption is most prevalent in the counties of low altitude, where the rainfall is greatest, and that the number of deaths in proportion gradually diminishes as higher elevations with a smaller rainfall are reached, until when an altitude of 2000 feet is obtained, the death-rate has diminished to less than 1 per 1000.

The city of Philadelphia was separately considered. In a period of twenty-six years it was found that there had been 60,000 deaths out of a total of 400,000, the rate for each year being quite uniform. The rate among negroes is over twice that of the general population. Among the foreign population the death-rate is also in excess of the people at large. Deducting the deaths among negroes and foreigners, the true mortality among the Americans in Philadelphia is much lower than is commonly believed.

The percentage of deaths from consumption as compared with the total number of deaths is by this method nine and a half per cent., as contrasted with fourteen per cent, the rate when all classes are included.

Dr. A. L. Loomis, of New York, then read a paper on

THE EFFECT OF HIGH ALTITUDES ON CARDIAC DISEASE.

In the summer of 1880, while at St. Regis Lake, in the Adirondacks, he was requested to see a gentleman who had just arrived, and was thought to be dying. The patient, aged forty years, was found gasping for breath, cyanosed, with no apparent radial pulse, and bathed with profuse perspiration. Neither heart-sound could be heard. Under the hypodermatic use of digitalis, morphia, and brandy, he improved. The following day it was learned that he had left New York apparently perfectly well. When he reached an elevation of 1,000 feet, his breathing became difficult, and as a higher altitude was reached the difficulty was increased, and was accompanied by cardiac palpitation and a sense of oppression in the epigastrium. When he reached St. Regis Lake, at an elevation of 2,000 feet, he appeared to be dying. Physical examination showed well-marked dilatation of both ventricles, with a loud systolic murmur heard over the præcordia and transmitted a little to the left. At the end of three days he returned to New York. As he reached lower levels, the difficulty of breathing diminished, and when he reached the level he could walk. The irregular heart-action, however, continued, and the feet soon became œdematous, and he died six weeks later with general anasarca and heart insufficiency. No autopsy was made. The patient had never presented any evidence of cardiac disease prior to his trip to the mountains.

Dr. Loomis had seen in all twenty-six similar cases, the histories of five of which were given.

In all cases coming under his observation, the ventricular dilatation was unquestionably the cause of the sudden development of distressing symptoms, and the commencement or the fatal issue seemed to be directly due to the effects on the cardiac circulation of a change from a lower to a higher altitude. The probable explanation of these cases was then considered. He first referred to the nervous supply of the heart. The quality of the atmosphere, which is probably the only operative factor under the circumstances, is the diminished density.

The two important elements leading to permanent cardiac insufficiency are, first, the condition of pulmonary distention consequent upon rarefaction of the atmosphere; and second, the resultant condition of the circulating blood. In the first, the terminations of the vagus are excited by the distention of the lungs; by the excitation of these afferent fibres the cardiac walls and inhibitory gangila of the medulla are paralyzed or weakened. The inhibitory control being lost, the diastolic intervals are shorter and the rhythm increases, but the amount of work accomplished is not proportionate to the visible cardiac energy. The change in the blood, which acts as an important and ultimately the principal factor in producing the cardiac insufficiency, is the deficiency in oxygen. The vaso-motor centres, influenced by the want of oxygen in the blood-supply, excite a general contraction of the arterioles of the body, filling the veins, and affording a large heart-supply, while the arterial pressure rapidly rises as the peripheral resistance is increased. Ordinarily, the heart would relieve itself by excitation of the cardio- and vaso-inhibitory centres, but these centres are held in abeyance by the condition of the blood circulating in the medulla. This increase in the intracranial pressure cannot continue, and sooner or later the heart passes into a state of diastolic relaxation, which is the primary step of a condition of ventricular dilatation. It is not improbable that the blood heavily laden with carbon dioxide, also acts as a disturbing factor of the normal action of the heart through this same afferent mechanism.

If the explanation of the effects of high altitude upon the cardiac circulation be accepted, the risk which one with even slight cardiac insufficiency runs by passing from a lower to a higher altitude is certainly very great; and if the insufficiency is extensive, such changes become immediately dangerous. It must be remembered that cardiac insufficiency may exist in those who give no evidence of it.

Clinically, he relied upon what is termed the muscular element of the first sound of the heart in determining the condition of the muscle walls. The absence of the muscular element of the first sound indicates a failure in the integrity of the heart power, which would lead him to caution such a one against passing rapidly from a lower to a higher altitude. Clinical experience had also convinced him that it was unsafe for one to make such change whose cardiac rhythm was greatly disturbed by nervous excitement by rapidly ascending a long flight of stairs.

Dr. Frank Donaldson, jr., of Baltimore, then read

A PRELIMINARY ACCOUNT IN REGARD TO CIRCULATORY AND RESPIRATORY CHANGES OBSERVED IN ANIMALS PLACED IN THE PNEUMATIC CABINET.

The experiments had been performed by Prof. H. N. Martin, of the Johns Hopkins University, and the writer. The animals employed were rabbits, which had been chloralized. It was found—

1. When the animal is breathing air from outside of the cabinet, rarefaction of air within the cabinet causes a marked fall of general arterial pressure, but has no influence on the pulse-rate. The fall of pressure lasts only a short time (ten or twenty seconds), and is often followed by a temporary rise above the normal.

2. This fall of systemic arterial pressure depends on two factors: greater flow of blood to the skin when the air around the animal is rarefied, and greater accumulation of blood in the lungs when they are distended.

3. Of these two factors, accumulation of blood in the lungs is the more effective; for if the animal breathes air from the cabinet, and not from the outside, rarefaction of the air within the cabinet (in this case accompanied by no special expansion of the thorax) has but a trivial effect in lowering arterial pressure.

4. When the animal is breathing external air, rarefaction of the air within the cabinet usually has no effect upon the respiratory rate nor upon the extent of individual respiratory acts, unless the fall of blood-pressure be considerable. If it be considerable, symptoms of anæmia of the medulla oblongata show themselves. In some cases there is more forcible dyspnœic breathing, and in some, dyspnœic convulsions similar to those which occur when an animal is bled to death, and due to the same cause, viz., deficient blood flowing through the respiratory centre.

5. The rapid recovery of general arterial pressure, while the animal is still in a rarefied atmosphere, but breathing external air, is probably due to excitation of the vasomotor centre, which, as is well known, is excited whenever the blood-supply is defective.

6. The brain, enclosed in a rigid box which is practically unaffected by variations in the atmospheric pressure, has its circulation more disturbed in the pneumatic cabinet than any other organ, with the exception of the lungs.

7. Compression of the air within the cabinet while the lungs are in communication with the external air, causes a considerable transient rise of blood pressure. This is probably mainly due to the forcing of the blood from the cutaneous vessels, but there has not yet been sufficient time to investigate this point thoroughly.

8. Compression of the air within the cabinet while the lungs are in communication with the external air, slows the pulse as the arterial pressure rises. This is probably due to excitation of the cardio-inhibitory centre by increased intracranial blood-pressure. Further experiments are, however, necessary before this can be positively stated.

9. In certain cases when the air within the cabinet is rarefied and the animal is breathing external air, the respiratory movements cease altogether for several seconds. As to the cause of this physiological apnœa, we are not yet ready to form an opinion. It may be due to extra accumulation of air in the alveoli of the lung, or to distention of the lungs, exciting those fibres of the pneumogastric which tend to check inspiration.

These papers were discussed by Drs. Pepper, Bruen, and Hudson.

Evening Session.

The first paper of the evening was entitled

A CLINICAL REPORT OF CASES TREATED BY PNEUMATIC DIFFERENTIATION,

by Dr. H. F. Williams, of Brooklyn.

The reading of the paper was preceded by a demonstration of the cabinet, showing the different methods of application of the apparatus. The speaker reported forty-five cases in which the cabinet had been employed, and described sixteen cases in detail.

Dr. V. Y. Bowditch, of Boston, then followed with a paper on

TEN MONTHS' EXPERIENCE WITH PNEUMATIC DIFFERENTIATION.

He gave the clinical results of the treatment of twenty-seven cases since June 30, 1885. Pulmonary phthisis, in its tubercular and non-tubercular forms; bronchitis, in its acute and chronic forms, with and without emphysema or asthma; and retraction of the lung from long-standing pleuritic effusion, were the diseases which he had treated in the pneumatic cabinet. His experience was such that, although he had been unable to accomplish thus far such brilliant results as some others had claimed, yet he felt convinced of the very marked beneficial effect of the cabinet in many cases where other means had failed to give relief, and of its curative power in one case of incipient tubercular trouble, and he looked forward

with hope to what may be done in the future with this new method of treatment.

THE PHYSICS AND PHYSIOLOGICAL ACTION OF PNEUMATIC DIFFERENTIATION.

Dr. J. H. Platt, of Brooklyn, said he believed that the effect of reduced air-pressure upon the periphery of the body is to increase the expansion of the thorax in inspiration, and to diminish its contraction in expiration, consequently to increase the amount of residual air. By the increased pressure in the lungs it will tend to exsanguinate them, and to raise the arterial blood-pressure in the general circulation. He believed that such benefit as results from the use of the cabinet is due mainly to the reduction of congestion in the lungs by the air-pressure within them, and by the increased expansion and movement of the lungs favoring their greater action, and modifying their nutrition.

The President, in calling for discussion upon the preceding papers, referred to the apparatus of Waldenberg, and the neglect of any reference to this method of treatment in most papers on pneumatic differentiation. The use of this apparatus with proper hygienic and dietetic restrictions, is so gratifying that it cannot be forgotten in a discussion of this kind. It must be remembered that this plan of treatment is simply an adjuvant to hygienic and dietetic treatment.

Dr. Loomis, of New York, considered that the most useful application of the pneumatic cabinet was in pulmonary gymnastics. He had never seen any evidence that sprays or vapors reached the lungs, and he had never seen any effect on the bacilli from these.

There are certain cases of phthisis which always present a sluggish circulation of the periphery, and which pass rapidly from one stage of the disease to another. In these cases the use of the cabinet in the Sanitarium in the Adirondacks had an exceedingly favorable influence upon the capillary and general circulation, while the pulmonary lesions remained without change. Such patients have gained in weight and flesh. The use of the instrument is not to be confined to pulmonary disease. In anæmia and nervous diseases, with feeble circulation, the apparatus may be found of benefit.

Dr. J. Solis Cohen, of Philadelphia, thought that the results recorded from the use of this apparatus were no better than those obtained by older and simpler forms of apparatus. He reported patients in advanced stages of phthisis whose lives had been prolonged ten years by the use of the Waldenberg apparatus. He agreed that the principal advantage was from the pulmonary gymnastics.

TUESDAY, MAY 12.—SECOND DAY.

Morning Session.

The report of the Committee on Health Resorts was received and ordered printed in the proceedings.

Dr. Roland G. Curtin, of Philadelphia, then read a paper on

ROCKY MOUNTAIN FEVER.

From his own experience and from correspondence with residents in Colorado, he concluded that Rocky Mountain fever is not a specific fever. Under this head he thought that probably there had been classed cases of typhoid fever, typho-malarial fever, and ordinary continued fever. In these altitudes, these diseases are undoubtedly largely modified by the conditions present. The various influences which might tend to alter the aspect of the diseases were then referred to.

Dr. E. W. Schauffler, of Kansas City, confirmed this opinion.

Dr. C. C. Rice, of New York, then spoke of

HOW THE THERAPEUTIC VALUE OF OUR MINERAL SPRINGS MAY BE INCREASED,

and presented the following conclusions:

1. Physicians should make a careful analysis of our mineral springs.

2. The medicinal value of the waters should be tested by clinical investigation, and the conclusions published for the benefit of the profession.

3. If the waters are found to present marked merit, the physician should interest himself in developing the springs, improving the baths, etc.

4. Physicians, in sending patients to the springs, should be more careful to select the proper water, and should send with the patient the diagnosis and history of the condition, for the benefit of the physicians at the bath.

5. The patient, while at the mineral spring, should be under a more rigid medical discipline.

The discussion of this paper was participated in by Drs. Bruen, van Bibber, and Kretschman.

Dr. Didama, of Syracuse, read a paper on the

CLIMATE OF MEXICO.

The paper was based upon somewhat conflicting communications from physicians practicing in Mexico.

Dr. Edward T. Bruen, of Philadelphia, followed with a paper on

THE SOUTHERN ADIRONDACKS,

describing his experience in this locality, giving the results of meteorological observations, and describing the classes of patients likely to be benefited by a sojourn in these regions.

Dr. E. A. Schauffler, of Kansas City, then spoke of

THE CLIMATE OF EL PASO, TEXAS.

El Paso is 340 miles south of Santa Fe, and is 3700 feet above the sea level. The soil is sandy and porous. The great advantages of this climate are the mild winter and the small rainfall. The annual mean temperature is 61.59°. The winter mean is 47.9°. The average rainfall for several years has been about twelve inches. The winter months are the dryest of the year. The air is exceedingly bracing and tonic.

Dr. A. N. Bell, of New York, read a paper describing

SOUTHERN PINE PARKS,

a new health resort of North Carolina.

Afternoon Session.

The following were elected

OFFICERS FOR THE ENSUING YEAR:

President.—Dr. F. Donaldson, of Baltimore.

Vice-Presidents.—Drs. V. Y. Bowditch, of Boston, and Roland G. Curtin, of Philadelphia.

Secretary and Treasurer.—Dr. J. B. Walker, of Philadelphia.

Additional Member of Council.—Dr. F. C. Shattuck, of Boston.

A communication was received from the Committee of the American Surgical Association, inviting the Society to appoint a committee to confer with like committees from the other special societies in reference to the organization of a

CONGRESS OF AMERICAN PHYSICIANS AND SURGEONS.

The communication was approved, and the following committee was appointed: Drs. A. L. Loomis, of New York; F. Donaldson, of Baltimore; F. C. Shattuck, of Boston; E. T. Bruen, of Philadelphia; and W. W. Johnston, of Washington.

Dr. H. B. Baker, of Lansing, Mich., then read a paper on

THE CAUSATION OF PNEUMONIA.

The atmospheric condition, he said, which is most closely associated with pneumonia, is the night ozone, but although this is perhaps one factor, it is probably not the controlling force. He believed that the statistics which he presented showed that the causation of the disease is absolutely controlled by the meteorological conditions.

Dr. J. H. Musser, of Philadelphia, then offered some

SUGGESTIONS REGARDING THE PREVENTION OF PHTHISIS IN MILL HANDS.

He showed that states of ill-health are common in this class of artisans, and asserted that it is very largely due to an inadequate supply of food, which is improperly selected and prepared, and to carelessness in attention to digestion. This cause obtained more largely than bad hygienic surroundings, or the occupation itself. If this be true, the remedy is to have the system of the Willimantic Cotton Company used by all mill proprietors. That company has proven by experience and careful calculation that it pays them in quality and quantity of work done to supply milk to their boys and bouillon to their women twice daily, and that the health of the operatives is promoted, and their lives prolonged thereby.

Dr. C. L. Dana, of New York, read a paper on the

INFLUENCE OF HIGH ALTITUDES WITH REFERENCE TO NERVOUS AFFECTIONS.

The observations had been made by physicians at Colorado Springs. The climate seemed to be unfavorable for nervous affections in children, such as chorea. It seemed to be bad for nervous affections in women. High altitudes do not necessarily injure epileptics. In chronic obstinate insomnia in anæmia and malnutrition, the high altitude appears to be beneficial. In chronic affections of the cord the effects seem to be unfavorable.

He thought that the climate tended to produce lithæmia and arthritism, with consequent irritation of the nervous system. The best results are obtained in debility, neurasthenia, and especially in anæmia, insomnia, and melancholia associated with anæmia and malnutrition.

A vote of thanks was extended the College of Physicians of Philadelphia for the use of its hall, and the Association adjourned *sine die*.

American Surgical Association.

At the seventh annual meeting of this Association, held in Washington, April 28, 29, 30,

and May 1, the following papers were read: "Physiology and Surgery of Motor, Sensory, and Moto-sensory or Compound Nerves," by Dr. Moses Gunn, of Chicago; "Diagnostitial Laparotomy," by Dr. Christopher Johnston, of Baltimore; "Two Cases of Laparotomy," by Dr. J. F. Thompson, of Washington; "A Consideration of the Bacteria of Surgical Diseases," by Dr. Harold C. Ernst, of Jamaica Plains, N. Y.; "A Sterilized Atmosphere," by Dr. David Prince, of Jacksonville, Ill; "The Surgery of the Pancreas as Based upon Experiments and Clinical Researches," by Dr. N. Senn, of Milwaukee; "Two Cases of Cholecystomy," by Dr. Charles T. Parkes, of Chicago; "A Case Simulating Abdominal Pregnancy—Laparotomy, Cæsarian Section, and Removal of a Living Child," by Dr. John S. Coleman, of Augusta; "Traumatic Aneurism of the Internal Carotid Artery," by Dr. T. F. Prewitt, of St. Louis; "Lipoma Testis, or a Large Accumulation of Fat in the Tunica Vaginalis," by Roswell Parke, of Buffalo; "Nephrectomy on a Patient Twenty-three Months Old," by the same author; "Stretching of the Facial Nerve," by Dr. W. W. Keen, of Philadelphia; "Subcutaneous Division of Urethral Stricture," by Dr. C. H. Mastin, of Mobile.

The President announced the following committee on the proposition looking to the formation of a Congress of American Physicians and Surgeons: Drs. C. H. Mastin, Charles T. Parkes, J. Ford Thompson, J. Ewing Mears, and N. Senn.

The officers elected were as follows:

President—Hunter McGuire, M. D., Richmond, Va.

Vice-Presidents—T. F. Prewitt, M. D., St. Louis, and J. W. Gouley, M. D., New York.

Secretary—J. R. Weist, M. D., Richmond, Ind.

Recorder—J. Ewing Mears, M. D., Philadelphia, Pa.

Treasurer—P. S. Conner, M. D., Cincinnati.

Council—Drs. Hunter McGuire, John S. Billings, L. McLane Tiffany, R. A. Kinloch, and Moses Quinn.

Honorary Members—Foreign, Sir William MacCormac; *American*, Professor Henry J. Bigelow.

Active Members Elected—Drs. H. H. Mudd, St. Louis, and Joseph Ransohoff, Cincinnati.

Time and place of next meeting, the second Wednesday of May, 1887, at Washington.

Adjourned.

The Pennsylvania State Medical Society.

Gentlemen from Philadelphia and vicinity who would attend the Pennsylvania State Medical Society at Williamsport will find great advantage by patronizing the Reading R. R. Co. The train service between Philadelphia and Williamsport is as follows:

Leave Philadelphia 9:50 a. m., 5:50 p. m.; arrive Williamsport 5:50 p. m., 12:40 midnight.

Returning, leave Williamsport 3:00, 10:00 a. m., 12:00 noon; arrive Philadelphia 9:45 a. m., 12:10, 8:50 p. m.

You will notice the trains leaving Philadelphia 9:50 a. m., and 5:50 p. m., and Williamsport 3:00 and 10:00 a. m. are the fastest.

Items.

—*Little Boy*—"Mamma, they call all the Wall street men bulls or bears. Which is papa?"

Mamma—"O dear, Willie, don't ask so many questions; go and ride your velocipede."

Little Boy—"Well, I just want to know whether I am a calf or a cub."

—It is related of a certain judge in a French court of justice, that, on the hearing of a case involving some details of a decidedly nasty character, he appealed to all *honest* women to leave the court. After waiting patiently some few minutes, and seeing that not a lady had stirred, he called to the usher, "Now that all the honest women have left, turn out the others,"

—When a great ruler dies in Europe some one calls in his ear three times. Once is enough in Kentucky. A friend steps reverently to the couch of the deceased and whispers—not necessarily loud—"Let's take a drink." If he makes no reply, then he is dead beyond peradventure, and the funeral is proceeded with.

—The King of Servia has made a proclamation in favor of antisepsis in the following words: "Whereas it is irrefutably proved by science that the so-called antiseptic treatment of wounds yields more beneficial results than all other methods, we are pleased to order that henceforward the said antiseptic plan of treatment be solely employed in all hospitals of our kingdom, and that corrosive sublimate and iodoform be used until our further dispositions." The *Brit. Med. Jour.* explains that this is not taken from *Punch*, as might be expected from its sound, and wonders what Lawson Tait or Keith would do in Servia.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1526.] PHILADELPHIA, MAY 29, 1886. [Vol. LIV.—No. 22.

Original Department.

Communications.

PUERPERAL FEVER AND THE EARLY EMPLOYMENT OF ANTISEPTIC VAGINAL INJECTIONS.*

BY E. G. ZINKE, M. D.,

Of Cincinnati.

This paper considered chiefly the value and necessity of antiseptic or simply warm water injections as recommended for prophylactic purposes in normal cases of labor in private practice. It dwelt largely, also, upon the differential diagnosis between puerperal septicæmia and remittent fever following parturition. The paper was based upon a case in the doctor's practice, of which the following is a brief report:

Mrs. ———, American, æt. 26, suffered a miscarriage at the end of the eighth calendar month. The labor was entirely normal, as was also gestation, up to the miscarriage. The placenta came away spontaneously, and after only a few moments. The external genitalia were washed, but no antiseptic washes used.

All went well till the third day, when the patient had a chill, followed by a temperature of 106°. She experienced, however, scarcely any pain, and the lochia were free from odor. Two hours later she had another chill and the temperature went up to 107.5°. Prof. Palmer was called in consultation. He thought the high temperature due to something in the uterine cavity, but Dr. Zinke did not think this possible from the nature of the labor. It was determined to await the action of quinine before washing out the uterine cavity. Later, carbolized warm-water injections and turpentine stupes were added to the treatment. Temperature fell to 101°, then rose to 103°. Only slight tenderness in the hypogastric region, and the lochia free from odor. When the temperature reached 104.5°, the uterine cavity was washed out with warm carbolized water, using the reflex uterine catheter. This was followed by some fever, but there was no decline in the temperature, neither was there a removal of anything which might be the cause of the trouble. The temperature fell later under the use of tr. veratrum viridi and salicylate of soda.

Comparing the local manifestations with the range of temperature, the doctor became more and more convinced that the malady was not local in character.

Was it typhoid or remittent fever? Diarrhœa, rose spots, and stupor were absent. The husband then stated that about a month before her confinement she had complained of languor and chilliness. Was it then remittent? In all probability, yes. His consultant did not concur with him. Seventeen days after confinement the temperature was 99.5°. Next day, 101.4°, and still rising. The next day, the doctor's orders not being followed, he retired from the case. Subsequently to this, she was only part of the time under the care of a physician, and no record of the temperature was kept. The patient recovered after a sickness of two months' duration.

The questions which present themselves for consideration are:

1. Was this a case of puerperal septicæmia, remittent fever, or something else?

*Abstract of paper read before the American Medical Association.

2. Could it have been avoided by the early use of antiseptic vaginal injections?

3. To what extent is the use of antiseptics scientifically and practically justifiable or necessary?

The doctor did not believe this to be septic, but if so, thought it to have entered through another channel than the parturient canal. Puerperal fever, he thought, should embrace only those diseases which occur during the puerperal state. He was satisfied that all cases of puerperal fever which find their inception through the obstetric channel from an external cause may, to some extent, be mitigated or prevented by the early and frequent use of antiseptic vaginal injections. Scarlatina, measles, diphtheria, etc., find their way through other avenues, and often mislead the physician.

Antiseptics in normal labor ought not to mean anything except ordinary cleanliness in every respect, the avoidance of frequent examination and unnecessary aids, needless exposure in the support of the perineum, the tying of the cord, the delivery of the placenta, and the washing after labor.

Washing out the vagina immediately after normal labor, he thought, should be termed meddlesome midwifery, did no benefit, prevented nothing, and might do harm. In prolonged or instrumental delivery, if the hand has been introduced, or if injuries have been sustained, vaginal injections are always, uterine injections rarely indicated.

The essayist referred to a death after vaginal injections in the practice of Dr. J. C. Cleveland, of Cincinnati, and to the writings of Drs. Bartlett and Lydston unfavorable to the routine injection.

I admit that many times the fault may lie with the individual who makes these injections. But this charge should not be made general, for surely it does not require a very high degree of education and skillfulness to carry them out properly. Therefore the charges (made by those who apply antiseptic injections in every case, that the trouble arising in certain cases is due to this cause alone,) is certainly not tenable, and seems to me a poor excuse. The ground which I am taking is sufficiently supported by high medical authority, and justifies the conclusion at which I have arrived.

In conclusion I wish to state that out of nearly 400 labor cases attended by myself, the one just submitted to your consideration is the first that would come under the term puerperal fever (if such it should prove to be in your opinion). I have seen a number of cases of puerperal septicæmia, but none of them were under my care as physician-in-charge during labor. They occurred principally in the hands of midwives, and in a few cases in which I was called in consultation.

In the early part of my professional life, I invariably used antiseptic injections whenever I had the time to make them myself. My practice called me largely among the poorer class of people, who could not pay for a syringe and drugs, and, occasionally, even when able to supply these, they obstinately refused to go to the expense. Speaking from experience, and with a typical kind of good sense, they declared "that it was all nonsense; they had never heard of such a thing before." To my surprise, all these cases, though frequently abnormal and complicated in character, did well, and, I must confess, some even better than those in which antisepsis was rigidly carried out.

Notwithstanding, according to precept, I insisted upon vaginal injections whenever and wherever it was possible. Suddenly, about three years ago, I observed for the first time the ill-effects from the use of a Fountain syringe. Half an hour after the injection, though not the first one nor immediately after termination of labor, pain supervened—and such pain! Whoever has seen a case of uterine colic will know what that means. One grain of morph. sulph. subcutaneously was necessary to subdue this patient's agony. In the course of the same year I had two other similar experiences. The last occurred in a case in which I took particular care that all should be done properly. Everything progressed favorably; the first injections were used on the fourth day after labor. The ill-effects followed as quickly as related in the first case: but the suffering was much more intense. The patient moaned piteously, and with her hands firmly pressed upon the abdomen, she reeled from side to side, crying for help, and exclaiming in heart-rending tones: "My God, what is the matter with me?"

Now, gentlemen, since we may have as a result of carefully employed antiseptic injections such scenes of suffering and even fatal results, is it not uncalled for and wholly unjustifiable to resort to them in normal cases of labor?

—It is said that adding half a teaspoonful of dilute muriatic acid to a pint of water, mixing this with a quart of milk, and then boiling, will produce fine curds as in woman's milk, and will be of pleasant taste.

ECZEMA.*

BY PROF. WILLIAM H. DRAPER, M. D.,
Of New York.

This old man, 69 years of age, is very fat, as you see, and this trouble, which is an eczema of the legs, developed itself first last spring, and he neglected it and went about with a hickory stick, which he still likes to keep in bed with him, and he had to keep constantly scratching his legs. When he came in, his limbs were much distended with an œdematous swelling, and it was thought that this might be the cause of the skin lesion. But an examination of the chest and belly showed no cause for the œdema, and so I am inclined to think that the œdema was secondary to the eruption. At all events resort was had to the oil of cajeput as a local stimulant, and the limbs were bandaged from the toes up to the knees; and this has caused the œdema largely to disappear, and has pretty well restored the skin to a healthy condition. This sort of eruption is not uncommon in old people, and especially if they are afflicted with varicose veins. For the long-continued hyperæmia of the skin thus induced interferes with its nutrition, so that eczematous troubles easily arise, and slight wounds even may cause ulcers upon the limbs. The only way to treat these patients is to put them to bed, and keep the leg in an elevated position and supported by a good bandage or an elastic stocking, and the eczema will get well without much treatment. But oily applications, such as zinc ointment and the like, may also be made, in order to relieve the itching, and so prevent the patient from scratching the parts constantly.

MEDICO-LEGAL NOTES.

BY HENRY A. RILEY, ESQ.,
Of New York.

The New York Legislature has passed a bill appointing a commission to look into the subject of capital punishment, with a view to substituting some other method than hanging. The members of the commission are Elbridge T. Gerry, of New York city; Matthew Hale, of Albany; and Dr. A. P. Southwick, of Buffalo. The first two persons are lawyers, and represent the sentiment of the Medico-Legal Society of New York, which framed a bill some time since having the same object in view.

The bill directs the commission to "investigate and report to the Legislature of the State of New York on or before the fourth Tuesday of January, 1887, the most humane and practical method known to modern science of carrying into effect the sentence of death in capital cases. It is also provided that the report shall be in detail, accompanied by drawings and specifications of any appliance recommended by such commission, together with the cost of construction, maintenance, and probable durability. The bill presented by the Medico-Legal Society to the last Legislature allowed the condemned criminal to choose the form of inflicting the death penalty.

Congress seems likely to pass a very stringent oleomargarine law, for as the House Committee stated in its report, the legislation is demanded by nine-tenths of the people. Measures with as much "politics" as this behind them are pretty certain to become laws. The principle upon which the bill is based is the right of Congress to impose internal revenue taxes upon manufactured compounds; and although it is not revenue which is wanted, but rather the suppression of the traffic under the guise of taxation, the bill will nevertheless have to depend for its constitutionality upon the taxation theory. The bill imposes a special tax of $600 on manufacturers of oleomargarine, of $480 on wholesale dealers, and $48 on retail tradesmen. If this special tax is not paid, the manufacturer is to be fined from $1,000 to $5,000, the wholesale dealer $500 to $2,000, and retail dealers $50 to $500. Oleomargarine must be packed in firkins, tubs, or other wooden packages, which have not been used before, and they must be marked, stamped, and branded as the Commissioner of Internal Revenue may prescribe. A violation of this provision is punished by a fine of not less than $100 nor more than $1,000, and by imprisonment not less than six months nor more than two years. All oleomargarine manufactured in this country is to pay a tax of ten cents a pound, and the imported article, besides the import duty, is to pay also a tax of ten cents a pound. The removal of the stamps, marks, or brands on any package of oleomargarine is punished by a fine from $100 to $2,000, and by imprisonment of from ten days to six months. All fines, penalties, and forfeitures may be recovered in any court of competent jurisdiction, and one-half is to go to the informer.

The House Committee on Agriculture states that about 200,000,000 pounds of the various imitations of butter are manufac-

*Abstract.

tured each year, and that the dairy interests are seriously threatened by the continuance of the manufacture.

Dr. Thomas S. P. Miller is colored physician residing in New York, and is the examining physician of a colored lodge of Odd Fellows. The secretary of this lodge recently made a charge against Dr. Miller that he was practicing without a license, and was not competent for his profession. The physician thereupon brought suit for libel against the secretary, and the trial has just been concluded by a verdict of six cents damages in favor of the plaintiff.

The crime of robbing graves for purposes of dissection does not seem to have been stopped by the heavy penalties imposed, nor by the fact that the laws permit, under restrictions, the dissection of bodies of unclaimed paupers. The latest instance of the kind is connected with the county almshouse of Wayne county, New York. The robbery has been going on, it is thought, for years, and at least a score of graves have been opened and the bodies found to have been taken away. The account given states that there were twenty-two deaths during 1884 at the almshouse, and of these cases at least twelve bodies were stolen. The thefts were, it is said, an open secret about the almshouse that year, and the inmates terribly frightened by the thought that at their death their bodies might also be carried away for dissection. Who the guilty parties are is not certainly known, but it is generally believed that they are medical students from the towns of Lyons, Phelps, and Newark. An old Lyons physician says that one night after the burial of a pauper who died of a curious disease, eleven medical students from villages within a radius of nine miles met in the cemetery, coming in twos and threes, and each with the intention of stealing the body. It was decided that the body should go to the one drawing a certain number from a hat. The cemetery has furnished medical students with subjects for years, and in 1885 several bodies were dissected in an unused office in Lyons. A large part of the stolen bodies have been shipped from Lyons to medical colleges in New York, Albany, and Buffalo. The bodies were usually put in old oil or whisky barrels and tightly headed in. The price paid in one instance for a body was $30.

The contract system of disposing of prison labor is quite prevalent at the South, notwithstanding the exposures which have been made of its cruelty and excessive mortality. From Kentucky quite recently reports have come which show that for cruelty, starvation, and neglect, the system is as bad as can be found in Siberia even. Some 200 have been employed in working the mines at Greenwood, and of this number some sixty are sick from overwork and poor and insufficient food. It is said that the men see the sun only as they go from the barracks to the mines, in which they work eleven hours. Hard tasks are set them, and a failure is met by a whipping with the "strap" on the bare skin. Terrible tales are told of the horrors arising from its use. One resident of Greenwood frequently hears the helpless victims cry for mercy. The "strap," as used here, is fully equal to the Russian knout. From March 6 to March 13, forty whippings were inflicted with it. Not long since, one convict deliberately killed his partner in mining so that he might be taken from the mines and sent to Frankfort, where murderers and other criminals of a high grade are kept, but he was kept at the mines and no attention paid to the act of killing. The contractors make about $40 per month from the labor of each convict, and it is no wonder that they are in favor of the system.

ALBUMINURIA.*

BY JOSEPH T. SMITH, M. D.,

Of Baltimore, Md.,

Visiting Physician to Bay View Asylum,

Few words in our medical vocabulary are in such constant every-day use as albuminuria; at the same time there are possibly none which, from a clinical point of view, give us such a vague idea of the real condition of things; it is a hybrid term signifying "a condition of the urine in which it contains albumen * * *." It is a word used to express the fact that the urine contains albumen, and that of a peculiar kind; but it gives us no idea of the source from which the material comes, nor of the diseased condition or conditions which produce it, if, indeed, it may not exist in the urine from a perfectly healthy body; still more, we cannot say, from the presence of albumen alone, whether the kidneys are at fault, or disease is lurking in remote organs, as the liver or lungs. Failing thus to give us any positive information upon points so vital, the presence of albumen in the urine can be of value only as a symptom, oftentimes only one of many to help us map out the path to a cor-

*Read before the Clinical Society of Maryland, April 2, 1886.

rect diagnosis. Just as we find fever a symptom of inestimable value in pointing out the causes and gravity of certain diseases, so we find in others that albuminuria is an important guide-post to indicate the road; but neither is of much value in and by itself.

Possibly upon no one symptom, unless it be that of fever, has more time and thought been expended than upon albuminuria; it would no doubt be a surprise to all of us could we know how many gallons of alcohol and nitric acid, to say nothing of other chemicals, have been poured forth in search for this otherwise invisible substance in the urine. The journals, in almost every issue, contain one or more articles upon the subject; in the last issue of one of the best, is published an article on ferrocyanic pellets as a means of detecting albumen; indeed, if one looks at the literature upon this one subject to-day, he would think it a something new, so full and voluminous is it, instead of dating back to 1827, or earlier, at which time Dr. Bright thought that in dropsy, with albuminous urine, he had discovered the golden key which would unlock the secret of disease of the kidney, instead of opening up the path to the diagnosis of very many distinct diseased conditions, and these not of the kidneys only, which were but faintly outlined in his mind at the time. From 1827, then, until the present day, a period of nearly sixty years, this subject has claimed the attention of the medical world, and still many points call for discussion. How shall we find this invisible substance? The journal mentioned above contains four articles relating to the tests to be employed, showing that not yet have we reached a satisfactory agent or agents. What does its presence indicate? some fatal form of kidney disease in the pregnant woman, or a simple condition which shall disappear with the birth of the child? Does its presence always point to a morbid condition somewhere, or can it be found in the urine from a perfectly healthy body? Whence comes it, from the blood primarily or from that fluid altered by the cells of the tubuli? These and many more are questions still unanswered, and until they are, each and all of us may be pardoned for discussing a subject sixty years old at the least.

The first question which presses for an answer is how shall we discover the existence of albumen in a given specimen of urine? The agent or agents used must show the presence of albumen with absolute certainty, the reaction must take place quickly, the application must be easy and free from danger, and the materials must be in such a form as to be conveniently carried. The search for such a chemical or other agent which shall combine in itself all these conditions has occupied the thought of our best men, but thus far without effect; we know of nothing which will fulfil our desires in this matter. The most important element is that of certainty; and any agent or set of agents, no matter how they may fail in all other respects, if we can always depend upon them to point out the presence of albumen, are the ones to which we must resort, and such we find in heat and nitric acid; they possess this quality of certainty in a pre-eminent degree. The objections to them are, however, obvious, the acid being so unpleasant to handle, and its powerful destructive properties making it necessary to employ care in its use: the heat is not always available. I mean clean heat, like that from an alcohol lamp. In spite of these objections these agents, up to the present hour, are the final resort in all cases of doubt, if aught else is used. Roberts says the best tests for albumen "are coagulation by boiling and nitric acid," and again, "the clear superiority of nitric acid in regard to the precision of its indications is an inducement to seek for some means whereby its objectionable qualities may be mitigated." Da Costa remarks, "there are several other methods enabling us to ascertain the occurrence of albumen. Of these the chief are: heat, which coagulates the albumen; nitric acid, which causes a white precipitate. Of all the proposed substitutes for heat and nitric acid, probably none has come so near our ideal as picric acid, an agent comparatively clean, easily carried and readily applied, but experience with it shows it to lack certainty." As Dr. Harris well observes, "in the majority of cases its results are perfectly satisfactory, and it detects a very minute quantity of albumen; but I feel sure that occasionally it gives no indication of the presence of albumen when a small amount of it is undoubtedly present, as shown by other tests, and still more frequently does it give a reaction which is indistinguishable from that which a trace of albumen produces, but which is not due to albumen. * * * Specimens of urine containing mucin and no albumen, give a reaction with picric acid which cannot be distinguished from that produced when albumen is present." It will throw down mucin and peptones, leaving us in doubt, which must be cleared up by other agents.

Metaphosphoric acid is an extremely delicate test for albumen, but we find its solution

very unstable; as a solid, it deliquesces, dissolves but slowly, and any undissolved portions in the test-tube are removed with difficulty.

Yellow prussiate of potash with acetic (citric acid) offers attractions from the fact that it can be put into pellets and so be convenient for use and easily carried, but its deep staining qualities and difficulty of manipulation render it objectionable, and more than all, it will throw down mucin. Albumen tests of a valuable and attractive form are slips of paper, like slips of litmus for acid testing, and as such have been prepared with potassio-mercuric oxide. They were tried, but it was found that all urines are affected by the test more or less, so this has been abandoned. A most convenient test suggested by Dr. Roberts, because it can be made at any time and readily, is that of acidulated brines; but this will throw down the peptones, and the doctor gives it but slight mention in his last work. An approach to the abolition of the very objectionable features of nitric acid is the addition of five volumes of a solution of sulph. of magnesia to one volume of the strong acid. Dr. Roberts claims first that the mixture is colorless, will not fume nor burn, of such sp. gr. (1.240) that it will readily sink to the bottom of the test-tube, is more prompt and sensitive than the pure acid, and acts less strongly than the pure acid upon the coloring matter of the urine. Dr. Harris, in the *Medical Chronicle*, amply confirms these statements. It is to be used in all respects as the pure acid.

In view of all these facts, and we have only noted a few of the best agents suggested, we must still assign the heat and nitric acid the first place.

Having determined the presence of albumen, what does it signify? Does it mean that we have a something abnormal, or can it be present and the individual be in a thoroughly healthy condition? Observation and experiment seem to point to the fact that urine containing any considerable quantity of albumen is from an unhealthy body; the disorder may be slight, but good health is not compatible with well-marked albuminous urine.

(To be continued).

THE EARLY DIAGNOSIS OF PREGNANCY.*

BY E. S. M'KEE, M. D.,
Of Cincinnati, O.

The author considered the "opprobrium obstetrici" our inability to make a prompt and positive diagnosis of early pregnancy. Reliable evidence is sadly deficient in the first months. This fact in mind, he turned his attention to the symptoms of the first trimestrium, particularly those of late discovery. First were considered those signs which might occur at the time of conception. A number were mentioned, but the only one thought to be of any value was the peculiar voluptuous sensation and more general erethism experienced on fruitful intercourse. An enumeration of the symptoms of early pregnancy, generally known, was then made. What was true of the first of these, absence of menstruation, was true of them all, viz., there are numerous exceptions to any one of them, and the same condition might be produced by other causes; hence very unreliable testimony.

Among the later signs was mentioned that of Jacquemier, the slate or purple color of the vagina. Anything which impedes the circulation may cause this appearance. Dr. Joseph Tabor Johnson has made a good suggestion. He thinks the principles of the telephone could be used to hear, much earlier than usual, the feeble sounds of the fœtal circulation. Dr. S. C. Dumm thinks he can diagnose pregnancy as early as the fourth week, by the odor of the vernix caseosa upon the examining finger. Dr. E. C. Gehrung was able to make the diagnosis by the fifth or sixth week by the sensation imparted on touching the ovum with the sound. This is rightly condemned as a dangerous practice, while it may be simulated by a polypus or other foreign body in the uterine cavity, and in the early weeks the ovum is only attached to parts of the uterine walls, and the sound may glide by. Pinard and Didsbury have treated of a gingevitis which begins about the second month. Jerrisenne, basing his observations on the law formulated by Graves, that in hypertrophy of the heart the radial pulse remains the same whatever the position of the body, maintained that instead of the usual variation of from ten to twenty beats in the non-pregnant woman, the pulse of the impregnated remains the same. The essayist and others had investigated this symptom, and found it quite unreliable. Dr. H. B. Fry thinks that a rise in temperature in the cervix to one degree or more above the temperature of the axilla is a strong presumptive evidence of impregnation, provided there is no local disease. The author had found this true, but had found the rise of temperature in the vagina to be of loss value.

* Abstract of paper read before the Am. Med. Association.

To Hegar, of Freiburg, we are indebted for the new sign of great promise, which bears his name. This consists of an unusual resilience, compressibility, softness, bagginess, yielding, and thinning of the lower uterine segment; that is, the section immediately above the insertion of the ligamenta sacro-uterina. The shape assumed is that of a fan, balloon, or jug. The change is most apparent in the median line. According to Campsa, the examination should be made as follows: The thumb is introduced into the vagina until it reaches the cervix, and the index into the rectum until it reaches the ligamenta sacro-uterina; the other hand is placed over the abdomen immediately above the symphysis, and pressed down towards the finger in the rectum. The rectal finger explores the cervix and the lower uterine segment in all its parts, and lastly the higher parts of the uterus. The examination is facilitated by pulling down the uterus with the volsella and evacuating the bladder and rectum. The author thought this mode of examination thorough, yet repulsive to both patient and physician, as well as a difficult and hazardous procedure. He thought it quite possible in the majority of cases to make out all that is necessary with the finger in one of the culs-de-sac and the other hand externally. If this is not sufficient, it would be quite proper to make the examination as above described.

The bladder distended with urine and the uterus with menstrual blood may simulate Hegar's sign. These can be easily differentiated. Hyperplasia would show increased density. Subinvolution would increase the longitudinal as well as the transverse diameters. In marked retroversion a careful examination per rectum is often necessary to find the sign.

Dr. Reinl, formerly assistant to Hegar, says: "Among the 22 cases, I missed this sign but twice, and found it earliest in the fifth week of pregnancy." Dr. Campes, present assistant to Hegar, has reported six cases. Dr. E. H. Grandin, of New York, reports 18 cases, and says he can make the diagnosis prior to the eighth week by Hegar's sign alone. The author had a number of cases under observation, most of which had not yet had time to develop. One, a widow, acknowledged the opportunity, and believed herself pregnant. Repeated examination failed to find Hegar's sign, and she was assured that she was not pregnant. After 13 weeks the menses returned, and were normal in amount and duration. The other was a young wife, who, after a four months' absence from her husband, returned to him February 9th. She soon came under the author's care, and her case required a digital and specular examination two or three times per week. Three times in the sixth week Hegar's sign was made out. March 31st, 48 days after her return, she miscarried.

There remains to us, then, again to lament our inability, in many cases, to make a positive diagnosis of early pregnancy, to mourn the fallibility of many of the new and all of the old symptoms, and to especially recommend the sign of Hegar, which until now has proven itself impregnable, and to plead for investigators in a field which should not be "barren or unfruitful."

Medical Societies.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Thursday, April 1, 1886. The President B. F. Baer, M. D., in the chair.

Dr. E. P. Bernardy read a paper on

The Value of Biniodide of Mercury as an Antiseptic in Obstetrics.

(Discussion on Dr. Bernardy's paper.)

Dr. Chas. Hermon Thomas had heard the statements of Dr. Bernardy with interest, and surprise that cases of so much gravity could be controlled by such simple means as vaginal injections. His practice and belief has been that such cases require the introduction of washes into the uterus, the washing of the vagina being utterly futile. The doctor related an instance in which a quartipara was allowed to die of septicæmia, no effort being made to wash out the uterus, although vaginal antiseptic injections were frequently employed in the case. Six weeks have elapsed since the death of that patient, and in that time the same practitioner has lost three additional parturient patients.

Dr. Longaker spoke in support of Dr. Bernardy's practice. We have been led to expect a prompt fall of temperature from the use of intra-uterine injections in septicæmia post-partum. His own plan is to discontinue intra-uterine injections after the first thorough washing, unless offensive discharges come from the uterus. He has observed that after the repeated introduction of forceps into the uterus the introduction of the hand or other means favoring the introduction of air, a peculiar traumatic metritis

results; and to relieve this he has been in the habit of introducing into the uterus an iodoform pencil, containing about 1½ drachms of iodoform; this prevents future sepsis. (See Lusk, last edition.) Prompt lowering of temperature and pulse are the result if this is used after sepsis has occurred, and even when antiseptic uterine injections have failed. The effect of one of these pencils will last through two or three days, when another may be needed.

Dr. Howard A. Kelly drew attention to the fact that the biniodide of mercury is almost, if not entirely, insoluble in water, and that an alcoholic solution would scarcely be admissible. He also called attention to the frequent presence of the bichloride as an impurity. He read the following letter from Dr. Francis L. Haynes:

"In reference to the potassio-mercuric-iodide, I may add a little to the facts I mentioned in our conversation. The last case of puerperal septicæmia I have seen in my own practice, occurred in Mrs. F., confined December 18, 1885. It was due to the fact that my hands were contaminated with septic matter, and that I trusted entirely to hard scrubbing and inunction with oil of turpentine to purify them (after Goodell). In this case the pulse was 138 and temperature ran up to 105°, but she recovered in a few days under copious injections of hot water into the uterus (generally plain, but sometimes with a little carbolic acid added). Three injections were given, and during the days on which this treatment was being used I attended several cases of labor, purifying myself with 10 per cent. solutions of carbolic acid. These cases had no trouble; but I became ill, as I always do when I use much carbolic acid, and my hands became sore. I now began to use the potassio-mercuric iodide solution to purify my hands, and since then have had no trouble whatever, although I have attended cases of labor within a few hours after (1) washing out the uterus of a patient of Dr. L.'s suffering from septicæmia (terminating fatally); (2) after amputating finger and metacarpal bone of a man suffering from gangrene of finger and suppurative cellulitis of the hand and wrist; (3) after digging out putrid placenta after miscarriage (several instances); (4) after performing autopsy in a case of suppurative peritonitis and bathing my hands freely in the pus. The solution may be used without apparent injury to purify blunt instruments, and it is certainly a great comfort to soak your speculum thoroughly in it after treating a case of gonorrhœa.

How is this solution prepared? A four-ounce bottle is marked with a diamond so as to indicate drachms, and filled with distilled water containing ʒj each of potassium iodide and mercuric iodide. (The cost of this solution is less than ten cents.) It is now a very easy matter to make a solution of any desired strength extemporaneously. A tablespoonful to the pint—on ' part to one thousand—is the strength I generally employ; but after autopsies, I use one to five hundred.

How do I prevent my hands from becoming eczematous when using this solution? Once or twice daily, after washing the hands and while they are still damp, about fʒss of glycerine is poured into the palm and thoroughly rubbed into the whole surface of the hands, which are then dried as usual. This is very effectual.

Dr. Wm. Goodell has had no experience with biniodide of mercury, but has had with bichloride. He is not sure that Dr. Bernardy is at fault in confining his antiseptic injections principally to the vagina, for where does sepsis usually take place? Not in the uterus, but through wounds of the vagina. In the Charlotte Hospital they have good results from the use of bichloride injections and iodoform. When the Preston retreat was new they had a good record; but afterwards the percentage of fatal cases became too large. This fault was remedied by the use of bichloride of mercury as a vaginal injection and the introduction of ʒj of iodoform. The pads to catch the lochial discharge were replaced by absorbent cotton, medicated with corrosive sublimate. In the last one hundred and forty cases no rise in temperature has occurred during the puerperal period. In these cases the antiseptic applications were all directed to the lower portion of the womb and the vagina. Dr. Bernardy is probably right. A solution of 1 to 2000 is too strong, and will produce soreness after operations. He does not like to have the patient on her side during and after the removal of the after-birth, as it favors the entrance of air into the vagina, as in Sims' position. She should be on her back.

Dr. Harris inquired if Dr. Bernardy did not use uterine injections after the removal of the dead fœtus. The effect of a decomposing fœtus with unbroken membranes within the uterus has a remarkably prostrating effect upon both mind and body of the mother.

Dr. Githens described a case of post-partum septicæmia in which an offensive leucor-

rhœa which had existed before labor, and which had been neglected, was the apparent cause. In this case vaginal injections of potassio-mercuric-iodide quickly relieved the undesirable symptoms.

Dr. Thomas thought vaginal injections would be quite sufficient as a prophylactic agent: but would it be considered sufficient if septic peritonitis were present? One thorough uterine wash first and then iodoform pencils to prepare for subsequent vaginal washes. In Bellevue Hospital uterine injections are always used when vaginal washes fail to reduce the temperature.

Dr. Bernardy uses the first injection himself and thoroughly washes out the uterus, and continues the injections until the fluid comes away perfectly clear. The firm contraction of the uterus eliminates the liability of absorption there, and the principal abrasions and absorbing surfaces are undoubtedly vaginal. The results at least have been satisfactory.

The pellets exhibited are quite soluble, and are chemically pure; the biniodide has been tested for bichloride, and none is present. The potassium iodide present merely aids in the solubility, without affecting the chemical composition of the mercuric iodide.

Dr. Wm. Goodell read a paper by Dr. Hiram Corson on the statistics of 3036 cases of labor.

NEW YORK NEUROLOGICAL SOCIETY.

Dr. C. L. Dana reported a case,

Total Trigeminal Paralysis, with Alternate Hemiplegia,

and discussed the question of the

NERVE OF TASTE.

The patient was a single man, aged 35, under treatment by Dr. George L. Fox for eczema of the scalp. He had always been healthy, and gave no history of syphilis or excessive indulgence of any kind, except in athletic sports.

In August, 1885, he was attacked with a trigeminal paralysis on the left side, affecting all of the sensory branches of the fifth cranial nerve, and to some extent probably the motor branch. The paralysis came on without any other complicating symptoms.

In December, 1885, he was attacked with a crossed hemiplegia, affecting the right arm and leg and the right side of the face. When seen by Dr. Dana in consultation, the paralysis was found to be not very complete, that of the face especially not being very marked. There were no sensory, and only very temporary speech disturbances.

There was complete anæsthesia in the distribution of the left trigeminus, but no loss of taste on either side of the tongue. The patient soon recovered in a considerable measure from his crossed hemiplegia, but the sensory paralysis remained unchanged.

In January, 1886, the patient had an attack of left hemiplegia.

Dr. Dana discussed the question of the nerve of taste, and referred to the contradictory opinions at present held regarding it.

Most authorities now believed that the glosso-pharyngeal supplied taste to the posterior third of the tongue, and that the fifth nerve supplied the anterior two-thirds, sending fibres to it via Meckel's ganglion, the great superior petrosal, seventh nerve, and the chorda tympani. Gowers had recently declared that the sense of taste was supplied by the fifth alone.

The speaker presented a review of all the evidence so far collected, and came to the conclusion that the glosso-pharyngeal was probably the sole nerve of taste. In his own case the lesion was probably a small hemorrhage in the lower part of the pons.

DISCUSSION ON DR. DANA'S PAPER.

Dr. Samuel Sexton said that ten years ago it was considered proper to divide the chorda tympani for tinnitus aurium, and it was supposed to have been done. This nerve has a long and circuitous course through the tympanic cavity, and is surrounded by a sheath of mucous membrane liable to inflammation in the acute purulent processes of the ear, especially in children. He had seen and studied a large number of cases in which, owing to acute purulent inflammations, there was complete destruction of tympanic contents, including the chorda tympani. There was no alteration of the sense of taste, though the tests to discover such an alteration were carefully made.

An Italian writer has called attention to the chorda tympani as a nerve in intimate connection with speech: that certain word sounds could not be found when it was absent. But Dr. Sexton's experience had not verified this. Taste was a complex function, which was developed slowly by cultivation. When tympanic membrane was absent, so that a probe could touch the inner wall of the tympanum, a variety of reflexes could be evoked, such as vomiting, coughing, sneezing; secretions, especially in the region of

the tonsils and pharynx, were increased, as also the saliva.

Dr. M. A. Starr reported ten cases of total anæsthesia following neuralgia of the trigeminus, in which there is no loss of taste. In his study of the lesions of the medulla and pons, there was no record of loss of taste, though all the cranial nerves, except the ninth and tenth, were involved — all of which would support the views advanced by the author of the paper.

Dr. A. D. Rockwell had seen many cases, and instanced one in which there was neuralgia of the seventh and fifth pair of nerves, accompanied with loss of taste.

Dr. Dana, in closing the discussion, thought the cases cited by Dr. Sexton showed that the chorda tympani does not carry the nerve fibres of taste at all; that they were proof that they must take another course from that described by most of the text-books. It hardly seemed probable that they had so complicated an arrangement as that claimed by Gower, which he showed by means of a diagram.

Vaso-motor Neuroses.

Dr. M. Allen Starr, the author of the paper, said that under this title it was intended to include a series of disturbances of circulation and nutrition whose causation could be traced to disorders of the nervous system. He selected this subject because it was one which had been somewhat neglected in the discussions of this society, and because no definite summary of the present state of knowledge of the physiology of the vaso-motor action had lately been presented, and because he had recently seen a number of cases which might be classed together under this title, and which he wished to have discussed by the members present.

Disturbances of the circulation might occur in any part of the body, and were to be regarded not as distinct diseases of the parts in which they occurred, but as symptoms of lesions of the peripheral or sympathetic or central nervous system. At the present time, however, it was impossible to make a pathological classification of these symptoms, and therefore they might be discussed together. In treating of the subject of vaso-motor neuroses, the discussion of the physiology and pathology of the vaso-motor system could be united with advantage.

Since changes in the force and frequency of the heart's action and variations in the total amount of blood in the body affect the body as a whole, the state of the circulation in any one organ or part depends largely upon the degree of contraction or dilatation of its vessels. This is known as the local vascular tone. It is under the control of the system of nerve ganglia with their subservient fibres, which are found in the smaller arteries. The energy expended by these ganglia is manifested by a constant contraction of the circular muscular coat of the artery, a contraction which is constantly opposed by the dilating force exercised by the blood pressure within the vessel. In a state of health an exact equipoise between these forces never occurs. Variations, however, in the vascular tone are produced either by local influence or by influences reaching the ganglia from a distance, through the vaso-constrictor or vaso-dilator fibres. The constant manifestation of energy in the maintenance of arterial tone does not have its only source in the local ganglia, but is derived partly from the central nervous system through the vaso-constrictor nerves. Here the experiments of Claude Bernard were detailed. From these experiments it was concluded that a dilatation of the vessels follows—

1. A paralysis of the local ganglia in their walls.
2. Separation of these from the sympathetic ganglia.
3. A destruction of the sympathetic ganglia.
4. A separation of these from the spinal cord by division of the anterior spinal nerve roots.
5. A disintegration of the cord.
6. A separation of these centres from the medulla.
7. The destruction of the medulla oblongata.

The action so far considered has been wholly of a vaso-constrictor kind, and the dilatation mentioned has been due to a suspension of constrictor energy, normally passing outward. This is a passive dilatation. But further experiments have shown that another kind of dilatation may be produced, due to an impulse of an active kind sent to the local ganglia by the vaso-dilators. This is an inhibitory impulse arresting the constrictor action of the ganglia in the vessel walls in spite of the continued energy sent them from the central nervous system by the constrictors. Here the experiments on vaso-motor dilatation were given, and the various theories of the mechanism of dilatation in the vessel walls; it being concluded that there was no mechanism in the wall which could produce a dilatation, and that a dilatation was due wholly to the blood pressure within overcoming constrictor action.

The subject of vaso-motor reflexes was then taken up, and it was shown that the seat of these reflexes was in the dorsal region of the spinal cord, since all vaso-constrictors and vaso-dilators can be traced to that region. The particular area of the spinal cord covering these reflexes was thought to be the gray matter surrounding the central canal and including the fascicular columns of Clarke. As bearing on this point, the author referred to the observations by Jacubovitch, Schultze, and Fürstner. It was impossible to say from these cases whether vaso-motor functions are located in the column of Clarke or in the gray matter around the central canal, or in both.

Vascular tone of the thoracic and abdominal organs is regulated by centres in the pons and medulla. Experiments of Bernard were related, and cases of diabetes mellitus and diabetes insipidus produced by lesion of the medulla and pons were mentioned. The influence of the vaso-motors in the production of functional disorders of the stomach and intestines was alluded to.

From this review of physiological experiments and pathological facts it becomes evident that the disturbances of vascular tone which are included under the title vaso-motor neuroses may be produced by many different causes acting upon many different organs. The author here mentioned a number of possible causes and their location, after which he gave the histories of seven cases of vaso-motor neuroses, with remarks on the same. These cases seemed to illustrate some of the conditions which have still to be classed under the term vaso-motor neuroses, from want of a more perfect knowledge of their nature. They appear to be little noticed in the books, and rarely discussed in societies; but they certainly merit careful study, inasmuch as they require cautious and scientific treatment.

DISCUSSION ON DR. STARR'S PAPER.

Dr. Sachs thought that some statements made by Dr. Starr elucidated some obscure points in experiments which he made several years ago on animals to discover the relation of the spinal cord to the secretion of the kidneys. Eckhardt had stated that section of the cervical spinal cord had the same effect as section of the medulla: that is, to inhibit the secretion. These experiments were difficult, because of the necessity of keeping up artificial respiration, but they showed that urine was secreted as in health, though somewhat diminished in quantity. That it was actually secreted was proved by introducing chemical substances into the blood, the coloring matter of which was shown in the urine secreted. The results obtained by Eckhardt were probably due to peripheral irritation caused by laying bare the ureters, which interfered with the secretion of the kidneys. He asked Dr. Starr what views he advanced with reference to the course of the vaso-constrictor nerves.

Dr. Starr replied that one theory was that they passed from the lateral tracts of the cord through the fourth, fifth, and sixth cervical, and into the sympathetic system, and thence to the viscera. Another was that they entered the sympathetic as far down as the level of the first dorsal. There was an intimate connection with the kidney. Experiments high up in the cord would, of course, produce diabetes.

Dr. Sachs said that in his experiments high up in the cord there was no diabetes.

Dr. C. L. Dana considered himself indebted to Dr. Starr for so able a paper. The local vaso-motor ganglia had been assumed to exist, but had never been satisfactorily demonstrated as physiological entities. Vaso-motor disturbances were common as symptoms, and were so considered, rather than as a distinct disease. Accompanying them there were almost always marked sensory and trophic symptoms, especially if chronic, and they had made an effect on the system. In this class of cases were those vaso-motor troubles of the extremities, and such as digiti mortui, and mild types of renal disease; an independent disorder, flushing of the ears, Basedow's disease and diabetes, which should also be ranked among these. It gave rise to confusion to consider the vaso-motor system as independent, in the same way as the sympathetic system, forgetful of the relation of both of these to the cerebro-spinal.

Dr. Weber spoke of the connection of sciatica with diabetes. While sugar was found in the urine of patients suffering from protracted sciatica, there were few cases of well developed diabetes in which there was sciatica. He related three cases of sciatica in which there had been sugar in the urine, and the attending symptoms of diabetes. He had seen cases where sugar was present *after* sciatica; but he was doubtful if cases of true diabetes were developed by sciatica.

Dr. Leszynsky related two interesting cases of vaso-motor disturbances. He questioned if cold was not a factor to be considered, since a case of symmetrical gangrene under his observation would have relapses on cold days. Chilblains were common in winter.

Dr. Starr, in closing the discussion, re-

marked that the vaso-motor local ganglia had been very recently demonstrated by French physiologists in frogs, rabbits, and cats. He did not intend to give the impression that sciatica caused glycosuria, but referred to those cases, quite a number of which were on record, where there was a sudden appearance of sugar in the urine, which afterward disappeared.

CLINICAL SOCIETY OF MARYLAND.

Stated meeting held March 19, 1886.

Paralysis of the Arm Following Injury.

Dr. W. B. Platt presented a patient suffering from paralysis of the muscles of the left arm. The man has a history of a fall from an elevation of twelve feet, striking upon the left anterior side of the head and remaining insensible for ten minutes, after which he regained consciousness and walked without assistance to his home, a distance of about one mile. The paralysis is at present confined to the abductors of the arm; the muscles of the forearm, beyond a little stiffening from want of use, are not affected.

On the surface of the man's body is a copper-colored eruption, strongly suggesting a syphilitic infection, although the patient firmly denies ever having had a chancre. Behind one of his ears is an enlarged gland.

His paralyzed muscles give almost no response to the strongest faradic current.

There has been neither pain nor swelling at the shoulder at any time. The paralyzed muscles are slightly atrophied, as may be seen by comparing them with those of the opposite side.

On the left side of the head, anteriorly, there is a depressed cicatrix.

Dr. Platt exhibits this case for the purpose of getting the opinion of the members present whether the paralysis is of a syphilitic origin, or whether it is due to an injury to one of the convolutions of the brain underlying the point of injury to the head.

Dr. E. G. Waters: What is the patient's occupation? Has he ever been exposed to the poisonous influence of lead?

Dr. Platt: By occupation the man is a carpenter. He has not, to the best of my knowledge, been exposed to the toxic action of lead.

Dr. Waters thinks the paralysis due rather to a blow on the shoulder than to the fall on head. If resulting from the head injury, it would be on the opposite side.

He had treated a man who fell from the top of a car, striking on his shoulder, and resulting in complete paralysis of the right deltoid muscle. Three weeks from the time of injury, the man's general condition being good, a blister was applied over the paralyzed muscle. After the epidermis was removed the surface was sprinkled with a small amount of powdered strychnia. After four or five weeks of this treatment the muscle regained its normal tone, and recovery was complete.

Dr. John Chambers: Did Dr. Platt's patient ever complain of a pain in the shoulder?

Dr. Platt: He never complained either of pain or swelling at the shoulder.

Dr. Joseph T. Smith: Has any improvement been observed as a result of treatment?

Dr. Platt thinks he has noticed a very slight improvement in the muscles since the faradic current has been used.

For a few days the man was on the iodide of potassium, but lately has been taking the biniodide of mercury.

His individual opinion regarding the condition is, that the man has sustained an injury to one of the cerebral convolutions, and being constitutionally tainted by syphilis, the injury has, in consequence, become chronic and given rise to this paralysis; whereas, such an injury to a convolution of the brain in a healthy individual would have passed away without giving rise to any permanent trouble. As to the paralysis occurring on the same side as the head injury, he thinks this may be accounted for by non-decussation of the fibres coming from this convolution. Such anomalies are known to occur.

Dr. J. H. Branham don't believe that non-decussation occurs with sufficient frequency to justify us in using it as a factor in diagnosis.

Dr. Platt only suggested its possibility, he did not offer it as his opinion.

Dr. John Chambers thinks the paralysis peripheral, and due to a neuritis. The difficulty would be extreme in locating the centre that might be involved in causing such a paralysis.

Dr. G. H. Rohé: Does Dr. Platt exhibit this eruption as a syphilitic one?

Dr. Platt takes it to be syphilitic, although the man firmly denies any primary infection.

Dr. Rohé thinks the brain lesion has appeared rather too early to be syphilitic. It is remarkable that brain and skin lesion should appear at the same time.

Dr. Platt, in closing the discussion, said, as to neuritis, he had failed to get any history or find any local evidence of injury that would suffice to cause a neuritis. As to the

early appearance of cerebral lesions in syphilis, much has been done on the subject in Germany, and it is found that they occur with much greater frequency than was at first supposed.

Dr. W. J. Jones next read a paper on a case of

Encapsulated Pelvic Peritonitis.

Dr. W. Pawson Chunn: Was the woman examined in knee-chest or in Sims' position, with Sims' speculum, to see if any opening or fluctuation could be found?

Dr. Jones: She was, but neither any opening nor fluctuation was present. Some slight induration was felt on left side.

Dr. N. G. Keirle asked if the ulcer found in the ileum might not have occurred primarily, and caused a slight perforation, with a secondary peritonitis.

Dr. W. T. Councilman said the ulcers in the ileum were of too recent origin to have been, under the circumstances, anything but secondary. Without doubt they were secondary to the tubercular peritonitis. It is his opinion that the infection took place previously in the lungs, spreading thence to the pleura and peritoneum, and finally to the intestinal tract.

Dr. William Pawson Chunn exhibited specimen and related a successful case of

Ovariotomy with Supra-vaginal Amputation of the Uterus in a Negress.*

DISCUSSION.

Dr. J. Edwin Michael: Had Dr. Chunn added *endurance* to his remarks concerning the woman's courage in refusing to take an anæsthetic, it would not have been amiss. He had had the pleasure to witness the operation reported by Dr. Chunn, and congratulated him on the success of the case. He was compelled, however, to differ with Dr. Chunn in regard to the necessity of performing hysterectomy. An examination of the specimen will show that the uterus is free from adhesions to the tumor on both its anterior and posterior surfaces, and is only connected with it by means of adhesions to the broad ligament. The tumor, in other words, having its proper pedicle on one side, had become adherent to the broad ligament on the other side, and these adhesions could have been ligated and cut, and the tumor removed, as is usual in such cases, with less danger to the life of the patient than that to which she was exposed in the operation done.

Dr. W. B. Platt thought the true character of clean urine, like the fluid referred to by Dr. Chunn, could have been positively made out had it been subjected to chemical and microscopical examination.

Dr. W. E. Moseley: By examination of the specimen presented, any one would, without hesitation, agree with Dr. Michael, that tumor could have been removed without taking out the uterus.

Dr. Chunn, in closing the discussion, said that in spite of such formidable opposition, he still held his original opinion that it was impossible to remove the tumor and not the uterus. Dr. Michael probably differed with him because the relations between this tumor and the sac were very different after removal from what they were *in situ*. This was simply because the sac and uterus were amputated obliquely, and hence the specimen as shown does not exhibit the full and true relations of the parts.

He did not remove the other ovary because he could not find it. He referred to a case in which such an omission had been made, and in which, in consequence, there was an extra-uterine pregnancy through the remnant of the cervical canal.

Gunshot Wound, Diverticula of Trachea and Œsophagus.

Dr. W. T. Councilman exhibited specimens from a very interesting case of gunshot wound. Also, two specimens of diverticula, the one a diverticulum of the œsophagus, the other a diverticulum of the trachea. The one in the œsophagus was near the pharynx. It was of the ordinary pressure variety—that is, there is a want of development of the muscular tissue at the point, and in consequence, pressure brought to bear causes a sacculation of the mucous membrane. There was a grain of corn in this sac. The one in the trachea occurred on its anterior surface a little way above the bifurcation. It is difficult to classify it as a traction diverticulum, because there was no evidence of any adhesions ever having been contracted.

Dr. E. G. Waters thinks Dr. Councilman's theory respecting the force of the explosion having taken place beneath the skin, a correct one. He takes it, it was the result of the delayed explosion of an excess of powder used in loading the pistol. Persons unaccustomed to the use of firearms make a common mistake of employing too great a charge of powder, and in consequence the excess is not exploded until after it leaves the weapon, or, if not projected against a resisting substance, may not be ignited at all.

Dr. Waters has proved this, to his mind, by experiments he has made by firing charges of powder over white surfaces, such as snow or sheets spread upon the ground.

*Maryland Medical Journal of March 28, 1886.

Dr. John Hemmeter thought the rupture of the liver might have resulted from the sudden admission of air into the thorax.

Dr. F. R. Nordman related a

Case of Trichinosis,

and showed microscopic and macroscopic specimens. The condition was not diagnosed ante-mortem.

Dr. N. G. Keirle thinks trichinosis may be acute or chronic. He has observed a dysenteric condition of the bowels co-existent with trichinosis. Thinks this dysentery of trichinous origin.

The case reported by Dr. Nordman he takes to be a chronic one, and in his opinion the evidence of a former dysentery, as was seen in this case, was one of the acute lesions.

The first case that he saw was the one recently reported as occurring at the City Hospital—the clinical diagnosis was suggested by Dr. Bressler, and was then worked up by Prof. Bevan.

Dr. G. H. Rohé thinks many of the old rebellious dysenteries may be of trichinous origin.

Dr. L. McLane Tiffany don't think old dysentery a recognized symptom of trichinosis.

Abnormalities of the Aorta.

Dr. Randolph Winslow exhibited a rare specimen of anomalous condition of the great trunks arising from the arch of the aorta, as well as of the aorta itself. The specimen was taken from the body of a negro man, which race seems to be particularly prone to anatomical variations. The aorta passed between the œsophagus and spinal column, and then passed down in the regular manner. There were four trunks given off from the arch, as follows: 1, left carotid; 2, right carotid; 3, right subclavian; 4, left subclavian. The left carotid passed obliquely in front of the trachea to reach the left side, thus enclosing this tube in an arterial ring, which would be in danger of injury during tracheotomy.

Dr. Winslow said the aorta was liable to a variation in the number of the trunks arising from the arch, which sometimes consisted in an increase, sometimes in a diminution. The present specimen was one in which there was both an increase and transposition of these branches. The increase to four trunks might be produced by simple fissure of the innominate, or by an abnormal left vertebral, or by an abnormal right thyroid, or thyroidea ima. Probably the most frequent increase was the origin of the left vertebral from the arch. When the innominate was absent it was frequently noted that the right subclavian arose from the extreme left arch below the left subclavian, and then passed behind the œsophagus to reach the right side. The number of trunks arising from the arch might be diminished in various ways, the most frequent being the origin of the left carotid from the innominate, as in a specimen which was exhibited by the doctor.

Dr. H. Clinton McSherry presented a specimen of

Pyridin.

It was first described by Anderson in 1851. It is obtained from oils which are the result of distillation of bones. He has used it successfully in a case of asthma occurring in a very neurotic woman. The method of administering it is by the inhalation of its vapors. About ʒij may be poured into a saucer and allowed to stand uncovered for about one hour and a half in a closed room in which the patient is confined. This may be repeated three times a day. The relief is, as a rule, marked.

Editorial Department.

Periscope.

The Tuning-fork in Diagnosis of Lesions of the Internal Ear.

Dr. P. McBride thus writes in the *Brit. Med. Jour.*, April 10:

Until quite recently it was, and by many aural surgeons it even now is, an accepted theory that, if the tuning-fork be heard by bone-conduction better in the deaf or deafer ear, the labyrinth is intact. To those who have followed the otological literature of the last few years, it must be known that this rule is by no means without exceptions. Twelve years ago, or more, Cassells, of Glasgow, published a case in which, after exfoliation of the left cochlea, the hearing power actually improved, and all the notes of the piano were perceived. More lately, Schwartze and Christenneck had under their care a patient who, in spite of the loss of the right

cochlea, continued to hear the tuning-fork (C) by bone conduction louder in the affected ear. Jacobson, too, has recorded a case in which, notwithstanding suppurative disorganization of the cochlea, hearing by bone conduction was retained until just before death. The last contribution towards this subject is by Gruber, who records an instance of exfoliation of the two upper convolutions of the cochlea, associated with only partial loss of hearing on the affected side and retained bone conduction, Schwartze, in his recently published work, accepts frankly the position which alone is tenable—assuming, as we have every reason and right to assume, that these observations are accurate. According to the author, retained bone conduction only proves the trunk of the auditory nerve and its centre to be sound, but does not necessarily imply a healthy condition of the labyrinth. But, even with this evidence before them, there may probably be found those who, on the ground that such facts are contrary to physiological common sense, will refuse them the consideration they deserve in clinical investigation.

The following is a brief record of a case which recently came under my observation: Mr. ——— some months since fell from a height, striking the right tempero-parietal region. He was stunned, and for two days could not stand. During this time, there was paresis of the right arm and leg. Giddiness was at first intense, and is still troublesome. His right ear has been deaf ever since. The tuning-fork (the large fork used by Politzer, furnished with brass clamps, and vibrating 512 per second), placed on the middle line of the forehead, was better heard in the right ear, and was also distinctly perceived from the mastoid of the same side. The same remarks also apply to a small fork of higher pitch. The giddiness is increased by turning from right to left, but not from left to right. The right ear is quite deaf, and even words spoken loudly through a conversation-tube are not heard. The drum-membrane on the right side was slightly depressed, but moved freely outwards on Valsalva's experiment—needless to say, without improving the hearing power.

Taking all the facts of this case together, we cannot but arrive at the conclusion that the labyrinth of the affected side was injured, either by concussion or fracture; and yet the hearing by bone conduction was not only as good as, but even better than that of the healthy ear. It did at first occur to me that a rupture in the continuity of the chain of ossicles might account for the symptoms, but the persistent giddiness could not be explained on this hypothesis.

This case, then, taken together with the evidence before adduced, proves to my mind that better hearing by bone conduction is by no means certain proof of a healthy condition of the internal ear. It is well known and admitted that the converse proposition is also subject to numerous exceptions. Thus we meet with cases of chronic middle-ear catarrh, in which bone-conduction is interfered with, and which are readily amenable to treatment. In acute inflammation of the tympanic cavity, the same state of matters is often produced.

To discuss this matter in all its bearings would occupy too much space, and would, I feel, in the present state of our knowledge, be of but slight value. I cannot help, however, before I conclude, calling the attention of those who are interested in otology to the fact that the time-honored tuning-fork test must now be considered as uncertain, whether in the positive or negative sense. No doubt it is a valuable aid to diagnosis, so far as we at present know, in a majority of cases; but then arises the question whether the number of exceptions may not increase more than we expect, as our knowledge augments.

Literature. — Christinneck: *Archiv für Ohrenheilkunde*, vol. xviii.; Jacobson: *Archiv für Ohrenheilkunde*, vol. xxi.; Gruber: *Monatsschrift für Ohrenheilkunde*, etc., August, 1885; McBride: Syphilis of the Ear and Throat, *Glasgow Medical Journal*, 1885; Schwartze: *Die Chirurgischen Krankheiten des Ohres*, 1884.

Delusions, the Result of Intestinal Accumulations.

Dr. A. E. Bridger thus writes in the *Brit. Med. Jour.*, April 10:

I propose to bring under notice the following case of mental delusion, dependent on intestinal accumulation, and its resulting reflex derangement.

My patient, a lady, about 50 years of age, was brought to me with the following history: She had been married for twenty-nine years, and had brought up a family of six children, all of whom were healthy; no miscarriages. Her general health had been remarkably good all through her married life; she had been a good wife and an exemplary mother. She had passed the change of life without any marked nerve-derangement. Her family history was good; no traces were discoverable in it of mental derangement or of serious hereditary disease.

About a year ago, she began to lose appetite and flesh; her skin became harsh, dry, and yellowish in tinge; her digestive powers became greatly impaired; once or twice there had been some vomiting of blood, and a troublesome dry cough had developed itself. These symptoms led, on the part of her family, to a fear of consumption, which fear was dispelled by a medical examination. Remedies, however failed to relieve her symptoms; and, about eight months ago, mental delusions began to show themselves. These at first took place invariably at night, and were, from first to last, of one class only—namely, that connected with taste and smell.

At first two or three times a week, and of late nightly, the patient would complain that some one was burning sulphur or phosphorus in the room. She would get up frequently to search the room for a man who, she supposed, was smoking. She became impressed with the idea that her husband and children produced these smells, in order to annoy her, and if possible to kill her; and twice she had left the house, and remained away for days, in order to rid herself of her supposed persecutors. The smells, however, followed her wherever she went, and she came to believe herself the victim of a wide-spread conspiracy. About this time she began to refuse food, alleging that it contained poison, and that she could distinctly taste arsenic and sulphur in everything that was prepared for her. She accused the grocer, the milkman, the baker, and the butcher, of attempts to poison her, and communicated her suspicions to the police.

When brought to me, her condition was as follows: She was much emaciated, and disinclined to talk, had a stupid and spiritless aspect, a cachectic look of the skin, yellowish conjunctivæ, etc. She made no special complaint, other than of the conduct of her friends. The bowels were said to be regular. The urine was thick, depositing lithates in abundance; no albumen or sugar. Examination of the special senses and of the chest resulted negatively. Inquiries about the abdomen elicited the fact that a sense of weight and of movement had latterly been much complained of, and I determined on making an examination of the part. On inspection, a curious state of matters became apparent. The position of the transverse and descending colon was occupied by a large elevated ridge, and the movements of the smaller intestine were distinctly visible through the thin abdominal walls.

It is scarcely necessary to add that the elevated ridge was produced by an immense collection of hardened fæces, which it took several days, with the aid of spoon-handles, injections of glycerine, castor oil, hot water, and the free use of mild aperients, to remove. The first scybalum passed was so large and hard that it actually once seriously occurred to me to place the patient under chloroform, and extract it with Simpson's short forceps.

It is now six weeks since the accumulations were removed, and in that time the patient has increased wonderfully in weight. She eats well and sleeps well, and most satisfactory of all, not a trace of her delusions remains. Her friends declare that she is in better mental and physical health than they have known her to be for the last ten years.

Corrosive Sublimate in Diphtheria.

Dr. Werner, medical officer to a circumscribed factory population of about 2,000 near Narwa, in the Gulf of Finland, writes in the *St. Petersburger Medicinische Wochenschrift*, describing the satisfactory results he has obtained in diphtheria by treatment with perchloride of mercury internally, combined with ichthyol inunctions. The disease is very frequent and fatal in the locality, he having attended during the last six years ninety cases, the average mortality of which was between 60 and 70 per cent., the majority succumbing from general weakness when the local affection was passing off, or after it had quite disappeared. Last year the type was peculiarly severe. In July, August, and September, eleven cases occurred, of which no less than nine proved fatal. From the end of September to the present time, however, during which period there have occurred seventeen cases, all of which were treated with perchloride of mercury, and many of which were very severe, there were only two fatal cases, neither of which was seen till a few hours before death. The author's method is as follows: For young children he dissolves a quarter of a grain of the perchloride in 4 oz. of water, for children of 6 or 7 half a grain in 6 oz. of water, and for adults three-quarters of a grain in 8 oz. of water. This solution is given to the patients while they are awake every twenty or thirty minutes, in measured doses, so arranged that the quantities made up shall last from twenty to twenty-four hours—*i. e.*, about half a drachm in the case of young children and a drachm in that of adults. When a good deal of sleep is obtained, larger doses are given at longer intervals. As a rule only milk is allowed as nourishment. If consid-

erable pyrexia exists, an enema of from ten to thirty grains of antipyrin, according to the age of the patient, is given, the rectum having been previously cleared out. Externally ichthyol is diligently rubbed in over the swollen glands three or four times a day, the fingers being wetted with water when dry to permit of the rubbing being continued for some time. For the first two days of this treatment the local affection usually undergoes no improvement, but on the third day it begins to diminish and the general condition becomes better, the appetite increasing, and the children regaining their wonted spirits. In no case did the author meet with the extreme debility which was frequent in cases treated by pilocarpine, even when the local affection was decreasing. As the patients approached convalescence the medicine was diminished, so that more than six bottles were never required. Complications never occurred, though three of the patients had previously had scarlatina.

Perforation of the Appendix Vermiformis During Pregnancy.

At a meeting of the Gynæcological Society of Dresden, Herr Korn gave the notes of a case of perforation of the appendix vermiformis. The patient was a hitherto healthy woman, æt. 35, who had been pregnant eight times from 1871 to 1884. In the beginning of this year she began to suffer from stabbing pains in the region of the stomach, and some days later from severe pains about the liver. The diagnosis was pleurisy and peri-hepatitis, and the patient was admitted into the lying-in institution in order to have labor brought on. She had last menstruated in the beginning of July, 1884. At the time of admission the temperature was 35·5° C., pulse 118. Marked meteorism and abdominal tenderness, making exploration of the outlines of organs impossible. Dulness from the symphysis to the navel. Os open, and ballottement easy. Diagnosis: peritonitis, pregnancy at six months. Treatment: ice-bags and opium. Coffee-ground vomiting followed the administration of opium. On the following day strong pains came on, and a rapid labor resulted in the birth of a premature child, which very soon died. The uterus could not be felt after the birth of the child, and the placenta could not be expressed. Ultimately the placenta was removed from the vagina by the hand. The uterus was atonic, filled with blood, and partially inverted. Injections of water heated to 40° C and of cold water were tried in vain to produce contraction. Strong vinegar injections were more effectual. Ergotin had also been injected hypodermically. Patient died on the fifth day.

Post-mortem examination revealed peritonitis produced by perforation of the appendix vermiformis. The appendix was adherent to the uterus, and greatly stretched longitudinally. The uterus, ovaries and cellular tissue were quite normal. The cæcum was stretched and lay immediately under the liver, to which it was adherent. The perforation of the appendix is held to have been traced to the softening resulting from an attack of typhlitis.

Pasteur on Hydrophobia.

The *Lancet*, March 6th, says: The total number of cases that have now been treated for the prevention of hydrophobia amounts to 350. The first 200 of the cases appear to have been submitted to the preventive inoculations more than two months ago. M. Pasteur asserts that statistics prove that in the majority of cases of hydrophobia in man the disease develops within sixty days of the receipt of the bite of a rabid animal. Consequently he claims that his treatment has been most successful, seeing that not a single case submitted to him, within a reasonable time after the bite, has developed any signs of hydrophobia. We confess that such a conclusion is in every way reasonable: it is reasonable, not so much from the statements as to time, as from the circumstance that so large a number is dealt with. It appears to be inconceivable that of 200 cases of certified bites from rabid dogs not one should be followed by hydrophobia, if the treatment be not assigned as the cause of the immunity. We could explain away the immunity if only a few cases were concerned, but hardly, we think, where so large a number of individuals have been bitten more than sixty days ago, and yet without any becoming the subject of hydrophobia. Only one case, which Pasteur unwillingly treated, has succumbed to the disease. This was the case of a girl who had been bitten thirty-seven days before he saw her. Symptoms of the disease appeared ten days later, and, if the case proves anything, it goes to support M. Pasteur's opinion, for the fatal result occurred well within the period above mentioned as the most probable time for the appearance of the disease. In science, and especially in medical science, caution at all points must be exercised; but if the success hitherto achieved by the Professor be maintained and strengthened by the further experience of a

few more months, the method will prove a boon to humanity, a gain to science, and justly merits the applause of the human race. M. Pasteur announced his intention last Tuesday of endeavoring to overcome diphtheria by measures similar to those adopted against small-pox and hydrophobia.

Traumatic Inguinal Aneurism; Rupture of of Sac; Ligature of Arteries.

Before the Clinical Society of London Mr. C. Mansell Moullin read a paper on a case of Traumatic Inguinal Aneurism; Rupture of Sac; Ligature of the Common Femoral and External Iliac Arteries. The patient, a man aged thirty-four, had received a severe blow in the groin from the edge of a flat piece of iron about four weeks before admission. There was a good deal of swelling and discoloration about the part for some days. Three weeks after receiving the blow the swelling reappeared, and continued to increase in size until the morning of admission, when, during an effort, he was seized with violent pain, and a large pulsating tumor made its appearance in the groin, extending into the scrotum and perineum. The foot and leg were not much swollen, but the skin in the groin was red and œdematous, and the scrotum much discolored. An incision was made into the swelling over the femoral artery (after an abdominal tourniquet had been applied), and a longitudinal slit found in the wall of the vessel, immediately under Poupart's ligament. A director was passed down it, the artery separated and tied below the injured part with catgut. A fresh incision was then made above Poupart's ligament, for the purpose of securing the external iliac above the rupture. No other vessel was tied. The blood-clot, some of which was old and very adherent, some quite recent, was turned out as far as possible, a large drainage-tube inserted, and the limb carefully wrapped up in cotton-wool. The subsequent course was perfectly simple, except that the wound suppurated freely, and, until a side opening was made, remained full of decomposing clots. The limb wasted exceedingly, and a small slough formed on the side of the heel, but the gangrenous patch was only the size of a shilling. Four months after, pulsation could just be detected in the posterior tibial, and perhaps in the anterior.

On the Use of Esmarch's Bandage in Local Anæsthesia.

M. Chandelux (*Lyon Médical*), advocates the application of Esmarch's bandage to a limb previous to the use of Richardson's ethereal spray, in those cases where his method of producing local anæsthesia is to be used. He points out that by this means the "freezing," or rather the anæsthesia, is accelerated and its effect prolonged. It is thus applied, *e. g.*, in the case of avulsion of the great toe-nail. The part has its blood driven out by the application of an india-rubber bandage from below upwards, commencing at the point of the toe, and a second bandage is then applied where this one ceases, say about the junction of the middle and lower thirds of the leg. The first bandage is then removed, the dorsum of the foot and four outer toes protected by padding, and the ethereal spray directed on to the great toe. Little or no pain is produced by thus Esmarching the limb. In cases where the part to be operated upon is much congested, as in the incision of a whitlow, this method is not advisable, as the anæsthesia is followed by a corresponding flow of blood, causing great pain.

The advantages claimed for this procedure are: 1. The anæsthesia is obtained in a period varying from 20 to 40 seconds, whereas by the ordinary method the average is about two minutes. 2. After cessation of the spray, when once the frozen area is produced, the anæsthesia remains for about three minutes, which is explained by the persistence in the arrest of the circulation, due to the Esmarch's bandage. All accession of heat by means of the blood stream is, in fact, entirely prevented. 3. There is, during the operation, no flow of blood to hide the parts to be removed. Hence, these may be carefully dissected, and we are certain of not leaving any portion either of the matrix or of the bed of the nail in the portion which it is proposed to destroy. There is said to be no risk of subsequent hemorrhage.

Anæsthesia of the Hand.

At a meeting of the Midland Medical Society, held on February 3, Dr. Suckling showed a man who had been under his care suffering from complete anæsthesia of the left hand (*The Lancet*, March 13, 1886). Ten months previously, in lifting an eighteen-gallon can of milk with a fellow-porter, his assistant dropped the can, and the patient suffered a severe strain of the arm; anæsthesia and paresis of the hand immediately followed. There was no trophic or electrical change, and the only symptom that might have indicated actual injury to the roots of the brachial plexus was a slight dilatation of

the left pupil, which might have been due to irritation of the root of the first dorsal nerve. Dr. Suckling concluded that the case was one of functional hyperæsthesia, and probably due to hypochondriasis, the man seeming depressed. The functional nature of the affection was proved by his rapid recovery after faradization, and by the fact that if, when blindfolded, a mark was made some distance below the line where he said he could feel, when the bandage was taken off he always felt down to this mark, so that a daily diminution of the area of anæsthesia was produced by deceiving him in this manner.

Reviews and Book Notices.

BOOK NOTICES.

The Principles and Practice of Surgery. By Frank Hastings Hamilton, M. D., LL. D., etc. Third edition, illustrated. 8vo. Pp. 989. New York: Wm. Wood & Co., 1886.

More than a dozen years have passed since the second edition of this work appeared, and during that time the science of surgery has made gigantic strides. To appreciate these the text has been subjected to a thorough revision, much of it being completely re-written, and large additions inserted.

The object of the author, as announced in the preface and consistently carried out in his pages, is to discard all historical and theoretical discussions, and to confine himself to the description of those methods which the long experience of the writer has proved to himself to be the most satisfactory. Hence the tone of the volume is throughout eminently practical, and by such limitation the possibility has been reached of presenting the whole domain of surgery within the compass of one volume not extravagant in magnitude.

The work is well printed, and the text is illustrated with 472 engravings on wood. The typographical arrangement is neat and well adapted for facility of reference. An excellent index closes the volume.

A Manual of Midwifery. By Alfred Lewis Galabin, M. A., etc. Illustrated with 227 wood engravings. 8vo., pp. 758. Philadelphia, P. Blakiston, Son & Co., 1886.

The accessory details which fill so many books on midwifery and increase them to a bulk which, like Falstaff's waist, is out of all reasonable compass for a manual, are omitted by the author of the present work, while at the same time he aims to include all that is likely to be required by students or practitioners.

Thus, he drops as of no importance in a treatise of the kind, the general anatomy of the female sexual organs, and many discussions on historical and theoretical points in the science. On the other hand, he claims for a number of views and directions in his pages the merit of originality, as they are the products and results of his own studies during the period that he has been obstetric physician and lecturer on midwifery at Guy's Hospital.

The arrangement of the material does not differ from that usually adopted, beginning with the anatomy of the pelvis and the process of ovulation, and proceeding in the consideration of the various phenomena which lead to the act of parturition and accompany and follow it. The style is clear, and the matter judiciously arranged. The type used in the composition of the work is too small, except for those blessed with very sound eyes, which is an objection of somewhat serious magnitude in these days when so many suffer from visual defects. The pages are, however, well printed, and the illustrations carefully reproduced.

Diseases of the Digestive Organs in Infancy and in Childhood. By Louis Starr, M. D., with Illustrations. 1 vol., 8vo., pp. 387. Price $2.50. Phila.: P. Blakiston, Son & Co., 1886.

Every physician is aware how large a proportion of the diseases of infancy expend their violence on the digestive organs or involve their functions. In choosing therefore these diseases as the subject of a monograph, the author of this work has selected a subject in which all practitioners are interested.

After some general instruction as to the investigation of disease in infancy, he begins with affections of the mouth and throat; from these passing to affections of the stomach and intestines. That peculiar dyscrasia, tabes mesenterica, then comes up for consideration. A chapter is devoted to disturbances of the liver, and another to those of the peritoneum. The volume closes with about forty pages explaining the general management of infants and children with reference to the important factors of feeding, bathing, clothing, sleep, and exercise.

There is one full page colored plate of the appearance of the tongue, and a number of illustrations. The material of the work has evidently been drawn from original and careful observation on a wide scale, and this gives it a freshness and value which will be appreciated by all readers.

THE

Medical and Surgical Reporter.

A WEEKLY JOURNAL,

ISSUED EVERY SATURDAY.

D. G. BRINTON, M. D.,
JOSEPH F. EDWARDS, M. D., } EDITORS.

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OF

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AN UNUSUAL SEQUELA OF OVARIOTOMY.

To the Clinical Society of London, (March 13,) Mr. R. Barwell read a paper on a case. At the latter end of last October, he removed the left ovary of an unmarried woman, aged 29. The local results were perfect; but certain sequelæ ensued which had not hitherto been recorded, but, on questioning other surgeons, Mr. Barwell found the event not to be isolated, and notably that Dr. Keith, Mr. Thornton, Mr. Dent, Dr. Bantock, and others, had met with a like complication. The patient was of fair complexion, and mobile temperament. She came into Charing Cross Hospital, and it was agreed that ovariotomy should be performed. On October 28th, Mr. Barwell removed the left ovary, first withdrawing twenty-three pints of fluid; the pedicle was tied with silk, and allowed to fall back into the abdomen. The usual mode of suture was employed. During the three subsequent days, menstruation recurred, and some hæmaturia was observed; it then ceased. On the third day, the thermometer stood for two hours at 102.4°, but, with this exception, she never had a temperature worthy of notice. The deep sutures were removed after forty-eight hours. The abdominal wound was healed on November 2d; there was hardly any tenderness in the left groin, or elsewhere. The patient, who was naturally very docile and amenable, showed, on November 3d, a contradictory and aggressive temper; on the 5th (eighth day of operation) this had developed into insanity. On November 7th, she was so violent that she had to be secured, and this could only be effected by giving a little chloroform. A subcutaneous injection of four minims of solution of morphia only calmed her for three hours. On the 21st, with various phases of comparative violence and calm, but with incessant talking, the patient continued entirely insane, sleeping only in short snatches about two hours out of the twenty-four until the 19th. She then began to show signs of amelioration, especially in saying that she knew she was mad. On the 21st, Mr. Barwell ordered an ice-bag to the head. After this she slept more, and gradually improved. On the 28th, she would be pronounced sane. During all December she was well enough to take walks, but was, for various reasons, kept under supervision till December 29th, when she was discharged in perfect mental and bodily health. In spite of several attacks of violence, and of struggling, the abdominal cicatrix had held well, and there was no sign of hernia; nevertheless, it was thought prudent to provide her

with a belt. Mr. Barwell remarked that several views might be taken of this case:

1. There might have been hereditary tendency to insanity.

2. Insanity might follow any of the major operations, ovariotomy not more than any other.

3. It was the result of disturbance of the urinary organs (kidney).

4. It was the result of disturbance of the generative organs.

5. It was mere coincidence.

On these views he made the following comment:

1. Great pains were taken to find any trace of mental disturbance in the patient's family. None could be discovered. Her father had died of cerebral apoplexy at an advanced age.

2. If insanity were an occasional sequela of surgical operations, the matter was not mentioned in surgical writings.

3. The amount of blood lost by the kidney, if any, was insufficient to produce grave effects. Hæmaturia was not uncommon after intraperitonal operations performed under a carbolic spray.

4. Although disturbance of the generative organs appeared, at first sight, to offer the easiest explanation, in this case there were none of the erotic symptoms usually associated with abnormal states of that system. Perhaps some might see an analogy between puerperal insanity and mental disturbance in this case.

5. Mere coincidence might be justly considered the best way of accounting for insanity thus following ovariotomy if this were an isolated instance, but Mr. Barwell was acquainted with several other examples.

Thus, Dr. Keith had had one case (after hysterectomy); Mr. Thornton, two (ovariotomy and hysterectomy); there had been a case at St. Thomas's Hospital, and one had been noted by Mr. Dent. Thus, mere coincidence would not account for the circumstances which it appeared desirable should be known in the profession.

The President remembered that Mr. Lawson Tait had read a paper some time ago, in which symptoms of mania had occurred during convalescence from ovariotomy. He himself had seen mania occur in two cases after ovariotomy, which did well surgically; and although in his experience of general surgical cases it was rare, he could not help thinking there was some connection between it and the operation of ovariotomy. In these cases there was no kidney mischief.

Mr. Doran mentioned the case of a young married woman who had had both ovaries removed for chronic inflammatory disease; she had previously presented no mental symptoms, but was the subject of an attack of mania a few weeks after the operation; she was still deranged. Insanity connected with organic disease of the genital organs was not necessarily of the nymphomania type.

Mr. Meredith thought the cases not quite so rare as Mr. Barwell had concluded them to be. He had seen symptoms of insanity come on two weeks after the operation; but once, for four weeks after the removal of a large tumor, weighing 70 lbs., from a single woman, aged 54, no bad symptoms resulted, and then the patient was seized suddenly with acute melancholia; she was apathetic, but not really violent. The symptoms lasted for two months without intermission, and then disappeared suddenly, and she had remained quite well ever since (four years). There were no urinary symptoms, and no hereditary tendency. He had seen acute mania following amputation of the breast.

Dr. Edis said that patients were often very nervous, and subjected to high nerve-tension, before the operation. In many, the nervous system was immobile, and easily gave way under such provocation. He remembered the case of a farmer's wife who was hypochondriacal, with oval face, dark skin, weighing her words, as if with a sinister meaning, who, after the operation of ovariotomy, developed symptoms of melancholia. She became quite well, the symptoms lasting for ten days. He thought the symptoms of insanity were not so unusual as one might imagine.

Mr. Benham thought these cases might be parallel to those of puerperal insanity, which he had never seen well explained.

Dr. Blandford was inclined to think there were many circumstances connected with ovariotomy which might give rise to mental symptoms. The patient had before her mind, for some time before the operation, what she had to undergo, not taking much food, and her bowels locked up with opium, and opium had a peculiar effect upon some persons of keeping them awake. He did not think the mania had anything to do with urinary trouble. The case was one of genuine mania.

Mr. Barwell, in reply, said that, although he might not have been exactly correct in his description of the mania, he hoped its occurrence was unusual. His object had been fully achieved if he had succeeded in directing attention to the matter. Every operation, of course, must disturb the thoughts for a little time; but, in simple cases of this

description, the patients recovered with remarkable ease. He thought the case of Dr. Edis was hardly comparable with his, as that case was probably half mad before the operation was performed.

BENZOATE OF SODIUM IN CHOLERA INFANTUM.

The fact is well known that during the summer cholera infantum appears almost as an epidemic in our large cities. Dr. Guaita (*Allg. Wien. Med. Ztg.*, 21, 1886), has made a special study of this disease, and come to the conclusion that it is due to a special microbe, which in some way enters the system and then becomes pathogenic, if the conditions are favorable to its development. This is shown by the fact that the summer-complaint of children, especially of those who in consequence of their having been nourished by the milk from the breast of their mother or wet-nurse possess a healthier alimentary canal, is often easily controlled, if treated correctly at the very start.

Guaita's observations refer to 53 cases at the age from six months to two years; 35 had been sick for from 24 to 30 hours; 18 for 6 to 14 days. In the first recovery occurred within from 4 to 8 days; in the last in average within 21 days: no death. The so successful treatment consisted in the following:

First a mild laxative (calomel, jalapa); then from 64 to 96 grains of benzoate of sodium in 4 oz. of water per day; the third day again a laxative (manna, magnesia), then once more benzoate of sodium in same doses, the size of the latter being regulated more by the age of the child than by the urgency of the symptoms. Already the second day an improvement is noticeable in the alvine discharges; the fœtid odor ceases, also the vomiting. During the treatment no food whatever must be administered; only a little lemonade and good wine. Milk and beef-tea are specially forbidden, as cow's milk ferments too easily in the stomach; infants may be given the breast four times in 24 hours.

Unless further observations prove the contrary, the omission of all food may perhaps have as much to do with bringing about the favorable result as the remedy mentioned, benzoate of sodium; for of late years we have been in the habit of adopting the same stringent measures, and have obtained a uniformly good result, confining ourselves as regards medication simply to laxatives—sulphate of sodium—and mild astringents. Still, the fatality of cholera infantum in large cities during the summer is so great, that any remedy promising the least success should be welcome. It may be well to give the benzoate of sodium a more extended trial.

INSOMNIA IN CHILDREN.

Children, for some reason or other, often suffer with sleeplessness. Opium, as a rule, does not act kindly on them; they either become very drowsy or are troubled with hallucinations.

Dr. Illingworth has tried a number of remedies to test their hypnotic effect in children. He gives the first place to hydrate of chloral. But whenever the insomnia is the first symptom of the basillar meningitis so frequently met with in the very young, he obtained the best results from the administration of corrosive sublimate in conjunction with iodide of potash and hydrate of chloral. The formula recommended by him is as follows:

℞.	Liquor hydrarg. bichlorid..	8.0.
	Potass. iodat.,	0.6–1.0.
	Chloral hydrat.,	1.0.
	Aq. destillatæ,	45.0.
	Syrup. simplicis,	15.0.

M. S.—A teaspoonful in water every two hours.

COLORLESS TINCTURE OF IODINE.

Dr. V. Favre publishes in the *Pharmaceut. Post* the following recipe for a uniform non-decomposing colorless tincture of iodine:

℞.	Ammonii iodat.,	8.0.
	Iodoformi,	2.0.
	Liq. ammon. caust.,	2.0.
	Alcohol (90 %),	98.0. M.

Iodoform and iodide of ammonium are first dissolved in the alcohol, and aq. ammoniæ added, and the whole are exposed to the daylight for ten days. The tincture becomes colorless, but to prevent decomposition entirely, there must be a superfluous quantity of the ammonia.

NOTES AND COMMENTS.

Excision of the Pylorus.

A case of resection of the pylorus, terminating fatally, is related by Dr. Van Sterson in the *Weekblad* of January 2. He remarks that he has mentioned it intentionally, not to discourage or deter others from the operation; but from his own conviction that, when local and general circumstances are favorable, he believes the operation to be distinctly indicated. In the case mentioned, the pa-

tient died from want of strength to resist the shock of the operation, having previously suffered from vomiting and diarrhœa. The patient was a woman, aged 51. When put under chloroform, the narcosis was calm and regular. A tumor was found in the pyloric region; there were no adhesions and no ulceration. The tumor affected the pylorus alone, and was very hard; on microscopic examination, it appeared to consist of a "tubular carcinoma," or "non-typical adenoma." After the tumor had been cut out, the stomach was found to be perfectly empty, a sponge, which had been introduced, returning quite clean. The mucous membrane of the stomach was not ulcerated. The cut ends of the duodenum and the stomach were very carefully sutured together; a couple of camphorated ether injections were given to the patient, and she was laid in a warm bed. She roused sufficiently to be able to answer questions, and to state that she felt no pain, but her pulse was scarcely perceptible. Camphorated ether injections were continued every quarter of an hour, but in two hours and a half death occurred. There had been no particular difficulty in the operation, and no subsequent pain; but the patient had not sufficient vitality to survive the shock.

Scarlatina in Utero.

Dr. Wilson Saffin, of Carthage, O., reports the following case in the *Med. Record:*

A lady of good general health, who had had scarlatina when young, was delivered of a male child, labor being normal and of short duration. During the two weeks preceding delivery she was in constant attendance upon her older child, who was suffering from malignant scarlet fever, and who died three days after her confinement. During the first week of this child's illness the mother contracted a very sore throat, characterized by intense hyperæmia and involvement of the submaxillary glands. Immediately after delivery, upon examination of the child, the characteristic rash of scarlatina was observed. The disease was well marked, and ran a course of nine days. Desquamation occurred on the fifth day, and was as natural and well marked in large and small flakes as in any other and older child. The temperature ran from 100° to 104°, and was highest on the third day of life. Considerable nausea and diarrhœa were manifested on the third and fourth days, but no other symptoms than those mentioned presented themselves. The mother and child both made a good recovery, although the woman was confined in the same room in which her other child died. Dr. Saffin diagnosed the case as one of scarlatina in utero, as the rash was fully developed at birth.

Neurectomy.

Mr. Bishop showed to a recent meeting of the Manchester (England) Medical Society a case of intractable neuralgia of the intercostal nerve, following traumatism, which had been cured by neurectomy. A woman, aged 34, fell through a man-hole ten years ago, and ever since had noticed a lump in her right breast. In 1884, it began to be painful, and it was removed at her request in March. As soon as the small wound healed, neuralgic pain in the breast was complained of, and, the scar being somewhat depressed, this was freed. Pain still continued; the breast became hot and heavy, subjectively; and later, herpes, rapidly ulcerating, showed itself upon it. Various remedies were used, but without result. In consequence of her persistent demands, the whole breast was removed in September, 1885. Still the pain continued, and the herpes, along, and on each side of, the scar, became worse. General remedies were tried afresh, whilst anodyne applications were freely used externally, but no relief was obtained; the actual cautery was also used, but without result. In February, 1886, the fourth intercostal nerve was cut down upon in the posterior axillary line, and half an inch removed. The nerve was found outside the external intercostal muscle; it was in a state of neuritis. On recovery from chloroform, the pain had disappeared, and had not, on April 14th, returned. The patient was increasing in weight, and was in very good spirits.

Palliative Treatment of Uterine Cancer.

Dr. Gaches Sarrante, in an article on the treatment of uterine cancer (*Nouvelles Arch. d. Obstet. et de Gynec.*, March 25, 1886), thus summarizes the results of his experience:

In cancer of the uterus, frequent dressing with liquids, powders, or other antiseptic agents, presents the following advantages:

1. When regularly applied, they suppress absolutely the hemorrhages, even when rebellious.

2. They modify the nature of the lesion by removing the putrescent products which form on its surface, and give it the appearance of a healthy sore.

3. At first they calm the pains, which later return with increased intensity, finally to cease definitely.

4. They prevent the absorption of infectious products, and thereby greatly improve the general health of the patient.

5. They moderate the extension of the lesion, and prevent extension by contiguity to the vagina and bladder.

6. Finally, they permit the patient to live the life of the world at large, and, so to speak, to dissimulate her malady.

Fever.

Before the Medical Society of London, Mr. Browning read a paper on this subject. He commenced with a brief review of the opinions held by Cullen, Watson, Addison, and Alison. Admitting that in typhus and typhoid there was little difficulty in making a differential diagnosis, yet the reader of the paper alleged that there was a certain number of cases in which the characteristics of each were not so clearly marked, and diagnosis became a difficulty. He put two questions:

1. Whether it was possible to have typhus fever without a rash of any kind; and if so, did it often occur?

2. Whether there was any specific form of fever known as typhoid which was not enteric, that is, Peyer's patches unaffected?

His experience inclined him to give an affirmative answer to the first question; and he believed he had seen cases with well marked features of typhus, the rash being absent. He felt less able to give a definite reply to the second query.

Hæmorrhagic Glaucoma Treated by Trephining.

Before the British Ophthalmological Society, Mr. Spencer Watson showed drawings from a case of hæmorrhagic glaucoma, in a man aged 64; the sclerotic was trephined, and the choroid was accidentally perforated; the tension became normal, and so remained for three months, but without any improvement in vision. The tension, however, again rose, so that the result was most unsatisfactory. Dr. W. A. Brailey said that, in those cases where pain was severe and vision hopelessly lost, the best treatment was to stretch the supratrochlear nerve. Mr. McHardy thought the case showed conclusively that the operation of trephining was liable to fail entirely to relieve the distressing tension in these cases. He had been astonished by the ease with which the supratrochlear nerve could be found in the living subject. Mr. Edgar Browne had stretched the supratrochlear nerve in two cases, without noticing any diminution in tension. Mr. Spencer Watson said, in reply, that since the operation pain had not recurred.

A Carbuncle Cured by a Gonorrhœa.

Dr. F. N. Smith, of Allentown, N. Y., writes to the *Med. Record:* "I had been treating a young man for boils and carbuncles some ten days, when, on one day, a large carbuncle on the back of the neck was just on its way toward maturation, acutely painful, and preventing all work—my patient was a railroad bridge-builder. The next day, very early in the morning, he came to me, saying that his carbuncle was about well, but that he had a private disease, just showing itself that morning, and would like that attended to now. On examination I found a well marked case of gonorrhœa. He had no more trouble with carbuncles from that day; the specific disease passed away in due time. There is no doubt that the occurrence of the gonorrhœa had the effect of arresting at once the progress of the carbuncular inflammation."

Mitral Stenosis in Labor.

Before the Obstetrical Society of London, Dr. George Coates describes this case. The patient was aged 22, and had suffered from rheumatic fever, but had no suspicion of heart-disease. She had suffered from anæmia and breathlessness. The labor began on October 23d, 1885. On the 24th she felt faint several times. On examining the heart, a presystolic murmur at the apex was detected. In the evening the os uteri was fully dilated, and she showed signs of exhaustion. The forceps was put on and delivery accomplished. The pulse varied in the next two hours from 180 to 130, then it fell to 108, and in the morning to 76. The murmur disappeared on and after the tenth day. On November 13th she had a rigor, and sharp pain in the left breast and one elbow. She was treated for acute rheumatism, and recovered. The murmur quite disappeared.

Destruction of Microbes by Heat.

At a meeting of the Société de Médecine Publique et d'Hygiène Professionelle de Paris, Dr. Grancher communicated the result of his experiments on the resistance offered by microbes to the heat of disinfecting stoves. They are as follows: The moist vapor stove of MM. Geneste and Hersche is an excellent disinfecting apparatus. With this stove a temperature of 106° Cent. is

easily obtained; microbes are undoubtedly destroyed, though they be imbedded in mattresses. The dry-air stove, of the same manufacturers, is not so completely disinfecting as their moist-vapor stove. With this apparatus the bacteria of charbon, its spores, the tyrothrix scabiei, and bacillus subtilus, are not destroyed. The hot-air stove at the Hôpital des Enfants Malades is a still more imperfect disinfecting stove.

A Case of Median Nerve-Suturing.

To the New York Neurological Society, Dr. Fraser C. Fuller presented a man who, two years and a half ago, sustained a glass-cut wound of the lower forearm, resulting in complete division of the median nerve and a part of the tendons of the flexor sublimis. The nerve was sutured with three small strands of catgut a few hours after the injury. The tendons were also united. The operation and dressing was absolutely antiseptic, and primary union took place. At the time of the operation there was complete cutaneous anæsthesia of the region supplied by the nerve. After several months, sensation slowly returned, and a year and a half after the operation it was perfect. Power in the small muscles of the affected hand had not entirely returned.

Morphine Hypodermically in the Eclampsia of Children.

Dr. M. Leventener, of Constantinople (*Centbl. f. d. ges. Ther.*, xii., 1885), has employed subcutaneous injections of morphine with marked success in a case of eclampsia in a child four months old, after the usual remedies had been tried and failed. He gave the first hypodermic when the convulsions had already continued for over twenty-four hours, the second was given two hours later, the third six hours, and the fourth ten hours later. In each injection he employed one-forty-eighth of a grain of morphine. The first two injections were followed by the cessation of the convulsions for a prolonged period. The hypodermics had to be repeated three times afterward, and the child made a good and rapid recovery.

Diet in Albuminuria.

After passing in review the principal theories which have been given regarding the pathogenesis of albuminuria, Nollet offers the following conclusions:

1. Milk diet has as yet given the best results in the treatment of albuminuria.
2. This method is not applicable to all forms, and if too prolonged may produce serious inconveniences for the patient.
3. The albuminuric should avoid large meals, eating frequently, but little at a time.
4. Individual susceptibility must determine the sorts of animal food least injurious to the patient.
5. Fish appears to favor the passage of albumen into the urine.

Effect of Alum Gargles upon the Teeth.

From the *Journal Am. Med. Ass.* we learn that M. Young prescribed a gargle containing a small proportion of alum for a woman suffering from chronic pharyngitis, with catarrh of the middle ear. The patient, finding relief, continued its use for some three weeks. But perceiving that, at meals, her teeth began to crumble into little pieces, she consulted her dentist, who considered it due to the alum gargle, as when the enamel is removed from the teeth, the alum breaks down the dentine. To prevent this, it is best, immediately after using the alum gargle, to wash the mouth out with a solution of bicarbonate of soda, or an alkaline water.

Removal of Foreign Bodies from the Ear.

In the *Brit. Med. Jour.*, Dr. J. H. Granshaw suggests the following method for removing foreign bodies from the ear:

"A large syringe holding four or six ounces, a basin of rain-water soap-suds as hot as can be borne, and a steady hand, are all that is required. With this simple apparatus, I have, over and over again, removed cherry-stones, beads, buttons, slate-pencils, etc., from the ears of children, and always without pain; nor has it ever failed me. The injection of a few syringefuls will generally suffice."

Bacteriotherapy.

Dr. Salama reports another case of advanced pulmonary phthisis treated according to Cantani's method, by inhalations of bacterium termo. Within five days an improvement was noted, the fever was less pronounced, and the expectoration was diminished in quantity, and contained a smaller number of tubercle bacilli. In two weeks the bacilli had wholly disappeared from the sputa, and the patient began to increase in weight and in general health.

Carbolic Acid in Freckles.

Halkins (*Annales Médico-Chirurgicales de Liege*, January, 1886) has had good results

in freckles from, after bathing the skin, drying it completely, and stretching it with the left hand, applying to the freckles a thin film of acid, which is allowed to dry. In a few days the spots are more noticeable, but in a week a flake of skin is detached, leaving a rose-colored spot, which soon resumes a natural color.

Sassafras Oil in Neuralgia.

Dr. Thos. J. Miller (*Virginia Medical Monthly*) finds that sassafras oil gives good results in neuralgia. He gives it in soda water. He has also found it available as a substitute for veratrum viride.

Correspondence.

"On Emission of Semen as a Means of Diagnosis of Death by Hanging."

Eds. Med. and Surg. Reporter:

In recognition of your journal being one of the most influential, also most widely circulated in the world, I feel as if it is trespassing on your valuable space to offer additional testimony in support of Dr. Hamlin's paper on the above subject, and to answer Dr. Colvin's *insinuations*.

Having long since passed my majority in the practice of medicine and surgery, seeing my name paraded in the journals has very little effect on me. Now to the point. In the discussion of any subject, medical or scientific, we cannot go behind the facts. I stated that the late Dr. J. E. Bennett had observed the emission of semen in every case of hanging at U. S. jail at Fort Smith prior to 1880, that is, during the long period he was the physician of the jail, and since that time my observation confirmed his statement. There were eight criminals sentenced to be executed on the 23d day of last April; six had a commutation of sentence, and the remaining two were executed.

Case 1. A white man; crime, murder, of robust health, neck broken, there was emission. I gave the specimen to Dr. I. W. Buell, Asst. Surg. of U. S. Army, for microscopic examination, and submit his report to me:

"At Home, 4, 24, '86.

"Dr. G. W. Smith—*Dear Doctor:* The microscopic examination of the specimen submitted to me yesterday by yourself proves beyond doubt that it is human semen. The spermatozoa were very numerous and active, and retained their activity at the time the last examination was made, which was twelve hours after the specimen came into my possession. Very truly yours,

"I. W. B."

Case 2 was a robust negro. Crime, murdering his wife. Neck broken; had no emission. Why? Both testicles were atrophied, and on dissection of the testicles found no semen or other fluid in them. His wife had no children. He had yellow atrophy of both testicles.

On 23d of July next another execution will take place. I will report to you the full particulars in this case.

Geo. W. Smith, M. D.

Fort Smith, Ark.

News and Miscellany.

Ohio State Medical Society.

The forty-first annual meeting of the Ohio State Medical Society will be held at Akron, Ohio, June 2d, 3d, and 4th, 1886.

OFFICERS.

President, Wm. Morrow Beach, London. *Vice-presidents*, H. Z. Gill, Cleveland; H. R. Kelly, Galion; Thomas McEbright, Akron; J. D. Robison, Wooster. *Secretary*, G. A. Collamore, Toledo. *Assistant Secretary*, E. C. Brush, Zanesville. *Treasurer and Librarian*, T. W. Jones, Columbus.

Committee of Arrangements, Thomas McEbright, H. M. Fisher, E. W. Howard, C. R. Merriman, Daniel A. Scott.

ORDER OF BUSINESS.

The order of business for each session will be:

1. Call to order.
2. Reading of minutes.
3. Report of Committee of Arrangements. (On first day.)
4. President's address. (Afternoon of second day.)
5. Election of officers. (Afternoon of second day.)
6. Selection of a place for the next meeting. (Afternoon of second day.)
7. Business which requires early consideration.
8. Annual reports (on first day) of
   a Treasurer and Librarian.
   b Secretary.
9. Reports of Standing Committees:
   a Committee on Admissions and Medical Societies.
   b Committee on Finance.
   c Committee on Publication.
   d Committee on Legislation.

e Committee on Ethics.

10. Reports of Special Committees: (on first day.)

a Committee on State Board of Medical Examiners Bill.

b Committee on General Collective Investigation of Disease.

11. Reports from Delegates to the American Medical Association and other Societies. (On first day.)

12. Written Communications on Medical Subjects.

13. Oral Communications.

14. New Business.

15. Unfinished and Miscellaneous Business.

16. Adjournment.

The following written communications are expected:

a "Report of a Case (with Treatment) of Posterior Torticollis:" H. Z. Gill, Cleveland.

b "The Importance of Early Operations in Surgical Injuries:" R. Harvey Reed, Mansfield.

c "Vicarious Menstruation:" W. J. Jenkins, Plain City.

d "On the Close Relation and Probable Identity between Scarlatina and Diphtheria; with Pseudo-Membranous Croup considered:" A. Hurd, Findlay.

e "The Present Aspect of the Treatment of Vesical Calculus:" N. P. Dandridge, Cincinnati.

f "Intestinal Antisepsis:" D. N. Kinsman, Columbus.

g "Some Practical Observations in Obstetrics:" Frank D. Bain, Kenton.

h "Progress in the Treatment of Epithelioma:" B. M. Ricketts, Cincinnati.

i "Some Cases of Abdominal Section:" C. A. L. Reed, Hamilton.

j "Selected Cases of Laparotomy:" Dudley P. Allen, Cleveland.

k "Conservatism of Symptoms in Disease:" John W. Russell, Mt. Vernon.

l A Paper by E. Williams, Cincinnati.

m "Therapeutic Uses of Codeia:" Starling Loving, Columbus.

n "Cardiac Complications of Bright's Disease:" J. T. Whittaker, Cincinnati.

o "Treatment of Malignant Carbuncle:" N. Gay, Columbus.

p "Dietetics in Idiopathic Fevers:" H. J. Herrick, Cleveland.

q "The Surgery of Diabetics:" P. S. Conner, Cincinnati.

r "Dressing of Injured and Amputated Fingers:" J. T. Woods, Toledo.

s "The Alcohol Question:" Wm. B. Davis, Cincinnati.

t "Diseases of the Skin occurring in the Subjects of Gout:" W. T. Corlett, Cleveland.

u "Common Errors (theoretical and practical), relating to Insanity:" Orpheus Everts, College Hill.

v "Phosphor-Necrosis:" W. C. Jacobs, Akron.

w "The Temperature of the Body in Health and Disease:" H. Hathaway, Toledo.

x "Sun Strokes: Walter A. Dun, Cincinnati.

y "A Partial Study of the Statistics of the Insane in Ohio, covering a Period of Twenty-five Years:" E. J. Wilson, Columbus.

z "The Visual Field as a Diagnostic Symptom:" B. L. Millikin, Cleveland.

aa "Report on Trephining the Spine:" and "The Radical Cure for Hernia:" A. W. Ridenour, Massillon.

bb "Relation of the Physician to the Public:" L. Slusser, Canton.

cc "The Effects of Food in Health and Disease:" J. W. Shively, Kent.

dd "Treatment of Purulent Inflammation of the Middle Ear:" A. R. Baker, Cleveland.

xx Volunteer Papers.

The sessions of the Society will be held in the Business Parlors of the Universalist Church on Mill St.; first Session at 2:00 P. M., Wednesday, June 2d.

HOTELS.

The following hotel rates per day are offered: Buchtel, $2.50 and $2.00; Empire, $2.00; Continental and Windsor, each, $1.50.

RAILROADS.

In order to obtain return tickets at one-third the lowest unlimited fare, members or delegates must procure the necessary certificates from the Secretary, before they leave home. In making application for certificates the route proposed to be taken should be specified. G. A. COLLAMORE, M. D.,

Toledo, Ohio. *Secretary.*

Medical Society of New Jersey.

The next annual meeting of the Medical Society of New Jersey will be held in the Girt House, Sea Girt, on Tuesday and Wednesday, June 8th and 9th, 1886, commencing at 4 o'clock p. m., on Tuesday.

Committee on Organization will meet in the drawing-room at 3 o'clock p. m. Delegates are requested to present their credentials at that time.

Treasurers of district societies are requested to send the amount of dues of their respective societies to Dr. W. W. L. Phillips, Trenton, on or before the 7th of June. The annual assessment is $1.50 per capita.

OFFICERS.

President, Joseph Parrish, M. D. Burlington; *First Vice-President*, Charles J. Kipp, M. D., Newark; *Second Vice-President*, John W. Ward, M. D., Trenton; *Third Vice-President*, H. Genet Taylor, Camden; *Corresponding Secretary*, William Elmer, Jr., M. D., Trenton; *Recording Secretary*, William Pierson, M. D., Orange; *Treasurer*, W. W. L. Phillips, M. D., Trenton; *Standing Committee*, T. J. Smith, M. D., Bridgeton; E. J. Marsh, M. D., Paterson; D. C. English, M. D., New Brunswick.

PROGRAMME FOR TUESDAY.

Four o'clock p. m.

Prayer by Rev. Dr. Brown, of Manasquan.

Report of Committee on Credentials, Secretary, Chairman.

Calling roll.

Report of Committee on Arrangements, D. McLean Forman, M. D., Chairman.

Reading of Minutes of last annual meeting.

Report of Committee on Business, H. R. Baldwin, Chairman.

Any business which requires early consideration may be introduced.

Report of Committee on Ethics and Judicial Business.

Announcement of Committees by the President.

Adjournment at 6:30 o'clock.

(The several delegations are requested to report to the Secretary as early in the afternoon as convenient, the name of their member to serve on the Nominating Committee.)

Tuesday Evening 7:30 o'clock.

Annual address by the President, Joseph Parrish, M. D., "The Geography of Malaria."

Report of Standing Committee, T. J. Smith, M. D., Chairman. (Five minutes will be allowed to each delegate for remarks upon the same.)

Report of Treasurer, W. W. L. Phillips, M. D.

Report of Corresponding Secretary, Wm. Elmer, Jr., M. D.

Report of Committee on Honorary Membership and Honorary Degree of Doctor of Medicine.

Receiving and acting upon applications for honorary membership and honorary degree.

Discussion upon subject suggested at previous meeting.

"The result of the use of the Muriate of Cocaine in Ophthalmic Surgery, and also in general practice, as developed by the experience of individual practitioners."

Adjournment.

PROGRAMME FOR WEDNESDAY.

Nine o'clock a. m.

Report of Committee on Treasurer's Accounts, John Ryerson, M. D., Chairman.

Report of Delegates to, and Reception of Delegates from Corresponding Societies.

Essay—H. Genet Taylor, M. D., Third Vice-president, "Medical Education."

Essay—W. K. Newton, M. D., Paterson, "The Relations of the Physicians to the State."

Discussion upon the Report of Committee on Education. The report was published in the Transactions for 1885.

Report of Committee on Lunacy, Dr. Parrish, Chairman.

Report of Committee on "Fellows' Prize Essay," P. C. Barker, M. D., Chairman.

Investigation of By-Laws and Communications from District Societies.

Reading of such papers as approved by the Business Committee.

Paper by G. H. Balleray, M. D., Paterson, "Abdominal Surgery."

Reports of interesting cases.

Intermission from 1 to 3 o'clock, for dinner.

Three o'clock p. m.

Report of Nominating Committee.

Election of officers.

Miscellaneous business.

Acting upon amendment to by-laws.

As the hotel at Spring Lake will not be opened in time for the meeting, the Committee of Arrangements has arranged to hold the meeting at Sea Girt. The proprietor of the Sea Girt House, Mr. Boldt, has agreed to have the hotel in complete readiness for the accommodation of all who may attend. The hotel will accommodate several hundred guests.

Every effort on the part of the Committee of Arrangements has been made to make the meeting a pleasant and profitable one, and it is hoped that its efforts may be rewarded by a large attendance.

Excursion tickets over the various railroads may be procured at the principal railroad stations.

The delegates (corresponding included) are invited to bring their families with them. The members of the profession throughout the State are cordially invited to attend the

meeting, and also to bring their families with them.

D. McLean Forman,
Robert Laird,
Henry Mitchell,
Committee of Arrangements.
Wm. Pierson, *Secretary.*

Orange, N. J., May 8, 1886.

Officers of the International Medical Congress.

The Executive Committee of the International Congress, we are informed ,have finally elected the following officers for the Washington Congress :

President—N. S. Davis, of Chicago.

Vice-Presidents—W. O. Baldwin, of Montgomery, Ala.; William Brodie, of Detroit ; W. W. Dawson, of Cincinnati ; E. M. Moore, of Rochester, N. Y. ; T. G. Richardson, of New Orleans ; L. A. Sayre, of New York ; J. M. Toner, of Washington ; the President of the American Medical Association, the Surgeon-General United States Army, Surgeon-General United States Navy, Supervising-General Marine Hospital Service.

Secretary-General—J. B. S. Hamilton, U. S. Marine Hospital Service.

Treasurer—E. S. F. Arnold, of New York.

Chairman Finance Committee—Frederick S. Dennis, of New York.

PRESIDENTS OF SECTIONS :

Medicine—A. B. Arnold, of Baltimore.

Surgery—William T. Briggs, of Nashville.

Military and Naval Surgery—H. H. Smith, of Philadelphia.

Obstetrics—Delaskie Miller, of Chicago.

Gynecology—James H. Harrison, of University of Virginia.

Anatomy—William H. Pancoast, of Philadelphia.

Physiology—J. H. Callender, of Nashville.

Pathology—A. B. Palmer, of Ann Arbor.

Diseases of Children—J. Lewis Smith, of New York.

Ophthalmology—E. Williams, of Cincinnati.

Otology—S. J. Jones, of Chicago.

Laryngology—W. H. Daly, of Pittsburgh.

Dermatology and Syphilis—A. R. Robinson, of New York.

Hygiene—Joseph Jones, of New Orleans.

Collective Investigation, etc.—H. O. Marcy, of Boston.

Nervous Diseases—John P. Gray, of Utica.

Dental and Oral Surgery—J. Taft, of Cincinnati.

Civilization and the Size of the Human Cranium.

In the course of a paper recently read before the Grant College Medical Society at Bombay by Surgeon D. M. Parakh, I. M. D., in which an account was given of the midwifery work done in the only obstetric hospital in Bombay for native women, the author remarked that from measurement soon after birth of the transverse, fronto-mental, and antero-posterior diameter of the heads of native children, the conclusion was that the greatest measurements were in the following order as to race :

1. European.
2. Persian or Irance Parsee, *i. e.*, a modern Persian professing the old Zoroastrian religion, and just arrived from Persia.
3. Parsee.
4. Goanese.
5. Mahommedans, Hindoos, and native Christians.

From what he had seen in practice, his impression was that owing to the increasing civilization of the masses in India, the human cranium is gradually increasing in size, the pelves of women unfortunately not undergoing a corresponding increase in capacity. This is particularly the case among the Parsees, who have, under the British rule, suddenly emerged from a semi-barbarous life into a life of great mental activity, the males (even now) being about a generation or two ahead of the women in that respect. Hence British rule, while it has improved the head and heart and purse of the coming Parsee race, has entailed greater suffering on the parturient woman. In saying so, Mr. Parakh was not, he stated, unmindful of other evils of civilization which make parturition difficult. The average weight of the children at birth was 5.85 pounds. The maximum was 8.75 pounds ; the minimum 3.75 pounds. The heaviest children were in precisely the same order as to race as mentioned above in the case of head measurements.

Debore's "Cramming" or "Forced Feeding" System.

In the *Chemist and Druggist* we find a description of this treatment as practiced on five phthisical patients. In this "cramming" system a stomach-tube is employed should the patient have intense repugnance to food ; and this had to be done in some of Dr. Kurloff's cases. The food which he administered was a mixture of milk and pulverized meat, from which all the liquid portion had been expressed. The amount of food given af-

funded in the minimum 54 grammes of nitrogen (equivalent to 3½ pounds of butcher's meat), and in the maximum 80 grammes of nitrogen (equal to 5½ pounds of butcher's meat). This was given daily, and the immediate effects were an increase of excreted nitrogen from 9 and 16 to 34 and 56 grammes per day, due to increased breaking up of the albuminous constituents of the body. With this breaking up there was an increase in assimilation of nitrogen to the extent of threefold, weight increased 1 pound per day, and the appetite (which previously was almost *nil*) improved so remarkably that the patients, after a week of the treatment, eagerly partook of ordinary hospital diet to excess of the usual allowance. So far the feeding results were most satisfactory, but there have to be recorded the facts that in three consumptives the expectoration diminished, diarrhœa and night sweats ceased, and some of the patients so improved in general health as to be able to return to their every-day work.

Faith-Healing.

Rev. Dr. Buckley, editor of the *Methodist Christian Advocate*, has a long and exhaustive article on "Faith-healing," in the June *Century*, which concludes as follows: "The faith-healers represent God as interfering constantly, not by cause and effect in the order of nature, but affecting the result directly. Their want of superiority to those who are not Christians, but use either false pretenses or natural laws, and their inferiority to Christ and the apostles, condemn their pretensions. Nor does it avail them to say, 'Christ would not come down from the cross when taunted by unbelievers.' They might perhaps with propriety refuse a test *for the test's sake*, though Elijah forced one. But in a close observation of their works the radical difference between them and those who they say have no divine help should be manifest. Some of them affirm that the Mormons, Newton, and others, do their mighty works by the aid of devils. If so, since casting out devils was a miracle-working power of a very low grade, it is wonderful that none of these persons have been able to cast out the devils from any of the great number who are working in this way, and thus demonstrate their superiority, as the apostles vindicated their claims against Simon the sorcerer, and others.

"Faith-cure, technically so called, as now held by many Protestants, is a pitiable superstition, dangerous in its final effects.

"It may be asked, what harm can result from allowing persons to believe in 'faith-healing?' Very great indeed. Its tendency is to produce an effeminate type of character which shrinks from any pain, and to concentrate attention upon self and its sensations. It sets up false grounds for determining whether a person is or is not in the favor of God. It opens the door to every superstition, such as attaching importance to dreams, signs, opening the Bible at random, expecting the Lord to make it open so that they can gather his will from the first passage they see, 'impressions,' 'assurances,' etc. Practically, it gives great support to other delusions which claim a supernatural element. It greatly injures Christianity by subjecting it to a test which it cannot endure. It directs attention from the moral and spiritual transformation which Christianity professes to work, a transformation which, wherever made, manifests its divinity, so that none who behold it need any other proof that it is of God. It destroys the ascendency of reason in the soul, and thus, like similar delusions, it is self-perpetuating; and its natural, and, in some minds, its irresistible tendency, is to mental derangement.

"Little hope exists of freeing those already entangled, but it is highly important to prevent others from falling into so plausible and luxurious a snare, and to show that Christianity is not to be held responsible for aberrations of the imagination which belong exclusively to no party, creed, race, clime, or age."

A Noble Act.

One of the latest, if not the latest, of the applicants for the benefits of M. Pasteur's assistance is Mr. Harris, a student of Charing-Cross Hospital (London). Courage and self-devotion are virtues so frequently, we might indeed say so constantly, practiced by members of our profession, that they come to be looked upon as common-place and of every-day occurrence unless occasionally attention be drawn to them. Mr. Harris was taking luncheon at the restaurant of the Grand Hotel, when a dog which appeared affected with rabies attacked a lady there present. Mr. Harris seized the animal by the throat and got it safely out of the building, but in trying to twist his chain round him to render him incapable of inflicting injury, the young man, although the dog was muzzled, received a bite. He started on the next day with a friend to place himself under M. Pasteur's care, for the dog, being taken to the Battersea Home, died of rabies. We hope, whether

by M. Pasteur's inoculation or by the percental immunity of bitten persons, Mr. Harris will not suffer for his bold and generous intervention.

Women in Medicine.

The result of the late elections by competitive examination for resident physicians at Blockley must be very gratifying to the women doctors. Thirty-six young physicians applied for these appointments, five of them women and thirty-one men. Of the five women, two passed the examination, and of the thirty-one men fourteen were successful. More than that, the whole list of sixteen is led by a woman, Dr. Harriet W. Brooke, while her companion in the new Blockley staff, Dr. Helena J. Price, stands the eleventh in the full number. Drs. Brooke and Price were educated at the Woman's Medical College in this city, and the other applicants were graduates of various medical colleges of the first rank.

The American Medical Editors' Association.

This association held its annual meeting May 3, at the St. Louis Press Club. After an address by the President, H. O. Walker, M. D., of Detroit, the editors sat down to dinner as the guests of the Medical Press and Library Association. J. V. Shoemaker, M. D., of Philadeldhia, was elected President; Dudley Reynolds, M. D., of Louisville, Kentucky, Vice-President; and William Porter, M. D., of St. Louis, Secretary. This was the most successful, harmonious, and enjoyable meeting that the association has ever held, owing to the cordiality of the local medical press.

Expert Testimony.

Judge C. C. Fuller, of Mecosta county, in the case of "State of Michigan *vs.* Vanimmans," decided, when a physician refused to testify on the ground that the evidence would be expert testimony, "after many years' study and observasion, I decide that a physician's knowledge is his stock in trade, his capital, and we have no more right to take it without extra compensation than we have to take provisions from a grocery without pay to feed the jury. The court rules that the witness is not *compelled* to testify."

An American Dinner to M. Pasteur.

Mr. McLane, the American Minister, presided at a dinner which was given on April 14th to M. Pasteur. In proposing the health of the distinguished guest, Mr. McLane referred to him as a benefactor of humanity, to whom America was extremely grateful. M. Pasteur made an appropriate response, and closed by proposing a toast to the Union, and to the friendship existing between the United States and France. 120 French, English, and American guests were present.

Dr. Flint's Successor.

Dr. Edward G. Janeway has been appointed Professor of the Principles and Practice of Medicine in the Bellevue Hospital Medical College, in the place of the late Dr. Flint. In recognition of Dr. Flint's long and distinguished services at Bellevue Hospital, the Commissioners of Charities and Corrections have decided, at the request of the Medical Board, to put up in that institution a mural tablet to his memory.

Poisonous Candy.

Two brothers, candy dealers in New York, have each been fined $100 for selling "rock and rye" drops, which on analysis by Professor Edwin Waller, of the Health Board, were found to contain fusel oil.

Personal.

—Dr. C. C. Vanderbeck, of Philadelphia, has gone to California for the summer.

—Dr. Louis L. Seaman, late Chief of Staff Charity Hospital, and for several years head of the Maternity Hospital Service and Training School for Nurses, B. I., has arranged to receive at his private residence, 193 Second avenue, New York city, a limited number of ladies who may require such special attendance, especially such maternity cases as demand unusual vigilance, where miscarriages have become habitual, or where difficult or perilous labor or uræmia is apprehended.

—We have had very favorable reports from several parties who have used Nestlé's milk food. It is one of the standard preparations of the kind in the market, and has an excellent reputation both in Europe and America.

Items.

—The *Lancet* announces the death of Dr. Joseph Nowak, Professor of Hygiene in the University of Prague.

—Says the *Weekly Medical Review:* When is the laryngologist suggestive of the clergyman? When he says, Let us spray.

—The Columbus Medical College graduated a class of nineteen at its annual commencement on March 5th.

Dr. E. G. Janeway has been appointed Professor of the Principles and Practice of Medicine in Bellevue Hospital Medical College, in succession to the late Dr. Austin Flint.

—Dr. Brown-Sequard has seen cases of intense pruritus caused by coffee drinking. The trouble was relieved when the coffee was given up, and returned when its use was continued.

—The Colleges of Physicians and Surgeons of Edinburgh and Glasgow have just decided to throw open to women their conjoint examinations and "triple qualification" in medicine, surgery, and midwifery.

—Pasteur has been prosecuted for practicing medicine and surgery without being legally qualified. The case, however, fell through, his defence being that he employed a duly qualified medical man to perform his operations.

—The fifty-second annual commencement exercises of the medical department of the Tulane University of Louisiana were held on March 31st. A class of 63 was graduated.

—A bill for an act to regulate the practice of medicine and surgery in the State of Iowa has recently passed the Legislature of that State and become a law, though its penalties are not to be enforced until January, 1887. The law is similar in many of its features to the well-known Illinois law for regulating the practice of medicine and surgery.

—A contemporary estimates that coca is used by 10,000,000 of the human race; betel nut by 100,000,000; chicory by 40,000,000; coffee by 100,000,000; 300,000,000 eat or smoke hashish; 400,000,000 use opium; 500,000,000 use tea; and all the known people of the earth are addicted to the use of tobacco.

—According to the *Kievlanin*, in Pereïslavl there lately died a Jew, named Sribnyi, aged 117, who up to his last remained hale and sound, possessed an acute memory and sane intellect, and even, a few months before his end, contemplated marrying a ninth time. His eldest son was only 82 years old, but looked much older.

—The Sultan of Turkey has decided to send a commission to M. Pasteur's laboratory to study his method of inoculation for hydrophobia. The members of the commission are Zocros Pasha and Hussein Bey, medical men, and Husni Pasha, veterinary surgeon. Zocros Pasha will present M. Pasteur with the Order of Medjidie and $2,000, a subscription from the Sultan for the Pasteur Institute.

—Dr. G. F. Harvey, of Parsons, Kansas, reports in the Kansas City *Medical Index* a case of a young woman who had suffered since childhood from cardiac asthma and emphysema. A few days before death, while suffering from general anasarca, she had a temperature under the tongue of 92° F.; two days later it was 94° F. She died three days subsequently.

—MM. Landouzy and Quérat, at a recent meeting of the Société Médical des Hopitaux, read a paper on Infantile Tuberculosis. They arrived at the following conclusions. Tuberculosis in infancy, from birth to the second year, is more frequent than is generally believed. It is generally localized, as a broncho-pneumonia; tuberculosis is transmitted to newly born infants either by contagion or heredity.

—M. Lessenne, at a meeting of the Société Médicale d'Amiens, indicated a certain sign of death, simple and trustworthy. After pricking the skin with a needle, the puncture remains open, just as when a piece of leather is pricked. On the living body, even if the blood does not come to the surface, as would happen if the person were hysterical, the pin-prick closes at once, and does not leave the slightest trace.

—At the annual meeting of the Tennessee State Medical Society, held at Memphis, on April 6 and 7, the following officers were elected for the ensuing year:

President—Dr. W. T. Briggs, of Nashville.

Vice-Presidents—Drs. J. W. Penn, of Humboldt, and J. B. W. Martin, of Nashville.

Secretary—Dr. Ambrose Morrison, of Nashville.

Treasurer—Dr. Richard Cheatham, of Nashville.

The Society adjourned to meet in Nashville on the second Tuesday in April, 1887.

QUERIES AND REPLIES.

Pruritus Ani.

Eds. Med. and Surg. Reporter:

In the Reporter of the 3d inst., Dr. W. C. E., of Minn., asks for treatment for pruritus ani, in "healthy subjects in the prime of life," as he describes them:

℞ Bichlor. hydrarg., gr. viij.
Aquam, Oj. M.

The above solution applied night and morning, with frequent ablutions, will give immediate relief. Try it.

Troupsburgh, N. Y. N. M. Perry, M. D.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1527.] PHILADELPHIA, JUNE 5, 1886. [Vol. LIV.—No. 23.

Original Department.

Communications.

TYPHO-MALARIAL FEVER: IS THERE SUCH A DISEASE?*

BY T. J. HAPPEL, M. D.,
Of Trenton, Tenn.

Is there such a specific disease as typho-malarial fever—a hybrid disease, produced by the joint action of two specific poisons, each one of which, acting alone, would produce a different and distinct disease?

I unhesitatingly answer in the negative. In medicine we are too prone to use terms to hide our ignorance, or to attempt to explain some phenomena of diseases that are unusual. Typhoid pneumonia, typhoid bronchitis, typhoid everything, are in many cases subterfuges and scape-goats, excuses for delays in curing cases or relieving patients that we are treating. In the same way, a case of remittent fever that is disposed to be obstinate, and does not respond to usual remedies, is designated typho-malarial. At the very outset of these remarks I wish not to be misunderstood. I do not deny the to-some-extent co-existence of malarial poison as a *complication* of typhoid fever (though this is denied by some of our best medical writers), nor do I deny the effect of the malarial poison, whether that poison be of an animal or vegetable parasitic nature or not, in producing departures from a *typical* case of typhoid fever. I would not deny this effect upon typhoid fever any more than I would the same as producing departures from *typical* cases of pneumonia, bronchitis, scarlatina, and most other diseases that occur in a section where malaria abounds. How few cases of pneumonia in our section of this State present a typical temperature chart, and how many of them show great variations between the morning and the evening ranges! How few cases of typhoid fever show a daily range of only 1½° to 2°. I trust then that my position is plainly stated: that malaria may complicate typhoid fever, as it may any other disease, but that the result is not a hybrid disease.

We all know that in different years, and frequently that at different seasons of the same year, the same disease will present different types; at one season being of a sthenic type, at another of an asthenic type. At one time, and with one type of a disease, we will use depressing, sedative remedies; at another, with the other type of disease, we will resort to the remedies of the opposite class. No physician who has been treating cases in which the marked tendency in *all* had been the asthenic type of disease, would bleed a patient with pneumonia or resort to any other depressing remedy. So too in cases of malarial fevers, we may have in them at times a tendency to a pernicious type of disease, and a disposition to continue and become, so to say, typhoid, from the very fact that the tendency to adynamia is not recognized, and the treatment resorted to either pushes the fever on in that direction, or at least does not check the innate tendency thereto.

No physician here present will venture to assert that at all times, and under all circumstances, a given amount of quinine will cure remittent or intermittent fevers. How often has he found the opposite state of facts to be true? Many of our malarial fevers

*Read before the Medical Society of the State of Tennessee, April 6, 1886.

are easily met by moderate doses of quinine, many by larger doses, and upon some quinine seems to have no effect. These continue, running a course of from three to six weeks, and then either apparently respond to quinine, or recover without, or in spite of it. These are the cases that too often many are disposed to call typho-malarial. In doing this, they base their diagnosis upon the fact that quinine, which is considered a specific against the organisms producing malarial fevers, has failed in this particular case. They forget that in some cases much larger doses are required to combat successfully the poison, and have been using enough to only excite the system and cause the germs to grow more vigorously.

Then, too, it cannot be denied that there are persons from whose systems quinine is eliminated so rapidly that it has no effect, under ordinary circumstances, upon the disease. It must, in treating such cases, be remembered that in three hours after the administration of quinine its presence can be detected in the urine of the patient, and that in proportion as the quantity excreted is large, so must the quantity administered be increased. In some few cases, when administered by the mouth or rectum, quinine purges, and of course does no good. In such cases the hypodermic administration of the remedy might be effective, when it would signally fail in any other way. Many physicians diagnose as typhoid fever any continued fever that refuses to respond to the use of quinine in full doses, without regard to the distinctive abdominal symptoms of that fever, or to any of the foregoing facts.

All present, doubtless, know the orgin of the term typho-malarial.

Dr. Daniel Drake, about fifty years ago, recognized the fact that typhoid fever received certain impressions from existing malarial poisons. Observant clinicians have noticed this fact in all parts of the malaria-producing zone, though generally it has been greatly exaggerated. The word, or term, typho-malarial, was coined by Surgeon J. J. Woodward, to express his conception of a composite fever. The war gave rise to many expressions, but to none furnishing a nicer subterfuge to physicians than typho-malarial. The name itself is sufficient in many families to account for the duration of an attack of continued remittent fever. To tell a patient that he has remittent fever is to lead him to expect to recover in a short time, a week or two at most; but call it "typho-malarial," and if he escapes with his life he is thankful This an age of high-sounding technicalities, and a physician ought to be excused for attempting to coin a new name for an old disease.

Surgeon Woodward, when treating those cases of fever which occurred amidst the swamps of the Chickahominy, and that, too, among men who, in many instances, had never before been exposed to malarial influences, might reasonably have thought that he had discovered a new fever. Soldiers exposed for the first time to miasmatic or malarial poisons, furnished the best nidus that could have been selected for the growth of the disease germs. Thousands of the army were attacked. Dr. Woodward reports 57,400 cases of typho-malarial fever, with 5,360 deaths, it being a death-rate of a little more than nine per cent. In the same statistics he reports 79,462 cases of pure, uncomplicated typhoid fever, with 30,336 deaths, the death-rate being a little more than 38 per cent. Note the contrast in the two death-rates, the former being not quite one-fourth the latter. Had the first set of cases been what is usually claimed as a combination or joint action of the two poisons, producing a specific disease, known as typho-malarial fever—a fever in which we have a remittent form or type of fever followed by a typhoid fever, modified, and then this by an intermittent or remittent fever, the death-rates certainly ought to have been reversed, unless as Dr. Bemiss holds "the presence of malaria in the blood does not exercise an unhappy influence upon disease due to the specific poison of typhoid fever." A further begging of the question upon this point of death-rate of the two diseases asserts, "It may, on the contrary, be ascertained that it (malaria) modifies the typhoid process, so as to deprive it of some of its most dangerous features." This statement is made in the face of a well-known and generally recognized fact, which he had stated in the same paragraph as follows: "When an acute inflammation is complicated with malaria, its prognosis is more grave." He might have gone one step further with another truth, which we in West Tennessee recognize, "that the prognosis in *any* acute disease is rendered more grave when complicated by malaria." Prof. Flint, in his excellent work on the Practice of Medicine, in referring to the death-rate in the so-called typho-malarial fever, says: "The duration of the febrile career is apt to be longer and the gravity of the disease is greater."

These troops were surrounded by everything favorable to the development of grave types of intermittent and remittent fevers,

which diseases would not respond to the usual doses of quinine and the routine treatment nearly always resorted to in hospital practice. These cases lasted from two to five weeks, and an excuse for so doing must be found, hence the coinage of the term typho-malarial as applied to fevers.

Later on, Dr. Woodward in 1876 retracted his statement made, in which he had claimed this as a specific fever, and at the International Medical Congress held in Philadelphia in that year, offered the following resolution, which was adopted: "Typho-malarial fever is not a specific or distinct type of disease, but the term may be conveniently applied to the compound forms of fever which result from the combined influence of the causes of malarial fevers and of typhoid fever." Whilst the term might be *conveniently* applied, we would have the same right to hybridize some name to apply to bronchitis, which so frequently occurs in the course of typhoid fever. The one is no more a complication than the other.

Dr. Bartholow always opposed Surgeon Woodward's ideas in reference to typho-malarial fever, asserting as follows: "Typho-malarial fever has then no reason to be admitted as a morbid entity into nosological systems—does not in fact exist. All that can be claimed for it is, that when typhoid fever occurs in an individual saturated with malaria, the fever is modified somewhat in its course—has more of the remittent type, and is apt to be more protracted, owing to the occurrence of intermittents during convalescence." He too, then, would clearly hold that the death-rate shown by Dr. Woodward in his cases occurring among the soldiers in the Chickahominy swamps proved conclusively that they were only severe cases of remittent fever.

As late, however, as 1884, Dr. Bartholow, in referring to the so-called typho-malarial fevers, is more pronounced in his views against the existence of any such hybrid disease. He says: "I much doubt the existence of a typhoid fever whose symptoms are modified by a malarial fever. Indeed, there are reasons for believing that in a certain sense an antagonism exists between the two, so far that in the presence of the typhoid poison the malarial ceases to be active. I have always held that the thermal line of typhoid fever might receive an impression from a co-existing malarial complication, might, therefore, become more distinctly remittent, but further experience has weakened this belief. If the morbid anatomy of typhoid fever is not thus affected, why the symptomatology? Examined anew in the light of a wider experience, I have been conducted to the conclusion that the modification in the thermal line supposed to be due to a malarial complication, has, for the most part, no real existence." (*Medical News*, September 13, 1884.) It is impossible to make a diagnosis of such a disease as typho-malarial fever. It is either typhoid fever or it is malarial. In malarial fevers we have none of the peculiar abdominal symptoms of typhoid fever, and when these abdominal symptoms exist, viz: "meteorism, tenderness on pressure, especially in the right iliac region, and gurgling, especially the two former, conjoined with diarrhœa, or a tendency to hypercatharsis, with ochre-colored discharges, typhoid fever is present." There may be a decided diurnal range of temperature, but still it is a case of typhoid fever, and will run a definite course unchecked by quinine, the controller of malarial fevers. It is true that the administration of quinine in typhoid fever will stop the excessive diurnal variations in temperature, but it will do the same in all other diseases, by virtue of its antipyretic effect.

No authority examined by me has made any effort to differentiate the disease by post-mortem examinations. The lesions shown in cases which had been diagnosed as typho-malarial, were either those of *typhoid* fever *alone*, or of *malarial* fever *alone*. There were found either the diseased Peyerian patches, and solitary glands, or the enlarged and softened spleen and liver, together with the characteristic bronzing of the latter organ. A distinct disease ought to present features, either during life or after death, by which it could be positively diagnosed; and one in which this cannot be done, has no claim to a separate entity. Hartshorne, in Reynolds's System of Medicine, referring to the so-called typho-malarial fever, quoting Surgeon Woodward's idea, represents the fever as one due to three distinct poisons, viz., that of malarial fever, the specific typhoid poison, and the poison of scorbutus, and that whatsoever one of these elements or poisons is in excess, it controls the type of the disease, making present either malarial, typhoid, or scorbutic symptoms. As said already, I do not attempt to deny in toto the existence of these complications, or their effect as such upon typhoid fever, when present, but they are simply complications. In reference to the morbid anatomy in these cases, it is said by the writer above referred to, that the most important was the intestinal lesion "*similar* to that of typhoid fever, but not identical."

He adds further, whilst claiming the presence of malaria, "We have the local lesion of the glands of Peyer, and the mucous membrane of the bowels, recalling enteric or typhoid fever," thus admitting exactly what we have claimed, namely, the existence of typhoid fever.

Dr. Bemiss, an advocate and supporter of the typho-malarial idea, is cautious in making a diagnosis of the existence of typho-malarial fever, unless the nervous symptoms are well marked, together with the bowel symptoms, and rose spots. He determines the presence of malaria by the previous history and symptoms early in the attack, chief among which is the decided rise of fever in the onset of the disease, but admits that if the morbid processes of typhoid fever are violent, there may be stages where it is impossible to detect the presence of malaria *per se* in the case. He holds, however, that the *typhoid* CONDITION in malarial fevers can generally be differentiated without trouble. In other words, we cannot have typho-malarial fever without a case of true typhoid fever, and that the malarial complications show themselves early in the disease by irregularities in the daily range of temperature. This is another case of "petitio principio," for any one who has practiced in a section abounding in malaria will admit that all diseases are more or less altered in type by its presence. Surgeon Woodward in describing his typho-malarial cases writes as follows: "Of the form in which the malarial element prevailed, the somewhat abrupt commencement, gastric disturbance, icteroid skin and tongue, with remissions tolerably distinct, were predominant features. The lenticular spots of typhoid fever and the sudamina were often wanting." A more striking picture of pure, uncomplicated, severe, not to say pernicious, cases of remittent fever could scarcely be drawn. Evidently the reason for such cases being called typho-malarial was because they did not readily respond to quinine. The abdominal symptoms in those cases of so-called typho-malarial fever were those of malarial fever alone, and this fact ought to have aided much in making a diagnosis in cases otherwise obscure. In most cases constipation existed, though in a few there was diarrhœa, but in all the discharges were dark, tarry, or green, not ochre-colored, as in typhoid fever.

Dr. Bribach, in the *St. Louis Courier* of August, 1885, attempts to diagnose typho-malarial fever from typhoid fever by asserting that in typhoid fever the prodromal symptoms would probably be more prolonged, whilst we know that the prodromic period is a very uncertain time, varying, according to Prof. Flint, from one to ten days. That the temperature of typhoid fever does not attain its maximum on the first day; but we know that when typhoid fever is ushered in by a well-marked chill, as it sometimes is, it would be reasonable to expect a maximum temperature at the outset. That the abdominal symptoms are wanting in the great majority of typho-malarial cases, but these are the very ones which we contend are remittent fever cases. That in those which are complicated by diarrhœa, gurgling, and tenderness over the cæcum, the diagnosis is for the time difficult or impossible. He differentiates the disease from the *remittent* fever by the quinine test alone. He says: "If quinine in full doses *i. e.*, two twenty-grain doses in the first day, and twenty grains in a single dose on the second and third days, produces a state of complete apyrexia on the third and fourth days the disease is not typho-malarial fever." He forgets a fact stated in the first of this article, that some persons are not specifically affected by quinine, and upon them it seems to have no effect; and again, as a test, it would be far surer to use smaller doses (grs. iv.), repeated every two hours, than to attempt to make a diagnosis on a single large one. In his history of typho-malarial fever he says that bronchial catarrh was so frequently present that it could hardly be called a complication. In this same article, the writer holds that typho-malarial fever "is clearly a misnomer; that the disease presents a distinct type of continued malarial fever mostly resembling a variety described by Dr. Maury under the head of 'malarial continued fever.'" From a careful study of his description of the cases treated by him, I am satisfied that the disease was an obstinate remittent fever, with an occasional mild case of typhoid fever, and his acceptance of the term "malarial continued fever," is a virtual concession of everything we have claimed in this article.

The death-rate in Dr. Bribach's cases of so-called typho-malarial fever was only one in twenty—even less than in those of Dr. Woodward; whilst Prof. Flint holds, and common sense teaches, as already stated, that the mortality ought to be greater in typho-malarial than in typhoid fever.

In the paper read by Dr. Evans, of Shelbyville, before the 1885 meeting of this Society, the fever described by him is the one we always have in this section of the State, when typhoid fever in a severe form appears. He uses the following language in his article on typho-malarial fever: "Again, whilst we

rarely see the characteristic pathological symptoms of typhoid fever, the ataxic symptoms are well marked: such as low delirium, subsultus tendinum, diarrhœa, with tympanites, iliac tenderness, and sometimes hemorrhage of the bowels, which adds greatly to the gravity of the disease." This, in my experience, is the typhoid fever of West Tennessee. In patients surrounded by, and under, malarial influences, their systems are more or less saturated with this peculiar poison, and hence we have frequent departures from typical cases of typhoid fever, as described by Louis, but nevertheless the disease is typhoid fever. The intercurrent complications do not change the character of the typical lesions. There are many circumstances that favor this non-conformity to type in typhoid fever, and I assert boldly that almost every physician, who has treated a score of cases of this fever, has met with not more than two cases presenting exactly similar symptoms. And again, I assert that we treat cases of what we are disposed to call "continued fever," presenting not more than one or two symptoms of typhoid fever, and shortly after, or during the convalescence of the first case, a second one occurs in the same family, and then a third, a fourth, and probably others—none of them typical cases of typhoid fever, but when grouped together, a clear and unmistakable diagnosis of typhoid fever is made. These are sometimes the cases diagnosed typho-malarial, but oftener obstinate cases of remittent fever are so called.

In my own practice I have met with cases of remittent fever that have continued from two to four weeks in spite of quinine, and which I would have been glad to have diagnosed as typhoid fever, or better still, as typho-malarial.

I have recorded one case, which occured August 3d, 1873, as my first experience with obstinate remittent fever. This patient presented the usual symptoms of an ordinary attack of remittent fever, but no effect could be produced upon it by quinine (ergo, a case of typho-malarial fever, as would be claimed by those who support the typho-malarial theory). Quinine was given in large doses, and in small doses, per orem, with no effect, so far as terminating the fever was concerned. After using many remedies for more than two weeks, the case recovered rapidly under ten-drop doses of fl. ex. gelsemium, carried to the extent of producing ptosis and double vision.

In another case, which I treated in August, 1883, the patient presented many of the symptoms of typhoid fever, except hypercatharsis, and tympanitis, and would not respond to quinine, per orem or per rectum.

On the fifteenth day of the disease, I began the use of fl. ex. eucalyptus ʒ j every four hours, with a decided amelioration of all the symptoms in twenty-four hours, and a complete abatement of the fever on the twenty-first day, and a rapid convalescence. These two cases are examples of that class of cases that practitioners of medicine are too ready to denominate typho-malarial.

No doubt many so-called cases of typho-malarial fever would respond readily, as did those two, to the use of some other antiperiodic. Quinine will not cure all cases of malarial fevers. Nearly all medical writers recognize this fact.

In those obstinate cases, it becomes necessary to produce a decided impression upon the nervous system, and whilst gelsemium may act promptly in one case, and eucalyptus in another, strychnia may be better in a third, arsenic in a fourth, and so on.

Some practitioners show excellent results in those cases of continued remittent fevers from the use of tartar emetic.

Many are disposed to diagnose a case as typho-malarial, when all of the other symptoms of typhoid fever co-exist with constipation, regarding constipation as contradicting the existence of typhoid fever, in face of the evidence of such authorities as Flint, Murchison, Hutchinson, and many others to the contrary. The last case of typhoid fever which I treated showed no tendency to diarrhœa; in fact, the bowels acted from enemata only, used once or twice per week. I might refer to other points of minor importance connected with the subject, but I desist.

CIRCUMSCRIBED PERITONEAL DROPSY SIMULATING OVARIAN DROPSY.*

BY H. F. C. WILSON, M. D.,

Of Baltimore, Md.,

Surgeon to the Hospital for the Women of Maryland. Fellow of the American Gynæcological Society, and British Gynæcological Society. Member of the British Medical Association. Vice-President of the Baltimore Gynæcological and Obstetrical Society, etc., etc.

Mr. President and Gentlemen of the Academy of Medicine: I desire to call your attention this evening to a case of circumscribed abdominal dropsy, limited by peritoneal adhesions so complete as to accurately simulate ovarian dropsy. It could not be called cystic dropsy, because the fluid was not contained in a distinct sac; but by adhesions from gen-

* Read before the Academy of Medicine, March 2, 1886.

eral peritonitis, the fluid was restricted to the front and lower part of the abdomen, and not allowed to gravitate throughout its whole extent. Change of the patient's position did not change the position of the fluid, and there was nothing in her history or symptoms to cause us to suspect a former, or recent, peritonitis. She had never been sick a day in her life, and all her organs were acting well.

Mrs. Jas. P., married, æt. 38. The mother of seven children—twins once, four miscarriages—four times delivered with forceps. Began to menstruate at 14. Noticed a swelling in the abdomen 1st of September, 1885. Could not locate its beginning in either groin or lower abdomen. Has had regular menstruations always, except when pregnant.

She was sent to me by Dr. N. B. Baker, one of the most eminent physicians in Martinsburg, with the statement that she had an ovarian tumor. I confirmed his diagnosis, when she was admitted to the Union Protestant Infirmary, February 12, 1886.

She had a prominent fluctuating tumor of the lower abdomen. Dull on percussion to two inches above the umbilicus, dull in either groin, and presenting the characteristic roundness and prominence of a cystic tumor of the ovary. Percussion was clear in both lumbar regions. Changing the patient's position did not change the lines of dulness anywhere. There was no tenderness over the abomen to any amount of thumping or pressure.

The uterus was free in the pelvic cavity, and measured three inches by the sound. She had the facies ovariana. I had no doubt that the case before me was one of cystic disease of the ovary.

February 15, at 2 p. m., was appointed for the operation; sponges, instruments, rubber cloths, and dressings, had been thoroughly carbolized. The carbolic spray had been going on in the operating room for one and a half hours, but was stopped before the operation began. Dr. N. B. Baker (whose patient she was) and Drs. Keyser, Fawcett, and Robert T. Wilson were present, with the two hospital nurses. The patient was given ʒj of whisky, and chloroformed by Dr. Keyser. I again reviewed my former examination, and was satisfied that I had a simple cyst of the ovary, without complications, to deal with.

Not feeling well, nor in an operating humor, I handed the instruments to my son, Dr. Robert T. Wilson, and told him to proceed with the operation. He cut carefully into the abdominal cavity, making an incision of three inches, down to the peritoneum, and entering the cavity by an opening of about half an inch. Immediately, there was a gush of a greenish-yellow fluid, and turning the patient on her side, about one and a half gallons escaped; enlarging this opening to three inches and looking in, a solid tumor was discovered about nine inches long, six inches broad, and three inches thick. The walls of the abdominal cavity were festooned with recent lymph, and patches of the same were seen everywhere. The hand passed in, found adhesions everywhere. The uterus and ovaries were normal, but we could not determine by the touch and sight what this tumor was, till we had lifted it from the abdominal cavity, and found it was made up of coils of intestine agglutinated with lymph. It was so firm and solid, that at first sight it was hard to believe it a mass of intestines. It was not agglutinated to other abdominal viscera, but seemed to be free in the peritoneal fluid.

Dr. Robert Wilson returned the mass to the abdominal cavity, and closed the abdominal opening with seven silver wires, and dressed the wound as usual in ovariotomy.

Thus the case which I was sure was ovarian dropsy turned out to be localized peritoneal dropsy, the result of peritonitis.

This woman told me before the operation, and has several times confirmed her statement since, that she had never been sick a day in her life, except during confinements, and her youngest child is now two years old. Dr. Baker, who has been her physician ever since her marriage, assured me that her statement was correct.

For my diagnosis I had before me a fluctuating tumor, occupying the lower part of the abdominal cavity, and the abdomen was rounded prominently about the umbilicus. In the dorsal position, it did not bulge out to either side. There was clearness on percussion in both lumbar regions. Changing the position of the patient did not change the lines of dullness on percussion. She had no tenderness on abdominal pressure. All of her organs were acting well, and the pelvic viscera were as they should be in such a supposed ovarian cyst. No anasarca; no œdema of lower extremities.

I do not see how we were to avoid falling into the error into which we were led. Had we tapped her (which should never be done in ovarian tumors, if possible) we would have been none the wiser, but would rather have had our diagnosis confirmed by the solid tumor which would have remained. I have not implicit confidence in the ovarian cell as a means of diagnosis.

Dr. Peaslee says in his book on ovarian tumors, "It might be expected that the removal of all the fluid from the peritoneal cavity would at once decide between ascites and an ovarian cyst. But Dr. McDowell and Dr. A. G. Smith had a patient who had tapped herself with a trocar and canula 90 times, in whom, on opening the abdominal cavity to remove an ovarian cyst, they found only a mass of intestines matted together by adhesions."

Dr. T. Spencer Wells in his work on ovarian and uterine tumors says: "The fluid poured out as the result of inflammation of the peritoneum, instead of lying free in the cavity, is sometimes confined in pouches formed by adhesions among the viscera, or by false membrane deposited during the disease, or by attachments of the omentum or mesentery." "The fluctuation, even if distinct, is always limited in extent and confined to the same spots. The intestines are found behind or beside the tumor, and do not as in ascites rise up to the front of the abdomen, or vary with the position of the patient."

(*To be continued*).

ALBUMINURIA.

BY JOSEPH T. SMITH, M. D.,

Of Baltimore, Md.,

Visiting Physician to Bay View Hospital.

(*Concluded from page* 678.)

If, however, the amount is small, but a trace indeed, there may be a condition such as Roberts terms physiological albuminuria; this is a condition of things difficult to recognize; we must find the amount of albumen small; it must not be constantly present, that is, it must be intermittent, absent, for instance, in the urine passed in the morning, but showing itself during the day after food and exercise, as Brown-Sequard has shown its presence after a full meal of eggs; finally the albumen must be long continued. Supposing it to be a normal product, we know, as yet, no way of determining the fact from the discovery of albumen alone, how much shall be looked upon as normal, and when the normal becomes abnormal. We can only determine by a careful inspection of the whole body, and if we find no diseased condition we say the albumen is a normal product; the simple presence of albumen tells us nothing, it awakens suspicion only. Again there seems to be no doubt that many cases looked upon as physiological, if carefully looked into, will be found to depend upon some systemic fault, not it may be in the kidneys, but elsewhere, as in those broken in health or who suffer from dyspepsia. Dr. Mahomed states that "he found albumen in the urine in 9 out of 58 persons (namely 15.5 per cent.) thought to be healthy, whom he examined for life insurances. It was shown that 7 out of the 9 cases were not in perfect health. At best then physiological albuminuria is exceedingly rare, and a case should not be pronounced such until the fullest examination of the whole body is made. So far as we know now, even a trace of albumen should cause apprehension, and we should not rest until we have exhausted all sources of information as to cause. Dr. Greenfield remarks in this connection, and we heartily agree with him: "There are cases—I have had such under my care—in which there was no evidence of disease beyond the presence of albumen in the urine, and in these cases not merely intermittently, but in one or two cases continuously, during a period of some months, though in variable quantity. In the cases to which I refer there was neither dropsy nor cardio-vascular changes, and none of the serious disturbances which we find in Bright's disease; these subjects were especially anæmic young women.

The urine was usually pale, clear, of low sp. gr., often phosphatic, and contained neither casts nor blood. But are we on this account to say there is no disease, that it is a physiological albuminuria? I believe that, as pathologists, we are bound to allow of no such conclusion without the most exhaustive analysis and conclusive evidence.

If we look at the list of diseased conditions in which albumen may be found in the urine, we will find them almost legion; so many and so diverse are they indeed, that one learns but little as to their nature from the fact that albuminuria is present. This is a symptom of so little moment in many conditions that we do not even look for it. Such is true of rheumatism, ague, measles, etc.; in others, on the contrary, it is eagerly sought for that we may know the tendency of the diseased conditions present, as after scarlet fever and certain forms of Bright's disease; still even here it has but a secondary place, for without the microscope and a thorough examination of the patient, we can learn but little of the actual conditions present. Still further, even in some forms of fatal disease, as after scarlet fever, no albumen may be found, showing that thus, even when you would look most for it, it may disappoint you by its absence. Upon this point Dr. Greenfield well remarks: "It is a well known fact

that extensive disease may exist in the kidneys, remaining for a long time entirely latent, and reveal itself by some terminal fatal phenomena, or be discovered after death. I have for some years made it a special object to examine all kidneys, whether obviously diseased or not, whenever opportunity permitted, more especially in cases of men dying over the age of 30, or dying from acute diseases of all kinds, and have been struck with the frequency with which changes of an extensive character have been found where none were suspected during life."

One needs but glance at the various bodily disorders in which albuminuria exists to see with what comparative ease the urine can be made albuminous; not even a diseased condition need be present—simply throw too much albumen into the blood and in an altered form you will find it in the urine. The pathology of albuminuria is still a somewhat vexed question: the old idea that albumen is thrown out from the blood to be reabsorbed by the cells of the tubuli and so kept from showing itself in the urine having been disproved, has been replaced by that of Heidenhain, who taught that the albumen is kept back by the cells covering the outside of the glomerular tuft; so long as these are in good condition, the arterial tension not too great, and the blood not surcharged with albumen, these tests will fail to show an albuminous urine. Any condition of the cells of the glomerular tuft that will interfere with their function then may cause albuminuria, and as these may be true secreting cells, like those of the salivary and sweat glands, it is not difficult to explain how it is that so many diverse conditions have this one symptom in common.

As with all secreting cells, those of the glomerular tuft are very sensitive to any change in the blood supply to the tuft: thus heart troubles, fevers, inflammation, and that large class of diseases which cause increased arterial tension, will cause these cells to allow the passage of albumen; in the latter case it may be as some one has suggested by a partial tearing of the cement substance that binds these cells together, and thus the albumen escapes.

The cells of the glomerular tuft, if their function is now correctly known, are influenced by the slightest changes, oftentimes, in their blood supply, and the slightest disturbances of the normal circulation will cause albuminuria.

Dr. Mahomed, indeed, looks upon the increase or diminution of the circulation of the blood in the tufts as the two conditions most likely to produce albuminuria; indeed, they are the chief causes.

Thus the kidneys, like other organs, become congested; this may go no further, or may end in inflammation, and the cells covering the glomerular tuft show circulatory interference by allowing the albumen to pass out; in the one case it soon disappears, in the other it is increased in amount, and frequently the cells become more and more unfit to perform their function, and the first stage of Bright's disease, according to Frerichs, is fairly established.

We had intended to note other points in this interesting part of the subject, the difference in function of the cells of the glomerular tuft and those lining the tubuli, the mode in which the blood-currents influence the presence of albumen in the urine, how it is that the first signs of destructive disease commence in the glomeruli and tubuli, and thus cause albumen to be one of the first symptoms; but our time is already, we fear, more than exhausted.

Medical Societies.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, Thursday, March 4, 1886.

The President, B. F. Baer, M. D., in the chair.

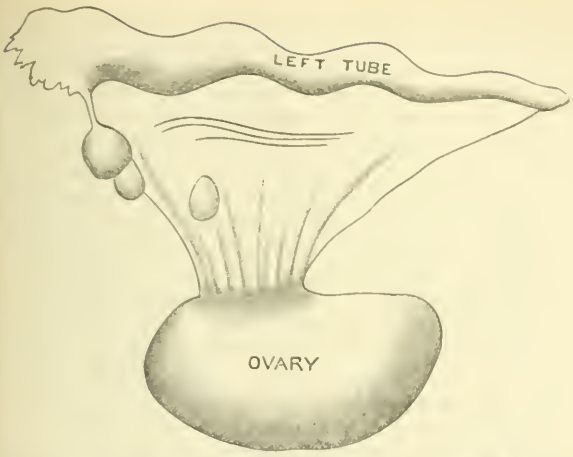
Menstrual Epilepsy.

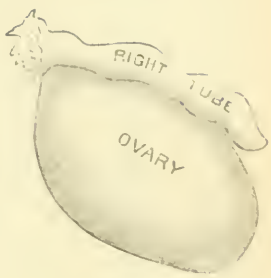
Dr. Howard A. Kelly exhibited recent specimens of tubal and ovarian disease removed within the past two weeks. The first specimens to which he called attention were removed from a patient twenty-one years of age, who has suffered from an aggravated menstrual epilepsy from the very first appearance of the function. There was no difficulty whatever in the removal through a small incision into which two fingers could just be slipped. The whole operation from beginning to complete closure took but twenty-four minutes. The right ovary was deformed by a very prominent nodule, about one and a half centimetres in diameter, which burst on removal, discharging a watery fluid, and was shown by its lining membrane to be the last corpus luteum.

The second specimens are rare examples of

Hydrosalpynx with Congenital Deficiency of Tubes and Broad Ligaments.

In this case there was malformation of the distal ends of the tubes, broad ligaments, and ovaries. The left tube is as large as a





bologna sausage. It was brought into view with great difficulty, after separating many light adhesions to the pelvic walls; while the isthmus is much enlarged and thickened, the great distention is at the involuted ampulla. The operator was materially assisted in bringing this tube into view by upward pressure on the cervix by a hand in the vagina. The fimbriated extremities were lost in a mass of vascular and fibrous tissue forming a broad ligament, and deep down in this were imbedded the somewhat hard elongated large ovaries. It was utterly out of the question to attempt a removal of the ovaries, and any such operation would have been of a very desperate character; nor did he, Dr. Kelly, regret this in the least, as he had planned his operation for *tubal* disease, to which he attributed all the patient's sufferings. The right tube was as large as his middle finger, and was also distended with watery fluid.

The other specimen is a very large

Hematosalpinx.

This tube, the left, about four inches long, burst as he was removing it, discharging four ounces of tarry blood. It was very adherent, having several attachments to intestine and omentum. The dilatation is here too seen to be at the ampulla, which extended far beyond the ovary, back into the cul-de-sac. The ovary is embraced by the isthmus, and presents a curious appearance as it lies, about twice the normal size, imbedded in a sort of a ball-and-socket manner below the isthmus. Where it is laid open, the tube is converted into one large sac.

Dr. W. Goodell had been surprised at the size of the tubes.

Dr. Jos. Price remarked that the tube was so large that the uterus had been pushed aside by it. Great care was required in its removal.

Dr. Chas. Hermon Thomas said that some time since he should not have recognized such a condition, but now he can; the result of experience in bimanual examination. He would like to hear further on this point of diagnosis.

Dr. B. F. Baer thinks it very unfortunate that the ovaries as well as the tubes could not have been removed in the case just reported by Dr. Kelly, for their presence will probably result in the usual monthly congestion, and consequently the pain and other pelvic distress, for the relief of which the operation was performed, may continue to exist. There are several cases on record in which the tubes were removed and the ovaries allowed to remain, but the results have not been reported. He can see no reason why this should be done, unless the ovaries can not be found, or some other insurmountable difficulty presents itself. He fully believes in the advantages of prolonged and thorough palliative treatment in these cases. Benefit usually follows, and sometimes cure; at least operation is rendered less difficult and more likely to be followed by recovery of the patient, both from the operation itself and the symptoms. Certainly the application of remedies such as iodine to the fundus of the vagina and the interior of the uterus, with prolonged rest and general building-up of the system, will have a strong influence in attenuating adhesions, promoting absorption of lymph, and possibly, if not probably, in cure of the patient without operation.

It should not be forgotten that removal of the tubes and ovaries in these cases does not cure absolutely in every case. He believes that we will be called upon in a few years by many of these cases which have been

operated upon, to relieve symptoms which still exist or have returned, and for the relief of which operation had been performed; just as we have been called upon from time to time and pestered by those old cases of chronic hypertrophy and retroflexion of the uterus with pelvic adhesions. He has now under his care one of his own cases upon which he operated for the relief of symptoms, the result of disease of the tubes and ovaries with pelvic adhesions. The patient made a good recovery, and appeared to have been cured, but the symptoms have returned, and she is now complaining almost as much as before the operation. She also has periodical attacks of metrorrhagia. This of course is an unusual case. He has another patient under his care, who was operated upon in a neighboring city by removal of the tubes and ovaries, and is treating her for the same symptoms of which she had complained before the operation. He is an advocate of the operation in some cases, but he pleads for due deliberation and the exhaustion of careful palliative and preparatory measures before operation is resorted to. Many cases will get well without operation. Some will not be benefited before operation is performed, and there is some danger in laparotomy, although Tait has had such remarkable success.

Dr. Da Costa inquired if Dr. Kelly had tried the benefits of rest and treatment before operating.

Dr. Joseph Price said that the recurrence of symptoms seemed to indicate partial removal of the tubes and ovaries. One of the fundamental rules of surgery is to seek for pus where it is probably present, and in all cases to remove it if possible. When the ligatures will cut through the tubal stump on account of its cheesy character, hemorrhage may be prevented by the application of the cautery.

Dr. Kelly, in closing the discussion, said he did not in the least regret that the ovaries could not be removed, as he had operated for tubal disease, not for ovarian; and he admired the zeal of Schroeder, who instead of always removing the ovary, sometimes resected diseased portions. In all the cases of tubal and ovarian disease upon which he had operated, months and years of careful treatment had been wasted; and now where he diagnosticated pyosalpinx, the only delay he allowed was to put the patient in the best possible condition for operation. Topical, external, and internal treatment is utterly futile, and never does more than secure temporary palliation.

Dr. Kelly's reliance regarding diagnosis lay entirely in a skilled bimanual examination, by which he always accurately mapped out all the peculiarities of the case before operation. If there is rigidity and resistance it is necessary to etherize, but he has yet to see the case where the presumptive signs were those of tubal and lesser ovarian disease where the structures could not be picked up between the two hands and outlined. He considers that this fact has been largely developed by persistently examining the condition of the appendages to the utmost possible extent as a routine practice, in all cases which come under his notice. Introducing the finger as high as possible by forcing the hand well under the pubic arch, and carrying the sensitive pulp up against the postfornix or either lateral fornix, and then playing up and down with the other hand pressing on the abdomen and creeping a quarter inch at a time without ever fully relaxing, and letting structures in between roll through the two fingers, and in case of an ovary, running round its whole periphery, or of a tube, tracing it up to the cornu-uteri and down into the retro-uterine pouch, where it generally terminates, give often most surprising results, and would doubtless, if universally carried out, change hundreds of diagnoses of leucorrhœa, endometritis, and flexions with adhesions to the far more serious ones of pyo- or hemato-salpinx.

Pyosalpinx.

Dr. Joseph Price exhibited specimens of pyosalpinx from two patients, and afterwards remarked that Tait and Keith have ended the dark period by showing us how to operate on the abdomen and pelvis without fear and with little risk. The wonderful advance in pelvic and abdominal surgery should be placed to their credit. He believes it is now universally admitted that they have reached the very acme of perfection. One surely must be a convert to Tait's law to contend with the great difficulties in pelvic surgery—"That in every case of disease in the abdomen or pelvis, in which the health is destroyed or life threatened, and in which the condition is not evidently due to malignant disease, an exploration of the cavity should be made." Standard works on ovariotomy dwell at great length on the subject of adhesions as the most important and difficult complication with which the operator has to contend. In short, in pelvic operations the risk and the difficulty will ever lie in the separation of organized inflammatory products. Adhesions, when old, between the pelvic viscera

and diseased tubes, become degenerate, and hence easily ruptured. In one case only have strong adhesions, deep in the pelvis, stayed my hand. The right tube and ovary adhered strongly to the sac and right side of the uterus, and the whole adherent mass was absolutely inseparable. Again, the rupture of pus tubes or cysts filled with inflammatory, septic, or malignant elements, will be followed by serious symptoms. Operation becomes difficult when the ovaries and tubes, tightly distended with pus, and softened through pathological changes, cheesy in consistence, are matted together with the rectum and small intestines.

Uterine Applicator and Dressing - Forceps Combined,

exhibited by Dr. Charles Hermon Thomas.

This instrument, which is especially adapted to making applications within the cavities of the neck and body of the uterus, but which is also available for making dressings and applications to the vagina and external surface of the cervix, has borne the test of two years' use. It is in forceps form, the blades are strong and resistent from the handles forward about two-thirds of their length, when they narrow rapidly, so that taken together they become about equal in size to the ordinary uterine sound. This narrow portion, somewhat suggestive of the long beak of the angular ear-forceps, is about three and a half inches in length, the tips being roughened on their opposed surfaces. It holds securely the smallest pledget of cotton, and by reason of the springy character of the beak, will permit the locking of the handles when a full-sized pledget or tampon is placed within its grasp. The point is slightly probed, as an extra precaution when introduced to the uterine fundus, though a small cotton ball answers all needed purposes as a protective tip. I have usually employed the plain point on account of its occupying less space at the internal os uteri. The beak is curved to a shape corresponding very closely to that of Ellinger's dilator, which has been found so generally well adapted to entering the uterus. This portion is electro-plated with gold when so ordered (a proceeding of moderate cost and to be commended), as a protective against the corrosive action of iodine, iodized phenol, and the like, which so rapidly destroy nickel-plating and corrode polished steel surfaces. This instrument was made under my directions by J. H. Gemrig & Son, of this city.

Some practical points of use may be mentioned. Soiled or medicated cotton is easily removed with the use of one hand only, by

simply unlocking the handles and wiping the point in a crumpled paper, thus leaving the other hand free for other employment, and avoiding the trouble, the soiling of the fingers, and the whittling often involved when the wire applicator is used. In its use there is immunity from the rasp action of the closely wrapped cotton of the wire applicator, and also a greatly increased carrying capacity of the cotton for medicated liquids. Moreover, it will be found convenient and desirable to make use of the instrument as a uterine sound incidentally in certain instances. In my own experience it has proved practicable as an applicator, one fully meeting the needs of most cases, while as a uterine dressing-forceps for general use, it has been found so satisfactory as to have superseded all other instruments of this class.

Dr. Baer said the instrument presented by Dr. Thomas is a very ingenious one, and will doubtless serve a good purpose where the cervical canal is patulous. A greater quantity of the medicating agent used can be carried to the diseased surface than when the tightly wrapped cotton is used.

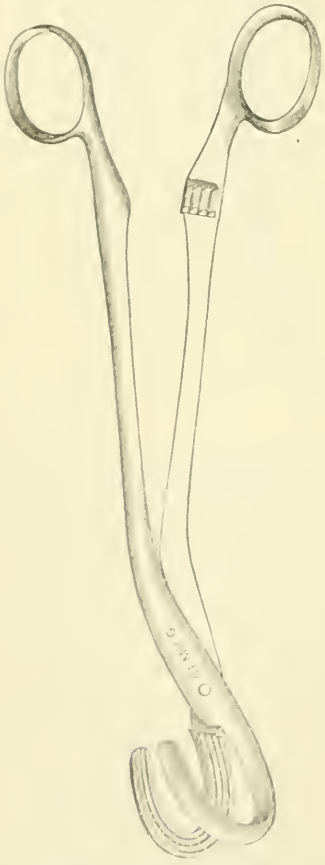
Dr. J. F. Wilson has nothing to add to what Dr. Thomas has said. He has used one for several months, and can agree with Dr. Thomas as to the case of application and removal of soiled cotton.

Dr. Parish said that the forceps was valuable, and would be much used. As an applicator it will be very convenient. A few years ago the sound and applicator were too much used, but extremes either way are wrong. Applications to the endometrium are sometimes needed.

Dr. H. A. Kelly said this is a very valuable instrument.

Dr. Joseph Price exhibited a

Forceps



for the complete closure of the trocar puncture in ovariotomy.

Dr. Parish exhibited a specimen of

Ovarian Tumor,

removed the previous day. The symptoms had been very peculiar, and the form of the abdomen was misleading, there being a deep groove across the hypogastric portion of the tumor. Numerous adhesions gave great fixity. These adhesions embraced the colon, parietes, and bladder, and were old and dense. Its rapid growth had raised a question of malignancy. A great portion of the tumor was solid.

Dr. Harris remarked that a microscopic examination of the tumor should be made. There had been great difficulty in diagnosis as to the origin and character of the tumor. A slight fluctuation could be detected in the lower portion under the use of an anæsthetic. There had been no uterine symptoms, and menstruation had been regular. The long fallopian tube crossed the tumor and made a deep constriction across its middle.

Dr. Baer did not think rapid growth a proof of malignancy. He had seen five or six cases of very rapid development; one in three months contained a bucketful of fluid. In none of these cases has there been any return or other sign of malignancy. The presence of papillomatous growths within the cyst is no proof of malignancy.

W. H. H. Githens, *Secretary.*

CLINICAL SOCIETY OF MARYLAND.

Stated meeting, held April 2d, 1886.

Dr. O J. Coskery read some notes from

A Case of Artifical Anus.

Dr. S. T. Earle called attention to a case similar to that of Dr. Coskery, reported in the *London Lancet* for May, 1885. The operation terminated fatally because of the puncture of the peritoneum. He asked if the plan advised of dissecting out the coccyx and turning back the rectum was not the preferable way of relieving these cases.

Dr. Randolph Winslow said it seemed to him that a cutting operation, the splitting of the anus to the coccyx and if necessary the removal of the coccyx, and the bringing down of the rectum and uniting it with the anus, would have been much more satisfactory in its results and much less severe on the child, than the method pursued in this case. Even if the bowel was fortunately entered by the trocar without injuring some of the neighboring viscera of the peritoneum, the difficulty of keeping a hole, tunnelled through the tissues, patent, was a very great objection to the method. As was well known, the parents of a child would be likely to neglect systematic dilatation, and the channel would close as it had done in the case reported three times already. When the mucous membrane of the rectum can be attached to the anus, this tendency to contrac-

tion is nearly overcome. If it is impossible to attach the rectal mucous membrane to the skin, a colotomy would probably be the preferable operation.

Dr. Coskery thanked Dr. Earle for calling his attention to the article in the *Lancet*.

The course pursued by him in his operation was the one desired by the parents of the child. He gave them their choice of the operations, and they united upon the least bloody one being done.

Were he called upon to do the operation again, he would adopt the plan of drawing down the rectum and uniting it to the external surface. He did not understand how Dr. Winslow could prefer a colotomy, when often by an incision two inches deep one could easily enter the rectum.

Dr. Earle, in speaking of the adhesions so often met as an obstacle to drawing down the rectum, gave as his opinion that they are not congenital, but are rather the result of manipulation with trocar and canula.

Dr. John Morris, while in the Dublin Rotunda, saw two cases of congenital imperforate anus. In one, there was a *cul-de-sac* leading a short distance into the soft tissues, and in the other there was but a depression at the point where the anus should have been. Both cases terminated fatally. The latter one was operated upon after the trocar and canula method, and at autopsy the bladder was found to have been punctured.

Dr. Joseph T. Smith then read a paper on

Albuminuria. (*See page* 676.)

Dr. J. H. Branham said that Dr. Smith's statement, that the cells covering the glomeruli had a secretory function, was contrary to what he had been taught. He took them to be only a flat epithelial covering, purely mechanical in their function. They acted, according to his ideas, as a filter, through which the watery and saline elements of the urine exuded. The cuboidal cells lining the tubes, he thought the true secretory elements.

Dr. I. E. Atkinson considered the comparative anatomy and physiology of the kidneys in different animals a very interesting study. For example, in birds, where there is no passage of true watery urine, the tubes are very long and convoluted, thus admitting of the reabsorption of the watery elements, and the passage of the solid constituents as solids; in fishes we see just the reverse; here there is no retention of the watery portion, and we find the tubes straight and simple, admitting of the passage of the urine just as secreted.

He believes the epithelium covering the tufts different from that lining the tubes; he does not consider it a true secretory structure, and does not think that the cuboidal cells of the tubes are the secretory elements of the kidneys.

Nitric acid and heat, or Heller's test of nitric acid alone, he thinks sufficiently accurate for all practical purposes in detecting the presence of albumen in the urine. Uric acid is sometimes thrown down, but this is easily recognized. A rather more convenient form in which reagents may be carried about, he finds in the test papers prepared by Parke, Davis & Co. They are handy, and he has found them tolerably accurate.

Dr. C. O. Miller referred to the experiments done upon the frog in Heidenhein's laboratory, in which it is shown that the epithelium covering the glomeruli have a true selective action. He thinks, however, that an objection of some weight may be made by the possible degeneration of the cells caused by the injection mass employed, and thus their true function altered.

Dr. Joseph Blum has employed the test papers referred to by Dr. Atkinson, and finds that, excepting the picric acid ones, they all deteriorate after a time.

Dr. J. H. Branham read a paper on

Perineorraphy.

Mary Johnson, col., age about 20 years, was confined on December 1st, 1886. The position was right posterior and the child was large.

The second stage of labor lasted for nine hours, and was finally teminated after great difficulty by the use of forceps. Notwithstanding great care exercised by a skillful operator, an extensive rupture of the parts occurred.

I first saw the patient about two hours after the labor was completed. The rupture included the perineum, the posterior wall of the vagina to the extent of two and a half or three inches, and an inch and a half of the rectum. It began in the middle below, and extended upward and to the right.

The tear through the perineum was ragged, and the sides were trimmed before bringing them together.

Three rows of sutures were used, one in the vagina, one in the rectum, and the other in the perineum. Some difficulty was experienced in introducing the high vaginal sutures, otherwise the operation was easy.

Before introducing the sutures the parts were thoroughly cleansed by bi-chloride solution, strength one in two thousand parts of water. Small iron wire was used for sutures.

After the operation a rubber tube with a number of openings in it was introduced into the vagina, the distal end being in a bottle of bichloride solution. This acting as a siphon carried off the lochia almost entirely. Parts were disinfected twice daily by fluid passed through this tube, bichloride being used part of the time. Bowels were closed by opium during first six days, liquid food being given. Patient did well, highest temperature being 102° on fifth day.

Sutures were removed on twelfth day, when good union was found, all the tear being healed except at the back part of ostium vagina and fourchette. The union was partly by first intention and partly by granulation.

What is the prognosis of primary operation in complete rupture?

Tait says: "If the case be seen immediately after the rent has been made, stitches may be applied without any preliminary paring; but this practice has never had a satisfactory result in my hands; for in all the cases where I have been called in to perform it, the tissues have been so bruised and the edges have been so ragged that a satisfactory union has never been effected save by a subsequent operation. It is, however, worth trying.

"Others have met with little better result. I attribute the success in this case to drainage and antisepsis, and think that unless such measures are carried out there is little chance of a good result. The vagina tends to dilate and the lochia to collect in it, when, unless some means are employed to prevent, it undergoes decomposition and prevents union.

Dr. W. Pawson Chunn: Was there any recto-vaginal fistula?

Dr. Branham: None whatever.

Dr. Chunn: What was the object of stitches in the rectum?

Dr. Branham: The rectum was lacerated for one and one-half inches, and the stitches were put there to restore this laceration. Their twisted ends were on the mucous surface of the rectum, and they remained in position for twelve days.

Dr. Chunn said his reason for asking so particularly about the stitches in the rectum, and the position of their twisted ends, was that such efforts were usually not so successful as Dr. Branham's had been. The plan usually adopted with success was to twist the wires on the mucous surface of the vagina.

Dr. Randolph Winslow thought Dr. Branham could scarcely claim much of the good result attained in his case as due to the antisepsis, which seemed to him to be very defective, being antiseptic only when the irrigations were being practiced, with an abundant opportunity for the entrance of germs in the intervals. After considerable experience in perineorrhaphy, Dr. Winslow had discarded wire sutures entirely, and now used antiseptic silk. The results were equally as good, the difficulty of introduction and removal of stitches very much less, and the comfort of the patient much greater. In cases in which women have been operated on twice, once with wire, the second time with silk, they express themselves strongly in favor of the latter. The continuous catgut suture is probably better than either, as the necessity of removing the stitches is thereby avoided.

Foreign Body in the Nose.

Dr. John N. Mackenzie relates a case of foreign body in the nasal cavity of a child, the removal of which was facilitated by the use of cocaine. Dr. Mackenzie regretted to be obliged to intrude upon the Society's time by bringing before them the much talked over cocaine, but in this case it proved itself of so much service that he considered himself justified in calling attention to its value in such cases. When he saw the child there was a bit of bone very tightly wedged between the corrugated mucous membrane. An attempt to remove it with forceps failed. He applied cocaine to the tissue in order that its power of causing contraction might lessen the pressure and enable him thus to remove the foreign particle. This effect was produced in a few minutes, and the bit of bone was easily removed.

Dr. H. Clinton McSherry had been in the habit of using cocaine with most happy results in obstinate cases of epistaxis.

Gonorrhœal Ophthalmia.

Dr. Samuel Theobald referred to a case of gonorrhœal ophthalmia that he had recently seen. When the patient presented himself the left eye only was affected, and had been so for three days. The lids were swollen, ecchymosis was present, and the cornea was sloughing at its upper margin. Right eye was at this time entirely free from this trouble. In spite, however, of every precaution, the right eye took on a similar condition. Treatment was at once instituted. The eye was painted over once daily with a 15 grains to ℥ of nitrate of silver solution, three times daily with a 2 grains to ℥ of the same drug. After each application the silver was washed away with sodium chloride solution.

Besides this, boracic acid solution was instilled every four hours, and atropia em-

ployed daily. The left eye is lost. The right eye is entirely under control. This the doctor attributes to prompt treatment. He thinks had the right eye gotten fairly under way, that it would have been destroyed.

Hemichorea and Hemiplegia.

Dr. Preston related a case of a girl whom he had recently seen. She had hemiplegia on one side and hemichorea on the other. The chorea came first, and was followed by the hemiplegia. He thinks the chorea was caused by a minute embolus, and the hemiplegia was the result of the consequent softening or by a second larger clot. He considered the case interesting, as probably shedding some light on the pathology of chorea.

Editorial Department.

Periscope.

Case of Intercurrent Hepatitis and Retained Gall-stones.

Dr. Alexander Napier thus writes in the *Brit. Med. Jour.:*

Mrs. W. T., aged 43, had been subject to occasional "bilious" seizures for at least six years, and to a tendency to prolapse of the womb for several years; for the latter affection she wore a pessary. She stated she had "gastric fever" twice, once twenty-three years ago, and again fourteen years ago; she was five weeks in bed in the last attack, not so long in the first.

With the exception of the "biliousness" referred to, there was no indication of grave involvement of the liver till June 21, 1884, when Mrs. T. suffered from well marked symptoms of hepatitis; acute pain in the right hypochondrium, enlargement of the liver, feverishness, nausea, and sickness, but no rigors, and no jaundice. She was confined to bed about two weeks. Mrs. T. then continued tolerably well, with occasional "bilious" attacks, always with want of appetite, till May, 1885, when she had another similar illness (apparently hepatitis), but much slighter, lasting only a few days.

In the end of July or beginning of August, 1885, she received a severe blow with a tennis-ball in the pit of the stomach. This caused intense pain at the time. From this date onwards the general indisposition, and the uneasiness in the region of the stomach, increased; there were a constant, dull, heavy pain in the hepatic region, entire loss of appetite, and progressive debility.

On September 10, 1885, the pain suddenly became very acute, and was accompanied by sickness and vomiting, which lasted for three days; this was followed by marked jaundice, the urine becoming very dark in color, and the stools white, or pipe-clay colored. The patient at this time was twelve days in bed, but the jaundice did not disappear till six weeks had elapsed. She then improved a good deal in general condition, and suffered no longer from headache or sickness, but there was still entire absence of appetite.

On November 18th, 1885, there was another sudden attack of severe pain in the hepatic region, which had been preceded for a day or two by an increased sense of uneasiness in the liver. It was then that I saw her for the first time. The attack was one of typical gall-stone colic; the pain was spasmodic, exceedingly severe, shooting up to the shoulder and through to the spine, causing the patient to cry out; it was accompanied by marked and severe rigors, and by vomiting. Pulse 96; skin cool; tongue whitish and moist. Relief was obtained from the use of morphine subcutaneously.

After the first night, the pain was not so severe; but the liver continued tender to pressure. The irritability of the stomach lasted for several days, only small quantities of liquid food being tolerated. Then vomiting ceased; the pulse rose to 120, and the temperature to 100° and 101°, for many days in succession; marked jaundice came on, with constipation, whitish stools, very dark (almost black) urine, headache, and nausea. The liver was tender to pressure over the left lobe and over the region of the gall-bladder; in the latter situation, a well-defined rounded mass could be felt. Hepatic dulness was not perceptibly increased in the axillary line, nor over the left lobe; but at the median edge of the right lobe, in the region of the gall-bladder, it came far past its normal limits downwards, exactly corresponding to the firm mass above referred to. The swelling was smooth, firm, and resistant, but gave no sense of fluctuation, or of rubbing when grasped.

Treatment consisted in the use of morphine at first, to relieve pain, the occasional administration of saline purgatives, chloride of ammonium, and pancreatized food, together with persistent poulticing of the hepatic swelling.

The patient was seen early in December by Professor Gairdner; he, without rejecting the theory of gall-stone, rather favored the view that we had to do with an abscess or tumor of some kind.

The patient's general condition gradually improved, though the mass projecting from the lower border of the liver continued rather tender to pressure, and quite unaltered in size, till January 8, 1886, when she had a severe rigor, vomiting, and acute hepatic pain; while the mass became distinctly larger, and much more tender. The skin and superficial tissues were freely movable over the swelling. Pulse 120; temperature not noted, but certainly not febrile. In a couple of days the pulse had fallen to 90, the sickness had ceased, and the local pain much diminished; this attack passed off without any jaundice.

On January 18th the patient complained much of severe darting pains, with considerable tenderness to pressure over the whole abdominal surface, not specially over the swelling, though this continued tender. These pains, probably connected with the formation of adhesions between the swelling and the abdominal parietes, lasted for several days, but yielded to persistent poulticing.

On January 22d she was ordered capsules containing ether and turpentine.

On January 25th there was slight vomiting once, and the capsules were stopped.

On January 27th very severe and persistent vomiting set in. Absolutely nothing, not even a drop of water or broken ice, remained in the stomach. The pulse ran up to 135, and the patient became exceedingly prostrate. She was supported by nutrient enemata.

On January 29th she was seen by Professors Gairdner and Buchanan, and was apparently sinking. The general abdominal pain had gone, but the tumor was unchanged in character, except that it felt more adherent to the skin. It was agreed that the swelling should be opened next day. Morphine, given subcutaneously, procured for the patient a fair night's sleep; and small quantities of milk and brandy were retained by the stomach.

On Saturday, January 30th, Professor Buchanan performed the operation.

Congenital Strictures of the Rectum in the Adult.

Prof. Trélat, in a clinical lecture at the Hôpital de la Charité, calls attention to a class of cases of rectal stricture which have been little considered if not wholly overlooked by surgeons heretofore, viz., congenital strictures, the symptoms of which do not attract attention until adult life.

These strictures are valvular in form, thin and sharp, and are situated three to five centimetres from the anus, corresponding to the point of blending of the rectal cul-de-sac with the cutaneous depression in the process of development. He is disposed to regard all such strictures, so situated, as being congenital in their origin.

The mode of commencement of the grave symptoms is various. Sometimes a patient reaches the age of forty or more years without having experienced the least irregularity in the intestinal functions; sometimes there are in infancy transient, intermittent phenomena, which become serious at a remote epoch. A third category includes those in whom during their whole life there are more or less serious intestinal disorders.

While he recognizes the difficulty or impossibility of satisfactorily accounting for the appearance of these manifestations, or their intermittent character when the causative lesion is a permanent one, he calls attention to the fact that this is by no means an exceptional case in this regard—that there are various other affections of congenital origin which demonstrate their presence only in adult life.

As to this particular feature it is easy to understand that during early life it is simple, extensible, with no induration, perhaps even less close and narrow than it will be later. The abdominal muscles have all their vigor, and the intestinal, biliary and pancreatic secretions are abundant, making all the physiological conditions for easy defecation. But as age advances, an induration of the valvular fold takes place, the muscles become weakened, the intestinal walls are less lubricated, the fæcal mass less softened, and the lesion, previously innocent, produces a trouble more and more pronounced.

Thus there may be inflammatory troubles, and consecutive fistulæ. The site of these last is constant: they are situated above the stricture, and are due to the valvular lesion itself.

This complication is frequent, but there are others more serious, whose course is the same; the obstruction offered to fæcal matter by the stricture, and the changes of the

rectal mucosa above the valvule, create a constant inflammatory state which results in perirectitis, adenitis, gangrenous phlegmons of the pelvis, finally interstitial nephritis and sclerous hepatitis, which seem to be consecutive to these peri-rectal phlegmasias.

Prof. Trélat urges the importance of early diagnosis, inasmuch as the lesion itself and its effects become more and more serious as time advances. He says that examination by rectal touch should be practiced on the first indication of obstruction.

The prognosis is grave, by reason both of the serious accidents which the lesion causes and on account of the nature of the treatment demanded.

The best mode of treating these affections, even when discovered early, Prof. Trélat does not think has yet been established.

Hodgkin's Disease and Its Consequences.

Dr. John Taylor thus writes in an English journal:

The following case, having a fatal issue, presented peculiar features, which may probably be worthy of record:

C. S., aged 14, had not been in good health for some months, although there was nothing in particular to cause anxiety. He had been observed to be out of breath on exertion, to have lost his appetite, and to be frequently craving for water. He had never suffered from ague or fever; he had no cachexia, was fairly nourished, and had never had any hemorrhage from his nose or gums. About a fortnight before the accession of marked illness, he got into trouble in snowballing, and this led him to suffer a somewhat severe chastisement. The symptoms attending his last few days of illness were so unusual and unaccountable that it was suggested that ill-treatment might have caused or accelerated the fatal termination; moreover, exaggerated rumors were abroad as to the injuries he had received. Under these circumstances, it was deemed unadvisable to certify without referring to the coroner, who very properly directed an inquiry to be held and a post-mortem examination to be made.

C. S. was first seen on December 21, by my partner, Dr. Hoar, who found him suffering from gastric disturbance, coated tongue, foul breath, etc., but with a normal temperature, and no symptom of an alarming character. On the 23d, his urine was noticed to be pinkish in color, from admixture of blood, and, of course, loaded with albumen; but he was cheerful, sat up in bed, and played the flute; vomiting supervened. On the 25th, convulsions set in, and on the same day he died.

The post-mortem examination was performed by Dr. Hoar and myself on the 27th. There were two bruises observed on the left arm, but no further evidence of external injury. In the anterior mediastinum was found a diffused ecchymosis; the heart-substance was pale, but apparently healthy; both ventricles were full of blood. The pericardium contained about two ounces of serum; the lungs were crepitant throughout. On opening the abdomen, the spleen was noticed to be enlarged, and, on further examination, it was found to be four or five times it normal size; the liver was enlarged, extending about three finger-breadths below the margin of the ribs. The stomach and intestines showed no evidence of disease, but there was a general and considerable enlargement of the mesenteric glands. On the posterior surface of the right kidney were two ecchymosed patches; its pelvis was full of extravasated blood, as was also that of the left kidney. On removing the calvarium, the dura mater was found healthy; the vessels of the surface of the brain were congested. There was no evidence of inflammation within the skull, either past or recent. The fourth ventricle was full of extravasated blood. Both lateral ventricles were filled with a large and soft coagulum, breaking up the brain-substance in its neighborhood; the brain itself was healthy. The superficial lymphatic glands throughout the body were, more or less, enlarged and indurated; the submaxillary on both sides, the concatenate, a row of inguinal glands on each side, stood out prominent and distinct; the deep glands in Scarpa's triangle were also affected. On section, the glands presented a greyish surface, and appeared to be simply hypertrophied; no morbid deposit in their substance was discernible.

The Seasonal Prevalence of Pneumonia.

We are indebted to Dr. Seibert of New York for having more than once directed attention to the close relation existing between those meteorological conditions which favor catarrhal affections and the occurrence of acute (fibrinous) pneumonia. At the present day, when the specific nature of this disease is receiving so much confirmation, it is specially useful to have the question viewed from another side. In his latest contribution to the subject (*Berl. Klin. Wochenschr.*, 1886, No. 17), Dr. Seibert affords conclusive evidence of the above-named con-

nection. His material was obtained by a collective investigation of returns furnished by members of the New York Medical Society, from March 1st, 1884, to March 1st, 1885. They comprise 768 cases of primary pneumonia, distributed in the various months as follows: January, 71; February, 140; March, 103; April, 73; May, 55; June, 37; July, 26; August, 25; September, 43; October, 62; November, 65; December, 78. A comparison with the average temperature of these months shows a striking correspondence between the lowness of temperature and prevalence of pneumonia; and a similar correspondence is manifested with respect to rainfall, except in the summer months, when, in spite of great humidity, there was a minimum of pneumonia. It is also shown that the prevalence of bronchial catarrh closely coincided with that of pneumonia. Dr. Seibert has not, however, been contented with these general monthly returns, but has placed side by side the results of daily meteorological observations and the date of occurrence of cases of pneumonia during each month of the year. The chart compiled from these data for the month of February will be found in his paper; and it is remarkable how closely the onset of pneumonia follows upon days in which there were combined low temperature, excessive humidity, and high winds. Without attempting to give examples of these relations, it must suffice here to allude to the conclusions at which Dr. Seibert arrives. These results are to the effect that the varying prevalence of the disease can be explained by certain meteorological states which favor its occurrence. These conditions are a low and falling temperature, an excessive and increasing humidity, and high winds. When any two of these factors concur, pneumonia prevails to a greater extent than when only one of the factors is present; whilst if all three factors are in operation, then pneumonia is exceptionally frequent, the frequency lasting as long as the meteorological conditions obtain. The same states of weather favor catarrh, and catarrh predisposes to pneumonia. That pneumonia is more prevalent in spring than in autumn is due partly to the greater liability to exposure after residence in hot and ill-ventilated rooms during the winter, as well as probably to the greater humidity of spring. Finally, the author does not wish it to be inferred that these meteorological conditions are the sole factors at work in exciting pneumonia; his opinion rather is that by exciting catarrh they render individuals more vulnerable and susceptible to the influence of the pneumonic virus. In this way his observations can still be made to harmonize with the doctrine of the specific nature of pneumonia.

Observations on Feigned and Artificial Eruptions of the Skin.

Dr. W. A. Hardaway thus concludes an article in the *St. Louis Courier of Medicine*, for May:

In conclusion, I would beg leave to indicate a few of the points which should be borne in mind in making the differential diagnosis between the so-called feigned and artificial eruptions and the substantive diseases of the skin. In the first place, we should ascertain the antecedents of the patient, and take particular note of the present condition. Secondly, we should discover if the patient had ever suffered from any skin disease before, and whether the patient had been or was at the time making use either locally or internally of any medicinal preparation. We should compare the lesions present with otherknown eruptions of the skin, and make particular note of any anomaly. We should investigate closely the local expressions of the disease, for instance as regards infiltration, itching, burning, etc. It must be borne in mind that most eruptions produced with intent to deceive, generally occupy situations most accessible to the patient, and in the majority of cases, in right-handed persons, are apt to be on the left side of the body. It would be tedious to enter into the minute details of the differences between these feigned eruptions and those due to disease, as, for instance, how a pemphigus bleb will have a certain definite outline, and a bleb produced by nitric acid is apt to be jagged and irregular or linear, but I think enough has been given to show in a general way the cautions to be observed in coming to any conclusion in regard to a suspicious eruption. The late Dr. Tilbury Fox has pointed out that so far as the simulated skin affections are concerned they generally are of the following forms: The eruption is in erythematous or excoriated patches, such as may be produced by rubbing or by mustard; or bullous, or pustular, or more or less deeply ulcerative, and such as could be caused by the application of cantharides, croton oil, or some corrosive acid; or such an eruption as could be brought about by the constant forceful use of the finger-nails; or it is a pigmentation—*e. g.*, simulating chromidrosis, produced by black lead, candle black, grease, and other compounds.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The *Medical Review*, of St Louis, appears with an advantageous change in appearance. It is issued under the supervision of the Medical Press Association, and is a valuable periodical.

——Under the title "A Year's Work on Laparotomy," Dr. William Goodell, of Philadelphia, gives a brief resume of the number of cases he has operated upon within this period, with statistical tables, etc.

——The annual report of the Cincinnati Sanitarium for 1885 shows the institution to be in a flourishing condition. The superintendent is Dr. O. Everts, College Hill, Ohio.

——The progress of Electrolysis in Surgery is briefly set forth by Dr. Robert Newman, of New York city, in a paper of eight pages.

——One of the recent articles on cocaine is by Drs. J. Baratoux and E. J. Maure (*De la Cocaine*, Paris, 1885). It is the reprint of an article read before the Société Francaise d' Otologie et de Laryngologie.

——The First Annual Report of the Pathological Department of the Norristown Pennsylvania State Hospital for the Insane, by Drs. Dercum and Reel, contains the report of a number of autopsies of great interest to alienists.

——Dr. Henry F. Campbell, of Augusta, Ga., forwards a reprint of his article read before the American Gynecological Association on the value of the genu-pectoral position in impeded uterine reduction, and in the prolonged nausea and vomiting of pregnancy.

BOOK NOTICES.

The Methods of Bacteriological Investigation. By Dr. Ferdinand Hueppe. Translated by Hermann M. Biggs, M. D. Illustrated. 8vo., clo., pp. 218. New York: D. Appleton & Co., 1886.

The author of this work, Dr. Hueppe, is one of the most brilliant disciples of Koch, and in this volume he has given in detail the methods employed in the laboratory of that celebrated bacteriologist. He indeed claims to do more, and to present a historical survey and criticism of the whole subject. But it is quite evident that this claim is not well founded, as he scarcely goes beyond the Germans in his quotations, and passes over the French writers generally without any mention. It is therefore a description of the Koch plans, and little more.

He begins with the forms of bacteria and the technique of microscopical manipulation. From these he passes to culture methods and inoculations, to general biological problems, and to special hygienic investigations. As a hand-book in this novel and promising branch of science it is one of the best which has yet appeared, and should be in the library of every student of the subject.

Seventh Annual Report of the Board of Health of the State of Illinois. 8vo., pp. 623. Springfield, 1885.

This compendious report gives full details of the proceedings of the Board, vital statistics of the State, decisions under its laws regulating medical practice, information on medical education in the United States and Canada, etc., etc. These materials are carefully arranged and presented, and some of them have already been referred to in other connections. Altogether, the volume is a very satisfactory one.

Proceedings of the Nebraska State Medical Society. 17th Annual Session. 8vo., pp. 385. Lincoln, 1885.

A favorable impression is created by this volume through the neatness of its manufacture, and this impression is strengthened by an examination of its contents. The proceedings of the meetings of the Society are chronicled, and a number of reports and original articles of decided merit are added. A somewhat new feature is the prominence given to the reports of delegates from other states and from foreign countries. The addition is a good one, and tends to foster the comity of science which every one should desire to see maintained.

Drainage for Health, or Easy Lessons in Sanitary Science. By Joseph Wilson, M. D. Second edition. Illustrated. 8vo., cloth, pp. 72. Price $1.00. Philadelphia: P. Blakiston & Co., 1886.

The author in these chatty and agreeable pages conveys a large amount of instruction in so pleasant a style that one insensibly continues the perusal of his sentences, no matter where one opens the volume. He discusses land drainage, the drainage of cities and of houses, and adds some sound advice about plumbing. The present edition has received important additions, and will be found a valuable hand-book to the general reader as well as to the physician.

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SULPHATE OF SODIUM.

Especially in our country, whenever a neutral salt seems indicated as a purgative, Epsom salt—sulphate of magnesia—is usually the remedy employed, while sulphate of sodium — Glauber salt—is neglected. One reason for this may be found in the fact that Glauber salt is very cheap, and that it is used mainly in horses. Not long ago we advised a patient to take Glauber salt, but when the patient asked his apothecary for it, the latter ridiculed the idea, and said that this salt was used for horses only.

Epsom salt cannot be administered to young children, because its action on the delicate mucous membrane of the alimentary canal of the young is too harsh; but Glauber salt can be given with immunity. This fact alone should convince everybody that in most cases sulphate of sodium is preferable to sulphate of magnesia.

Nothnagel, a year or two ago, investigated the action of neutral salts on the intestines. He found that sulphate of sodium—Glauber salt—was the mildest of all; that it first caused a very slight redness, and later induced depletion by emptying the congested capillaries and producing a slightly watery stool. In the inflammatory intestinal disorders of childhood, as for instance in cholera infantum, if administered early in moderate doses, it acts almost as a specific, while sulphate of magnesia induces a severe congestion of the intestinal mucous membrane, and generally destroys the epithelial lining. Experience has proved this observation to be correct, for, generally, whenever especially a larger dose of Epsom salt has been given, the patient will suffer from constipation, or at least from sluggishness of the bowels, for several days afterwards.

The action of Glauber salt is so certain and at the same time so much a true laxative—not causing congestion and not injuring the epithelial lining—that a much smaller dose is generally needed than in the case of the magnesia sulphate. In most cases from one-half to a teaspoonful, if administered to an adult, largely diluted with water—as all neutral salts should be if the intention is purgation—one hour before breakfast, will induce one or two motions of the bowels about half an hour after the meal, and this result will be brought about without the least griping and without any after-effect, as constipation, so often observed as a consequence of the magnesia salt.

We publish these remarks mainly for the benefit of those who imagine, because Glauber salt is used by veterinary surgeons, that

its use would not be indicated in the case of human beings, for it is used for horses only on account of its cheapness. In every case it should be preferred to Epsom salt, for the reasons given.

METALLO-THERAPEUTICS.

Burge first made the interesting observation, that local anæsthesia, especially in those hysterical females who are inclined to trance and similar conditions, may at once yield to the local application of certain metals. That metal which in the individual case caused a momentary disappearance of the anæsthesia, or produced any irritation or change in sensation on local application, is then administered internally, and is apt to cure the anæsthesia permanently, if thus given. The art thus to discover the metal indicated, is called Metalloscopy, while the treatment based upon it is understood by the name of Metallo-therapeutics. Prof. Engel of this city, while reporting an interesting case thus treated, gave a full explanation of this branch of medicine in an article published in the MEDICAL AND SURGICAL REPORTER about two years ago.

Dr. Moricourt (*L' Union Méd.* 14, '86) at the occasion of a meeting of the Academy of Science in Paris, reported the results of his investigations into Metallo-therapeutics. He has come to the following conclusions:

Some neuropathics suffer from local anæsthesia, which does not disappear on external application of metals. In such cases the return of sensibility may be achieved by the subcutaneous injections of certain mineral salts.

Individuals laboring under spontaneous lethargy, catalepsy or somnambulism, also such as may be hypnotized or mesmerized, react in nine cases out of ten on copper or gold, or on both. These metals bring back sensation in these cases.

To discover the metal most indicated in the case, and also the dose best suited and to be employed internally, pieces of metal are placed in rapid succession on the hand or the forearm of the mesmerized person. The one producing most sensation of formication or the like is the one indicated. The dose for internal administration of the same metal must be the less, the more intense the sensation caused by the local application. In one patient a pill containing the sixth of a grain of oxide of copper caused vomiting and diarrhœa. For subcutaneous injections solutions of $\frac{1}{500}$ or $\frac{1}{1000}$, dose 5 to 10 minims, are employed. Citrate of iron and nitrate of silver are the metals most generally used for this purpose.

COFFEE AND PRURITUS.

Especially the pruritus ani and pruritus vulvæ are very annoying complaints, which not seldom make those suffering from them feel wretched. The observation has frequently been made that a rich and highly seasoned diet, sometimes even the eating only of certain aliments, decidedly aggravates the intolerable itching. But recently Brown-Sequard made a discovery which will surprise many a practicing physician, and serve to explain the often so stubborn character of this troublesome disease. He found that in several instances the drinking of coffee directly produced the pruritus.

Two very nervous patients were especially observed by him for the purpose of investigating this effect of coffee. He convinced himself in both cases that between the appearance of the itching and the drinking of coffee existed a definite relation, so that whenever the patients had taken a larger quantity of coffee than they had been in the habit of drinking, the pruritus at once increased in severity. Still more to prove the relation of cause and effect between the coffee and the pruritus, he forbade the use of coffee totally. The result was as expected by him; the itching in both instances ultimately vanished completely.

If we remember that the vast majority of patients habitually use coffee, at least for breakfast, and provided that this auxiliary aliment produces pruritus, we cannot wonder why the disease proved so rebellious in so many cases. Even should coffee not directly cause the complaint, it surely aggravates it, and it may be well, therefore, totally to interdict its use in cases of pruritus ani or vulvæ.

MEDICAL ASPECTS OF SOCIAL QUESTIONS.

If the influence of the medical profession is to be exerted in the manner most effective for the good of humanity, it must be directed to those sociological problems which most nearly concern the perpetuation of the species. Yet, strange to say, this is so little appreciated, that no questions in sanitary and preventive medicine are less discussed than these.

It would not be difficult to put one's finger on the reason for this. Through the influence of dogmatic teaching and false notions of decorum, these questions are laid

under a *taboo*, even in the medical world. Absurd assertions in regard to them continue to pass unchallenged, and though the individual physician may entertain sound and liberal views about them, he fears to express himself, lest his business suffer.

The questions we refer to are such as the propriety of limiting child-bearing, of licensing and registering *maisons de tolerance*, of providing against the spread of contagious specific diseases by periodical inspection, of counteracting the increase of celibacy by judicious provisions with regard to marriage, so as to make it less of a burden than it now is in this country, of facilitating divorce, of providing for the greater independence of of women both in and out of marriage; and there are many other vitally important problems of a similar character.

We had hoped that the increase of enlightened women physicians would have led to broader views on these topics—that some of them would have come forward with knowledge and courage to advocate the needed reforms in these matters, reforms so essential to women securing the influence which they should exert in the social status of the future. But we have looked in vain. No one knows better than women themselves the heavy burden of frequent parturition; but how many women physicians have come forward to denounce it? They, too, should be those to take an active part in the medical control of public women; but no one has so far even advocated such control.

The near future should bring bolder and truer views on these topics, and they should be studied wholly apart from tradition or dogma, and prejudice and fear.

Notes and Comments.

Inversion of the Uterus.

Dr. M. G. Biggs reports this case in the *Brit. Med. Jour.*:

"It was a middle-aged multipara, whom I had attended once previously, and on that occasion the labor was a simple one. A month or two ago I again attended her; the child was born, and I placed my hand over the uterus, and felt it contracting; but as the placenta did not come, and the patient informed me 'that once before the after-birth had grown to her side, and the doctor had been obliged to remove it,' I asked the nurse to place her hand over the abdomen, intending myself to introduce the hand and remove it. On introducing two fingers, however, into the vagina, I found a good part of the placenta already there, and so used traction on the cord, which readily brought away, not only the after-birth, but also a large body, which proved to be the inverted uterus; the membranes seemed attached to the surface, and these I pulled off. On placing my hand on the abdomen, no uterus could be felt, and the fingers could be passed well down into the pelvis, owing to the thin abdominal walls; but no trace of a contracted uterus could be felt. My patient now became very pale, her pulse almost ceased, and she said she was going to faint. I gave her a teaspoonful of brandy, and, feeling that no better time than the present could exist for reduction, as the faintness would relax the muscular tissues, I placed both hands against the fundus, and pushed it back into the vagina; then, with three fingers of the right hand, I followed the fundus up the vagina, and had the good fortune to effect complete reduction without any trouble, beyond a certain amount of pressure. There was no bleeding. The contracted uterus could now be felt by abdominal palpation. The faintness passed off, and my patient made an usual recovery.

Albuminuria Probably Consecutive to Scarlet Fever; Sudden Death.

Dr. Descroizelles, Physician to the Children's Hospital, Paris, recently had under his care the following case, which presents some features of interest. The patient was a boy, aged 12. Three weeks before admission, he was seized with scarlet fever. This, according to the statement of his relatives, followed the usual course. A slight eruption appeared, and was preceded by sore-throat. The eruption quickly passed away. The child was kept in bed, but seemed quite well until seventeen days subsequent to the appearance of the fever; it was then observed that both cheeks were swollen. Three days later, he was admitted into the hospital. His face was œdematous, but there was complete absence of fever. For some days he had passed very little urine, namely, from 120 to 130 grammes in about twenty hours. It contained a very large proportion of albumen. The child was kept in bed, and his limbs were enveloped in cotton-wool. His face and extremities remained slightly œdematous. There was no fever, nor dilatation of the pupils. The lungs and heart appeared normal. The quantity of urine passed was scanty, as before admission, and contained a large proportion of albumen.

On January 22, two days after admission, the child vomited slightly, and said he felt uncomfortable, but could not define his sensations. All of a sudden, he called out, became insensible, and died. The necropsy was made forty hours afterwards. It was observed that the pericardium was healthy, but a thick layer of adipose tissue covered the inter-ventricular groove at the apex of the heart. The right lung presented an area of hepatization; the liver was enlarged, and of a violet color; but there were not any lesions which explained the boy's death.

Iodoform in Chronic Catarrhal Metritis.

In atonic external ulceration, iodoform has proved one of the most effective curative agents. Dr. Kugelmann of Berlin employed this drug also in fistulous passages, and when ulceration attacked internal cavities, as the mouth, the nose, the rectum, etc. The great success which he achieved has induced Dr. Weissenberg of Coblenz to test the efficacy of iodoform in chronic catarrhal metritis. The results published by him in the *Berlin Klin. Wochen.* 17, 1886, have been very favorable. To get the remedy in a sufficient quantity into the internal cavity of the uterus, Weissenberg had a kind of catheter constructed, bent to suit the curvature of the uterine neck, and through this he pushed the iodoform by the aid of a kind of piston or ramrod into the uterus.

All the cases of chronic endometritis, whether attended by more or less extensive ulcerations or not, at once improved after the very first application, and in most instances but three or four such applications are needed to establish a radical cure. In no case were any bad after-effects noted, the enlargement of the womb rapidly disappeared, and the increase in the catamenial flow ceased. The method surely deserves further trial.

Digital Examination of the Nasal Chambers and Denudation of the Turbinated Bones in the Treatment of Chronic Nasal Catarrh.

In the varieties of chronic catarrh in which the discharge is purulent or composed of crusts, the mucous membrane covering the middle turbinated bones will be found to be thickened and softened. In the atrophic form of the disease, the inferior turbinated bone will participate in this condition, and the entire interior of the nose may be lined with membrane which is so far changed from the normal type as to be scarcely recognizable by any of the characters which anatomists employ in its description. Dr. Harrison Allen, in an article on this subject in the April number of the *American Journal of the Medical Sciences*, states that he has for some time been in the habit of studying these altered structures as though they were periosteum and bone respectively, and of being guided in their treatment by principles similar to those which are relied upon in treating the diseases of the periosteum and adjacent tissues. In a word, digital examination of the interior of the nose can be made, the nasal muco-periosteum divided or removed, the bone scraped or excised, with the most encouraging results. Dr. Allen urges that the digital manipulation is an aid to diagnosis of nasal affections, and that the act of denudation is a safe and useful procedure.

The Vesiculæ Seminales and Skene's Tubes,

Mr. J. Bland Sutton, in an important contribution to the *Journal of Anatomy and Physiology* for April, appears to have proved, from careful dissection of the genito-urinary tract in seventy cows, that Skene's tubes, and the pair of urethral glands with which they are connected, represent the vesiculæ seminales and their ducts in the male. The orifices of Skene's tubes may frequently be detected on the margin of the meatus urinarius: and Böhm has described catarrh of the tubes, sometimes of gonorrhœal origin. Max Schüller has definitely traced the communication of Skene's tubes with a pair of glands in the upper part of the urethra. Sutton denies that the tubes are distinct from Gartner's ducts, and has found a glandular diverticulum springing from each, just above its termination in the wall of the vagina in the cow. Precisely the same condition exists, but in a far higher grade of development, in the terminal part of the vas deferens, the homologue of Gartner's duct in the male, and the diverticulum in this case is the vesicula seminalis. In the human female, Skene's tubes and their glands are entirely urethral, and not connected with the vagina, as in the cow.

On Strychnine in Dipsomania.

In the *Vratch*, No. 10, 1886, p. 177, Dr. U. M. Popoff, of St. Petersburg, states that, guided by the works of Magnus Huss, Luton, Dujardin-Beaumetz, and others, he employed nitrate of strychnine in two typical cases of dipsomania, and obtained strikingly successful therapeutic results. In one of the patients (a very gifted man of letters, aged 40), the

alkaloid was administered under the skin, in the dose of $\frac{1}{60}$th of a grain at first (during a drinking bout) daily, then every other day, then twice a week, etc. The patient ceased to ask for drink after the second injection: within the next two days, various morbid phenomena (headache, weakness, discomfort, etc.) disappeared. On subsequent occasions, a few injections of $\frac{1}{30}$th or $\frac{1}{15}$th of a grain of strychnine rapidly removed craving, anxiety, irritability, agoraphobia, and other premonitory symptoms of a threatening dipsomaniac attack. The patient each time rapidly improved in all regards, and felt desire for work and society. In another patient, dipsomania disappeared under the internal administration of strychnine, the alkaloid being given for the first two weeks in doses of $\frac{1}{30}$th of a grain, and for another two weeks in that of $\frac{1}{15}$th, twice a day, in pills.

Milk Diet in Chronic Nephritis.

In view of the fact that milk diet had been emphatically recommended by many observers, Dr. Trubatcheff undertook a series of comparative observations on four patients with chronic nephritis (three with the parenchymatous, one with the interstitial form), each of whom received ordinary hospital diet during one period, and either mixed or pure milk diet during a subsequent period of equal duration. The results are as follows:

1. An exclusive milk diet invariably led to a marked increase of the daily and percentage amount of albumen in the urine.

2. The patient's weight fell considerably, without any marked change in his dropsical state.

3. A mixed milk diet also led, in the majority of cases, to an increase in the daily and percentage amount of albumen excreted.

4. Neither pure nor mixed milk diet produced any marked increase in the amount of urine.

The author is now studying the assimilation of protein by nephritic patients receiving milk diet, which study will enable him to settle the question of the treatment.

The Influence of Diabetes on Gestation, Parturition, and Menstruation.

According to many authors, diabetes renders women sterile. Six cases studied and treated by Dr. Lecorché contradict this theory. His six diabetic patients were delivered of children at term, but they were all delicate. One child died two days after its birth; another, when 21 months old, became hydrocephalic, with polydipsia. There was no sugar in its urine. A third had a double hydrocele, and was also hydrocephalic, and could not live. Dr. Lecorché concludes that diabetes does not render women sterile. When they do not conceive, it is uterine lesions, resulting from diabetes, that cause their sterility. Diabetes has direct influence on the process of gestation, impairs fœtal nutrition, and is favorable to faulty development, especially hydrocephalus. Diabetes often produces dysmenorrhœa and amenorrhœa. Early menopause may result from an overlooked diabetes. The menses may re-appear when the sugar disappears. According to Dr. Lecorché, metrorrhagia in a diabetic patient indicates a co-existent uterine affection, and is not the result of diabetes.

White of Egg in Obstinate Diarrhœa.

From the *Allg. Med. Cent. Zeit.*, we learn that Celli has recently called attention to the curative properties of the albumen of hen's eggs in severe diarrhœal affections. In a discussion before a medical society at Rome, he advocated its use, and related two cases of chronic enteritis and diarrhœa, which, having resisted all treatment, speedily made complete recoveries under the use of egg-albumen. The same diet is strongly recommended in the diarrhœa accompanying febrile cachexia and in that of phthisis. In two cases of diarrhœa dependent upon tertiary syphilis, it was found of no avail. On post-mortem examination, diffuse amyloid degeneration of the arterioles of the villi was found in these cases. The whites of eight or ten eggs are beaten up and made into an emulsion with a pint of water. This is to be taken in divided quantities during the day. More may be given if desired. The insipid taste can be improved with lemon, anise, or sugar. In case of colic, a few drops of tincture of opium may be added.

Treatment of Night-sweats.

In the *Gazette Médical de Paris* we find two suggestions as to the relief of phthisical and other night-sweats. They are both simple enough, and certainly merit a trial.

In the first procedure it is directed that the trunk be sponged or rubbed with a mixture of four parts of tincture of belladonna to thirty parts of water. The lotion is best applied by pouring it into the hollow of the hand and bathing the body an hour or two before the expected sweating.

In fifty cases cited, but one failure to suppress the perspiration is recorded.

The second method consists in sponging the body of the patient with a solution of eight grams of chloral hydrate in one goblet each of water and whiskey. If the sponging alone does not suffice, the patient should wear a shirt that has been dipped in the solution and then dried at a moderate heat. In the non-phthisical night-sweat of children this device is said to yield excellent results.

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Iritis Serosa Occurring Rapidly after Wound of Opposite Eye.

Before the Ophthalmological Society of the United Kingdom, Mr. Edgar Browne narrated the case of a gentleman struck in the left eye by a branch. He traveled to Liverpool from Cumberland; and when first seen the cornea was hazy, the iris was muddy, and in the anterior chamber was a thorn, which had wounded the periphery of the iris. The thorn was extracted next day, but the lens was already opaque on the surface, and the iris was covered with lymph; that night he had violent pain in the right eye, due to iritis. This iritis of the right eye fluctuated, and keratitis punctata appeared in both eyes, though the wound healed well. He eventually recovered, with good vision. Mr. Browne believed that the keratitis punctata was not due to the injury, but had arisen independently, or had, at the most, but a very indirect connection, setting up, perhaps, atrophic disturbance, which determined the onset of an impending keratitis.

Cocaine in Hay-fever.

Dr. Seth Bishop, in a lecture recently delivered by him at the Chicago Medical College, alluded to the wonderful effects claimed for cocaine in the treatment of hay-fever. He had made a certain number of personal observations, and summed up his conclusions as follows: First, it was not to be expected that a drug with so ephemeral an influence should be successful in permanently arresting an affection of the nature of hay-fever. Secondly, undoubted relief often followed the application of a spray of the solution, but it required to be renewed every hour or two, if the effect were to be maintained; and such repeated applications were liable to be followed by the absorption and physiological effect of the drug. Thirdly, it produced an anæmic and contracted condition of the mucous membrane, followed, after some time, by congestion and hyperæsthesia, the suffering from which more than compensated for any relief obtained. Finally, this reaction was much more marked in some individuals than in others.

Hereditary Tremors.

Before the Medical Society of London, Dr. Samuel West read the history of a cabman who had suffered since his earliest years from constant tremors, not affecting the tongue, eyes, or facial muscles. The most interesting feature of the case was that, on inquiry, his mother and grandmother appeared to have been subject to similar tremors. Further, the patient was one of ten children, and all of them suffered in a varying degree from the same thing, and the condition had been re-produced in his own six children.

Dr. Stephen Mackenzie alluded to a similar case, except that the history had not been so carefully ascertained.

Dr. Angel Money mentioned the frequency with which chronic chorea was transmitted, and the liability on the part of motor disorders to be handed down to the offspring.

Hydrophobia in Austria.

Dr. von Frisch, who was lately sent to Paris by a Vienna committee to inquire into Pasteur's system of inoculation against rabies, has given an account of his researches in a public meeting at the Town Hall. He unreservedly commended Pasteur's system, urging that it should at once be adopted by the medical profession in Austria. Giving some statistics on hydrophobia, he said that, in Austria, there had been 135 deaths from this cause in 1874, and 132 in 1875. In 1882, the mortality declined to 77, the lowest figure on record. Dr. von Frisch warmly advocated the compulsory muzzling of dogs in the streets, and thought it a matter for congratulation that the number of dogs should be decreasing. There was now, he said, but one dog in Austria for every section of 116 inhabitants.

Obstinate Sciatica Cured by Massage.

Dr. Berne states in the *Journal de Médicine de Paris*, that every therapeutic means failed to improve a case of sciatica of the left lower limb. The patient was 53 years of age, neither gouty nor rheumatic, but had suffered from piles since the age of 18. After the fifteenth massage, the patient could walk. After the fiftieth, he was able to resume his usual avocations, and could take long walks.

Correspondence.

Why Bright's Disease is so Fatal.

Eds. Med. and Surg. Reporter:

The term Bright's disease is used to indicate an organic disease of the kidneys, and was adopted in honor of Dr. Bright, who a half century ago called the attention of the medical profession, in a manner never before so clearly elucidated, to this morbid condition of the kidneys. The word *Albuminuria*, which means albumen in the urine, is also used to designate this same disease of the kidneys; but Bright's disease is the term most generally used to denote this malady of the kidneys.

The Approach of the Disease.

In medicine the disease is divided into the acute and chronic; that is, when the disease is sudden and violent it is called *acute;* and when slow and insidious in its approach it is called *chronic;* and whether it comes in the acute or chronic manner, it is always a serious and dangerous disease, sometimes destroying life in a few weeks, or making existence intolerable by its continuance for months or years.

An acute attack sets in with a chill, followed by fever, pain in the loins and back, attended with a marked diminution in the scanty passage of urine, loaded with albumen, which also presents a smoky or dark-brown appearance. Accompanying these symptoms are headache, dry, hot skin, furred tongue, vomiting, and loss of appetite. When an individual suffers from these symptoms, his physician should lose no time in ascertaining the extent of the disease of the kidneys, for upon a correct diagnosis, and careful and proper treatment of the acute stage of the disease, depends the safety of the patient. When early recognized and skillfully treated, two-thirds of all cases of acute Bright's disease get well in a varying interval of weeks or months; but however early detected or skillfully treated, one-third will prove helplessly and hopelessly fatal.

Chronic Bright's Disease.

The chronic form of this disease is more fatal than the acute, for it is both insidious and symptomless in its approach and progress, and the rule is for it to terminate fatally. Two-thirds of the cases of chronic Bright's disease are caused by the habitual use of the compounds of alcohol, and no case thus caused has ever been known to get well while the patient continued to habitually drink alcoholic stimulants. The cause of the uniformity in the fatality of chronic Bright's disease is entirely attributable to the nature of its silent and insidious approach. Its presence is not suspected by the patient by any symptom that it presents. Whatever symptoms may manifest themselves, are those of ordinary dyspepsia; and it is not until the disease has made an incurable advance that the patient calls the attention of a physician to his condition. Then it is too late. The disease has progressed to such an extent that it has almost destroyed the functions of the kidneys; and all the physician can do is to smooth the way of the patient to a very near death.

It is this symptomless approach of chronic Bright's disease that beguiles the patient and leads him to suppose there is nothing more the matter with him than ordinary dyspepsia, and in obedience to this deception he loses the valuable time necessary for the treatment of the disease.

The Great Prevalence of Bright's Disease.

The customs of modern society, and the predominance of the habit of dram-drinking, have caused the great prevalence of chronic Bright's disease; and this fact is not only well known to the medical profession, but familiar to the public, and the remarkable insidious character of its approach makes it highly important that a warning should be given to unprofessional persons in relation to it.

That Bright's disease is curable in its early stage is beyond doubt, and that it is absolutely incurable in its last stage is also beyond doubt; therefore, in order to give an individual suffering with this disease all the advantages of medicine, and as there are no ordinary symptoms by which the disease may be detected, the patient should be as early as possible brought under medical treatment. In the absence of an early medical treatment, the chances of a cure are seriously diminished; for when the structure of an organ of the body is once seriously injured by disease, medical art possesses no means whereby it can be restored to its natural vigor. Let it be distinctly understood that in the early stage of Bright's disease there are no symptoms to denote its presence to the unassisted senses; and in order to detect it, chemistry and the microscope are the only reliable resources for an accurate knowledge of the existence of the presence of the disease.

How to Suspect the Disease.

Notwithstanding the constitutional symptoms of chronic Bright's disease are commonly those belonging to any other serious

disease of the important organs of the body, it *has* certain general bodily signs which, when present, may lead the patient to suspect that there is impairment going on in the kidneys.

There are many diseases which make known their presence by the signs which they present; but it is not so with chronic Bright's disease. Its presence must be suspected and looked for, before it can be designated; and in order to attain this end, it must be searched out from among the multitude of common symptoms that accompany it. This is highly important to the patient; for when the disease is once established, it runs to a fatal termination in six months. As a rule, the tendency of the disease is always towards death; but now and then exceptions do occur, where the patient lives a year or two, and sometimes gets well; but this is far from being the rule.

Chronic Bright's disease is not only a disease of the kidneys, but an evidence of a weak constitution and impaired general health; and when an individual suffers month after month from an impaired appetite, with more or less emaciation, accompanied by a gradual loss of energy and unusual fatigue after bodily exertion, with imperfect perspiration and a tendency to rheumatic pains, a peculiar pale and sallow complexion, with a dry or moist and pallid tongue, attended with a dry and harsh state of the skin, headache, drowsiness, and dimness of vision, accompanied with a watery condition of the eyes, associated with dropsical symptoms about the feet and face, he may reasonably suspect that he is suffering from disease of the kidneys, and should lose no time in having his urine chemically and microscopically examined, and in placing himself under the medical treatment of an intelligent physician.

Pathological anatomy tells us all about the morbid condition of the kidney after Bright's disease has destroyed the life of the patient, but possesses no light to fall upon the *dead* organ and throw back rays to indicate means to relieve the *live* kidney struggling with the disease; and science has not yet presented a treatment that even approximates the removal of that depraved condition of the system that silently starts organic changes in the structure of the kidney; and through darkness and doubt we have to grope, and clutch at such means as seem most likely to help the suffering patient. That albumen does now and then make its appearance in the urine without the presence of serious organic disease of the kidneys is doubtless true, but when it occurs continuously, for weeks together in the urine, there can be no question that its continued presence indicates organic disease of the kidneys; and when a physician has a case of Bright's disease under his care, he should tell the patient at once of his condition, and tell him also that no course of medicine will be of any avail whatever, unless assisted on his part by the most perfect temperance and prudence in every act relative to the care of his mental and physical condition.

J. B. Johnson, M. D.

Washington City, D. C.

A Card from Dr. Packard.

In your issue of March 13, the reporter of a clinical lecture of mine at the Pennsylvania Hospital has somewhat mixed up two very different matters, and I beg you will allow me enough of your valuable space to remedy the confusion, which is in the first section, headed "New Method of Applying Extension and Counter-extension."

Your reporter first describes (not very clearly or accurately) the ordinary method in use in fractures of the femur. He next, and as if in contrast with that, gives my plan for making extension in such cases of fracture of the *leg* as may require it. This plan is by no means new, for I published it in *Hays' Journal* for April, 1874, and again in my article on Fractures in vol. iv. of *Ashhurst's Cyclopædia of Surgery*. Your reporter then recurs to fractures of the femur, but it seems to me scarcely does justice to the demonstration I made before the class. My method of making extension is as follows: I take a strip of adhesive plaster, 2½ or 3 inches wide, and about 18 inches longer than twice the distance from the sole of the foot to the seat of fracture. Splitting this strip from either end nearly to the mid-point, I place a bit of thin board, as wide as the strip and about 3 inches long, at the middle of the strip on its adhesive side. Now, it will be easily seen that by placing this bit of wood close below the sole of the foot, one split portion of the plaster will correspond to the outer, the other to the inner side of the limb, and each will have two long ends. These ends are now successively heated and applied to the limb, one portion of each passing in front of the ankle, and the other behind it, thence spirally round the calf, over the swell below the knee, then over the swell above it, and so up to the seat of fracture. In this way four strips of adhesive plaster are made to wind spirally round the limb, fitting very

accurately, and giving a very firm and equable hold upon all that portion of it below the seat of injury to the bone.

This mode of applying extending force is, I *think*, new, but it may be that it has been used by others unknown to me. It was for this only that I made any claim of novelty.

Pray allow me to correct another error, which crept into your report of a lecture of mine, published in your issue of April 3. In the case of railroad injury requiring amputation of the arm, the account reads: "The bone escaped injury, but not so the brachial artery, which was felt distinctly pulsating at the wrist." It should have been: "The bone escaped injury, but not so the brachial artery; this could be felt beating strongly down to a certain point in the wound at the elbow. The pulse at the wrist, however, was not extinct, and it was hoped that the collateral circulation might be sufficient to preserve life in the forearm and hand. As a measure of safety it was deemed necessary to ligate the vessel in the wound."

Trusting I have not presumed too much upon your patience and that of your many readers, I am,

JOHN H. PACKARD, M. D.

1437 *Spruce St., May* 8, 1886.

NEWS AND MISCELLANY.

American Laryngological Association.

The eighth annual Congress of this Association was held in the hall of the College of Physicians in this city, May 27th, 28th, and 29th. The following papers were read:

"Two Instances of Adenoid Disease of the Roof of the Pharynx which exhibited Unusual Features," by Harrison Allen, M. D., of Philadelphia.

"The Intrinsic Muscles of the Larynx," by Prof. Joseph Leidy, M. D., LL. D., of Philadelphia.

"Concerning the Positions of Paralyzed Vocal Bands," by Franklin H. Hooper, M. D., of Boston.

"Laryngeal Vertigo," by Frederick I. Knight, M. D., of Boston.

"Observations on the Use of Some of the Newer Remedies in the Diseases of the Upper Air Passages," by E. L. Shurly, M. D., of Detroit.

"The Simplest and Most Efficient Treatment of Diphtheria," by Wm. H. Daly, M. D., of Pittsburgh.

"The Question of Hemorrhage after Uvulotomy," by E. Carroll Morgan, M. D., of Washington, D. C.

"Further History of the case of Paralysis of the Posterior Crico-Arytenoid Muscles presented at the first meeting of the Association (1879), with report of Autopsy and Exhibition of Specimens," by J. Solis-Cohen, M. D., of Philadelphia.

"A case of Congenital Defect of the Epiglottis, illustrating its Function in Deglutition," by Frank Donaldson, M. D., of Baltimore.

"Buccal Tuberculosis," by D. Bryson Delavan, M. D., of New York.

a "Three cases of Thyrotomy; Recovery in each case case with Excellent Voice."

b "Alarming Hemorrhage after Tonsillar Excision Arrested by Torsion of the Artery," by Clinton Wagner, M. D., of New York.

"The Laryngeal Image as seen in Photographs taken during the production of Tones in the Singing Voice, with Lantern Exhibition of Photographs," by Thomas R. French, M. D., of Brooklyn.

"Clinical Notes on Prolapse of the Laryngeal Ventricles, with cases," by George W. Major, M. D., of Montreal.

"A Novel Procedure for the Removal of Sub-glottic Laryngeal Growths," by Wm. C. Jarvis, M. D., of New York.

"Cases of Laryngeal Œdema," by T. Amory De Blois, M. D., of Boston.

"A case of Perichondritis of the Larynx, with Specimen," by Charles H. Knight, M. D., of New York.

"A case of Gummatous Disease of the Larynx, with Spontaneous Re-opening of Larynx after Thyroid Laryngotomy," by Edgar Holden, M. D., of Newark.

"Gummatous Infiltration at the Base of the Tongue," by U. G. Hitchcock, M. D., of New York.

"A case of Hysterical Sneezing, Apparently Cured by applications to the Nasal Passages of the continuous Battery Current," by S. Solis-Cohen, M. D., of Philadelphia.

"A Contribution to the Pathology and Treatment of the Respiratory Vaso-Motor Neuroses," by John N. Mackenzie, M. D., of Baltimore.

"Inflammation of the Antrum," by Beverly Robinson, M. D., of New York.

"A case of Naso-Pharyngeal Growth," by Samuel Johnston, M. D., of Baltimore.

"What cases of Nasal Catarrh require Surgical Treatment?" by Clarence C. Rice, M. D., of New York.

The annual dinner was given at the Saint George Hotel.

OFFICERS FOR THE ENSUING YEAR.

President—E. F. Ingalls, M. D., Chicago.

First Vice-President—E. C. Morgan, M. D., Washington.

Second Vice-President—J. N. Mackenzie, M. D., Baltimore.

Secretary and Treasurer—D. Bryson Delavan, M. D., New York.

Librarian—Thomas R. French, M. D., Brooklyn.

Drs. Delavan and French were re-elected, but the others are new men. The idea of an excursion was abandoned. The meeting next year will be held in New York.

The Preparation of Wheat Flour.

Any reform which aims at improving the quality of bread must be of general and professional interest. Late years have seen considerable changes in this direction. They have witnessed the reduction to something like its true place in public esteem of mere color as a test of nutritive value. People think less of the white loaf than of yore; it is not now the unique model of perfection in bakery that it was once too readily taken to be. There is more respect for its brown wheaten fellow; and while we are not prepared to admit without reserve all the excellencies which have been claimed for the latter, we may fairly allow that it deserves to rank as a food of highly nutritive efficacy. The principle which preserves in the bran, with its nitrogenous, fatty, and saline constituents, some of the best constituents of wheat, is on the whole a sound one. Its one objection is the inseparable association of irritating silicious matter, which often precludes its free use among the sick, and in any case requires that the grain should be ground with more than usual care. This fact also places somewhat of a restraint upon the consumption of such bread even by the healthy. Among various methods which have been devised in order to meet this difficulty, our readers will recall that of Mège-Mouriès, which, by preserving the inner envelope while removing the outer coverings of the grain, succeeded in retaining most of what was nutritious in the bran with comparatively little indigestible or irritant matter. A revival of this mode of preparation has lately been described by Mrs. K. J. Dance in a little paper on bread-making. The authoress claims for her system that it is both more efficient and more expeditious than other processes now in use. Respecting its proper place among such we need not now express an opinion, but the soundness of the theory on which it is based at all events justifies the claim put forward that it should be fairly tested as to its practical value.

Association of American Physicians.

Below we give the programme of the first annual meeting of this Association, to be held in Washington, June 17 and 18:

THURSDAY, JUNE 17, 10 A. M.

1. Organization. Address by the President, Francis Delafield, M. D., New York.

2. Knee-jerk and Muscle-jerk in Disease, by S. Weir Mitchell, M. D., in conjunction wirh Morris J. Lewes, M. D., Philadelphia.

3. Typhoid Fever, by F. Peyre Porcher, M. D., Charleston, S. C.

Afternoon Session, 3 p. m.

4. Spasm of the Larynx in Rickets, by J. T. Whittaker, M. D., Cincinnati, O.

5. Discussion.—Does the Present State of Knowledge justify a Clinical and Pathological Correlation of Rheumatism, Gout, Diabetes, and Chronic Bright's Disease? Referee, James Tyson, M. D., Philadelphia; Coreferee, W. H. Draper, M. D., New York.

6. Notes on some cases of Diaphragmatic Pleurisy, by E. T. Bruen, M. D., Philadelphia.

FRIDAY, JUNE 18, 10 A. M.

7. Certain Elements found in the Blood of Malarial Fever, by W. T. Councilman, M. D., Baltimore.

8. Certain Clinical Facts Connected with Tabes Dorsalis, by H. N. Lyman, M. D., Chicago.

9. Diseases of the Appendix Cæci, by Reginald H. Fitz, M. D., Boston.

Afternoon Session, 3 p. m.

10. Peri-Uterine Inflammation, by Wm. M. Polk, M. D., New York.

11. An Experimental Study of Glomerulo Nephritis, by W. H. Welch, M. D., Johns Hopkins University, Baltimore.

12. Bicuspid Condition of the Semilunar Valves, by William Osler, M. D., Philadelphia.

Other papers are promised.

Policing the High Seas.

In pursuance of the resolution of the President, who has determined to establish, by means of vessels of the Revenue Marine, a national patrol of the Coast of the United States, so far as it may be practicable under existing law and consistent with the performance of the other duties confided to that service, Captain E. Gabrielson has assumed command of the revenue cutter Hamilton, stationed at this port, and the vessel has proceeded to sea under special orders for the performance of police duty upon her cruis-

ing stations, the limits of which are from Cape Hatteras to Great Egg Harbor Bay. The orders from the Treasury Department require that all in-bound foreign vessels shall be compelled to show clean bills of health before being permitted to proceed up the Delaware Bay and River. In case any sickness is found on board the vessel, or if there have been cases of any contagious disease during the voyage, the craft will be sent to quarantine at the Breakwater. Every effort is to be made to prevent the introduction of cholera into this country, and the Hamilton will continue her patrol during the entire summer.

Quarantine officers will be recognized as follows, viz.: Medical officers or acting assistant surgeons of the Marine Hospital Service in charge of Gulf, South Atlantic, Cape Charles, or Delaware Breakwater quarantines, or any officer of said Service on duty at any port on the interior rivers, the Great Lakes, or Pacific coast, and all quarantine officers acting under proper State or local authority. Special regulations to aid local quarantine authorities will be promulgated hereafter should occasion require.

Food Preservatives.

An interesting paper was recently read by Messrs. Sulman and Berry before the Chemical and Physical Society of University College (London); it was important also from its practical bearing on the preservation of foods, and especially milk. Their investigation, limited to the boracic, salicylic, and benzoic compounds, proved that such substances as aseptin, glacialine, and boroglyceride owed their preservative qualities almost exclusively to the free acid contained in them. Boroglyceride contained 25 per cent. of the genuine boracic ether of glycerine, and 75 per cent. of free acid and glycerine in equivalent proportions. The true compound, the ice-like solid, is immediately resolved into free acid and glycerine by the addition of water, and this reaction probably takes place when the true compound comes into contact with aqueous liquid or animal tissue. We agree with the authors of the paper that the use of so much free boracic acid is undesirable and injurious, especially as a preservative of milk for children. Salicylic acid and salicylates are not substances that can be used with impunity, and as they appear to be useless as preservative agents, their rejection is doubly necessary. Again, benzoic acid precipitates the casein of milk. The best agent appears to be benzoate of soda, which is tasteless when pure, is one-third more powerful than boracic acid, and innocuous when taken in small quantities for prolonged periods.

The Cholera in Italy.

The news from Italy shows that cholera maintains itself steadily in the city of Venice and at Bari. In the seven days ending May 18th there had been 28 deaths from cholera in Venice, but the number of attacks was set down at only 37, which must necessarily be below the mark. At Bari 79 cases and 32 deaths are reported to have taken place during the same period. In the province of Brindisi the attacks, which never exceeded some five a day, gradually fell to a single one on the 14th inst., and since then no fresh attacks have occurred. There has thus been no increase of cholera in Venice and Bari, and elsewhere the disease has abated. This is, so far, satisfactory. But in view of the early season of the year, it would be very premature to attach too much importance to any apparent diminution in the extent of the epidemic. Last year cholera prevailed off and on for several months in the Spanish provence of Valencia before the sudden outburst early in June, which formed the commencement of a widespread epidemic throughout the peninsula. The failure of the disease to make rapid headway in Italy, whether it is owing to meteorological or other conditions, is, however, favorable to the carrying out of such sanitary measures as are known to hinder the spread of cholera; and in such action the best hopes for Italy now lie.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE THREE WEEKS ENDED MAY 22, 1886.

Bailhache, P. H., Surgeon. Detailed as chairman Board for physical examination of candidates for appointment as cadets, Revenue Marine Service, May 19, 1886.

Wyman, Walter, surgeon. Granted leave of absence for thirty days, May 14, 1886.

Stoner, G. W., surgeon. Detailed as recorder, Board for physical examination of candidates for appointment as cadets, Revenue Marine Service, May 19, 1886.

Banks, C. E., passed assistant surgeon. Leave of absence extended four days, May 5, 1886.

Bratton, W. D., assistant surgeon. Detailed as medical officer revenue steamer "Corwin" during cruise, May 22, 1886.

Perry, T. B., assistant surgeon. Appointed an assistant surgeon, May 21, 1886. Assigned to temporary duty at San Francisco, California, May 22, 1886.

Medicines for Internal and External Use.

By a notice recently issued in the District of Potsdam in Prussia, it is ordered that the directions to be affixed to medicines for internal use shall be written on white paper, and to those for external use on bright red paper, on which writing with black ink is easily legible. The latter must also be distinctly marked "external." An order regulating the color of the paper to be used has existed since 1825, but its provisions have gradually been transgressed; hence the new regulations. Such regulations as that to which allusion is now made, are scarcely calculated to obviate the danger of mishap. Difference in the color of paper is useful, so far as it goes; but it appeals to the sense of sight alone; and, as we have already urged, it should be substituted or supplemented by an appeal to the sense of touch, by a difference in the configuration of the bottles used respectively for "internal" and "external" medicaments.

Cholera at Gibraltar in 1885.

The health officer of Gibraltar, Surgeon-Major F. P. Staples, has addressed to the Sanitary Commissioners of that place an interesting report on the cases of cholera which occurred on the Rock in the course of last autumn. Inasmuch as the cases numbered only 34 in all, and the largest number in any one day was two, their occurrence can hardly be described as an epidemic; but it is nevertheless important that as detailed particulars as possible should be placed on record concerning them. This, Surgeon-Major Staples has been at great pains to accomplish in the report before us. He has nothing specially novel to record as to the exciting causes or behavior of the disease, which seems to have been found, as usual, in association with dirt, overcrowding, and general unsanitary conditions.

Lehigh Valley Medical Association.

The sixth annual meeting of this society will be held at the Glen Summit Hotel, Glen Summit, Pa., on Wednesday, June 16.

Glen Summit is a station on the main line of the Lehigh Valley Railroad. The Belvidere Delaware connects with it at Lehigh Junction, just below Phillipsburg. The Central Railroad of New Jersey at Phillipsburg. The Morris & Essex at Easton. At Bethlehem connection is made with the North Pennsylvania and Lehigh and Lackawanna, and at East Penn Junction with the East Pennsylvania Railroad. For the members and guests in Carbon and Luzerne counties, it is not necessary to give traveling directions. Those beyond Wilkes-Barre can take the Lehigh Valley trains at Wilkes-Barre.

For particulars address the President, S. W. Trimmer, M. D., White Haven. Pa.

Epidemic Cholera.

As the warm season advances in the south of Europe, indications of the spread of cholera are again attracting attention. A despatch dated Paris, April 16th, states that sixty-eight cases had occurred in Brindisi, Italy, and that sixteen deaths had taken place between the 8th and the 16th inst. It is reported that very stringent precautions are being taken to prevent its crossing the frontiers of both France and Austria. Still, the officials of Brindisi claim that the disease is sporadic.

New York State Medical Association—Fifth District Branch.

The fourth special meeting of the Fifth District Branch will be held in Kingston, on Tuesday, June 15, 1886. All Fellows are cordially invited to contribute to the meeting, either by reading papers, notes or communications, or by exhibiting specimens. The Secretary will be glad to receive the title of any proposed paper as early as convenient. E. H. SQUIBB, M. D., *Sec'y.*
P. O. Box 94, Brooklyn, N. Y.

Items.

—The French government has passed a law permitting persons to give their bodies, by will, to learned societies.

—The bill separating the Massachusetts State Board of Health from the State Board of Lunacy and Charity has become a law.

—Prof. Brinton teaches that the only effectual treatment of *anal fissure* is forcible dilatation of the sphincter ani, done thoroughly.

—The curette and a caustic are the best things for lupus, according to Unna. The fashionable caustics are pyrogallic acid and ichthyol.

—Why were the Newark children who were inoculated against hydrophobia, like

Nebuchadnezzar? Ans.—Because they were sent to *Pasteur*.

—An English physician says he has met with no case of offensive urine (intestinal-vesical fistula excepted) that ten or twenty grains of boric acid, given every three hours, would not cure.

—Dr. Edward Fournié, the distinguished laryngologist and aurist, and for a long time Director of the National Asylum for the Deaf and Dumb of France, and editor of the *Revue Médicale*, died on March 24, aged fifty-three years.

—An Italian Surgical Congress has just been successfully held at Rome. Among the contributions was one by Professor Ceci, recounting the history of a successful splenectomy in which the spleen was one-fifteenth of the body weight.

—It is announced that Dr. A. L. Gihon, U. S. N., has been appointed President of the Section of Collective Investigation of the International Medical Congress, in the place of Dr. H. O. Marey, of Boston, who has been made Vice-president of the Section of Gynecology.

—The Russian Government has issued an order that the practice of massage is only to be allowed to be conducted by those who have obtained a license after examination in the same way as those who practice medical gymnastics are licensed, and the massage must always be carried on under the orders and supervision of a medical man.

—The Secretary of the State Board of Health of New York reported at the recent meeting of the Board, with regard to the results of vaccination throughout the State to ward off the threatened invasion of small-pox from Canada, that the recent experience is a new demonstration that vaccination is a certain preventive of small-pox.

—F. A. Monckton (*Australasian Med. Gaz.*) reports he has cured one case of diabetes mellitus with boric acid. The patient was not stringently dieted, but was given seven grains of the acid three times a day, and at the end of ten weeks the sugar had all disappeared from the urine, the specific gravity being reduced from 1025 to 1016. The drug produces no unpleasant effect.

—Louis Xavier Ollier, the famous French surgeon and medical author, died recently, at the age of sixty-one. He was for many years Professor of Chemical Surgery at the Faculty of Medicine and Pharmacy at Lyons, where he began his famous studies of the bone. He contributed articles to medical periodicals, some of which have been put into book form. Ollier was an officer of the Legion of Honor.

—The Clinical History of King Alfonso, of Spain, has recently been published by his physician, Dr. Tomás Santero, of Moreno. He regarded the anxiety and excitement aroused by the dispute with Germany over the Caroline Islands as the remote cause of the final outbreak of miliary tuberculosis which led to the king's death.

—A man known as "the Sussex giant" died suddenly at Appleboro, Eng., recently. Although only thirty-six years of age, he weighed over 546 pounds. He was on an exhibition tour, and in one of the intervals between the performances he fell asleep in his chair, and when an attempt was made to arouse him he was found to be dead. The cause of death was heart disease.

OBITUARY NOTICES.

William Owen Baldwin, M. D.

Advices from Montgomery, Alabama, report the death in that city on May 30 of Dr. W. O. Baldwin. Dr. Baldwin was born in Montgomery, August 9, 1818, his mother being a sister of one of the earlier governors of Alabama. He graduated in medicine from Transylvania University, Lexington, Ky., before he was nineteen years of age, when he settled in practice in his native city. He was a member of many medical societies, a liberal contributor to medical literature, and besides having been President of his State Medical Society, he was, in 1869, President of the American Medical Association.

QUERIES AND REPLIES.

A Per Cent. Solution.

Will you please state, under "Queries and Replies," what the component parts of a—say 1—per cent. solution are? My idea is, 96 grains of water and 4 of the drug used. We have had some difference of opinion here as to how various per cent. solutions are made, and would therefore be glad to have your solution to the problem. S. N. M.

Ans.—Your idea is correct.

Eds. Med. and Surg. Reporter.

Pruritus and Sweating Hands.

In your journal of the 3d inst. is a query for the cure of pruritus. I am troubled occasionally, perhaps two or three times a year, when about to retire for the night, with an intense itching about four inches below Poupart's ligament, which always disappears after one, two, or three applications of tinct. nitrosi, and citron ointment, and immediately before lying down, rubbing with the forefinger a minute or so.

Now, I would like to know a remedy for sweating hands. I have a patient (female) near twelve years old, from whose hands the perspiration will run like water off her fingers when she attempts to sew or use her hands for anything especially. It has always been so.

Edw. Vanderpoel, M. D.

228 *East 68th St., New York City.*

N. B.—Boracic acid has no effect.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1528.] PHILADELPHIA, JUNE 12, 1886. [Vol. LIV.—No. 24.

Original Department.

Communications.

DIRECTIONS TO PARENTS OF DEAF CHILDREN FOR THEIR TREATMENT FROM INFANCY, IN ORDER THAT THEY MAY LEARN SPEECH AND LIP-READING.*

BY MISS MARY S. GARRETT,
Of Philadelphia,
Principal of School for Teaching Deaf Children to Speak.

All deaf children whose eyesight is good and who are not idiotic, can, with extremely rare exceptions, be taught to talk and can learn lip-reading, provided their parents, care-takers and teachers know how to guide and teach them. When parents discover an infant to be deaf, they should continue to talk to it, just as every mother does to a hearing baby when it is learning to talk; she does not use motions to it, because it has not yet commenced to understand her language, but she repeats over and over again to it the pet names she calls it, tells it again and again to "say papa," "say mamma," etc., etc., until it learns to understand and then to copy her words. She is keen to discover, encourage, and correct its first attempts at articulation.

The attention of the deaf infant should be directed to the mouth, with the same persistence, and it should be talked to just the same by every one who is with it. No more motions should be used with it, than with a hearing child; its attention should be always guided to the mouth of the speaker and concentrated there. Little by little it will begin to attach meaning to the words and sentences it sees, just as the hearing child little by little learns to attach meaning to the words and sentences that it hears. People almost universally when they wish to take an infant from its mother hold out their arms and say, "Come," watching the little one for an indication in its face of its desire to be taken, or to see if it will hold out its arms to come. Thus the child learns the meaning of the word "come," but as it grows older the parent or others simply call it to come, without holding out the arms, dropping the motion as soon as the child understands the word. No more motions should be used with a deaf child than this, which amounts simply to showing the action represented by a word; the words should be indefinitely repeated, that the child may become familiar with their looks on the mouth, while the representation of an action should be dropped as soon as possible, and should never be made without at the same time showing the child the word representing it. The names of objects may be taught with the objects, which is really the way in which hearing children learn them in their homes. We must always remember that when a hearing child is learning to talk, its hearing gives it the advantage of every word spoken in its presence, while the deaf child only has the advantage of seeing the mouth of the person it happens to be looking at, or who is talking with it, and this difference must be made up to the deaf child, by a great amount of repetition of the words and language we are teaching it.

Every one with whom a deaf child comes in contact should talk to it and encourage and aid it to articulate. Deaf babies begin

* Read before the Medical Society of the State of Pennsylvania.

to say ma-ma-ma just as hearing babies do, but as a rule it is not encouraged in them; if it were, and the child properly guided to further articulation, it would talk.

Miss Fuller, principal of the Horace Mann School at Boston, quotes in her report for 1885 a part of a letter which she received "from the mother of a congenitally deaf pupil, now seven years of age, who is able to use speech and to understand it upon the lips of others to a remarkable degree." Miss Fuller says further, that the letter "shows what a mother had done before her child entered school at the age of four years."

The mother writes: "In trying to recall what Bertha learned in the first three years of her life, I realize the fact that it was through ignorance of her total deafness that we taught her anything. Thinking all the time, that she was very backward in learning to talk, we took unusual pains with her, saying over the simple words that children catch so easily. If we had known at the beginning that she heard nothing, when we spoke to her, I am afraid instead of teaching her what little we did, we should have been discouraged and used signs. As it was, she had learned to speak many words before she entered school. 'Papa' and 'mamma' were the first words that she learned. We would say, 'Come and see papa,' or 'Come and see mamma,' and at the same time hold out our hands to her. In a short time she learned to recognize us by these names and call us by them. To be sure, the words sounded very much alike when she spoke them, but hearing children often speak imperfectly at first. When she was sitting on the floor, I would say 'Up' to her, and partly lift her, so that she soon learned what the word signified, and would say, 'Mamma, up.' She always lived among uncles and aunts, who have helped us in teaching her to talk. None of them ever used signs with her, but talked as with a hearing child. When quite young she learned to call them by their respective names. If she wanted to go to one of them she was induced to say 'Auntie Jennie,' or 'Uncle George,' before she was gratified. In the same manner she learned to speak the name of any object that interested her. To teach her that she must not play with the stove, I showed her that it soiled her hands, and told her they were 'all black.' If she disobeyed, she would come to me, hold up her hands, and say 'All black.' At one time we lived in a house with a family, to whom Bertha became very much attached. She learned to call them by name, and when we took her to see them, we always asked her if she wanted to go upstairs. It was not long before she would say 'up-stairs' to us, many times in the day, meaning to ask us if she could go up.

In this way we did what we could for her until we took her to school. The manner in which we had begun with her was very kindly commended, and we were advised to continue talking with her and teaching her words, which we have done. None of her questions, and they are very numerous, are ever allowed to go unanswered. We always encourage her to talk to us about her play and everything that interests her, and try to explain what she does not understand. But our feeble efforts seem like nothing in comparison with what her teacher has done and is still doing for her. We appreciate it all, and only hope that Bertha may long remain under her skilful guidance and care."

No one should be allowed to make motions or signs to the child, or to teach it the manual alphabet, as it grows older. It should be strictly trained to depend on lip-reading and that alone. When the child is old enough, it may be taught to write words and sentences as soon as it can articulate them and read them from the lips, but not before.

There are no doubt mothers who would be skilful enough in training their children from the beginning so that they would never need to go to special schools for the deaf, but could be taught with the hearing; probably, however, the majority of parents would need to send their children to schools taught by specially trained articulation teachers, for awhile at least. Such teachers should be equally strict that all communications with their pupils, in classes and out of classes, at the table, on the play-ground, and on all occasions, should be through speech and speech alone. It is the universal experience that hearing children who study French and German in English schools, where all their lessons, outside of these special classes, are recited in English, do not learn to speak these languages. If deaf children are given special lessons in articulation in schools where they see signs and the manual alphabet used constantly around them, and where they use them in the play-ground, at the table or in their classes, the cases where they become proficient in the actual use of speech and lip-reading will be as rare as of those hearing children who become proficient in French and German under similar circumstances.

Children or grown persons who lose their

hearing through sickness, should at once be trained to read the lips and encouraged to talk just as they did before, and they should as studiously be kept from all contact with signs or manual alphabet as the congenitally deaf.

Miss Emma Garrett, Principal of the Pennsylvania Oral School for the Deaf at Scranton, Pa., describes in the January number of the *Annals of the Deaf* for 1886, the case of a pupil of hers. He was a young lad who lost his hearing in May, 1885. Under her direction he was induced to continue to talk as before and to depend on lip-reading alone for his communication with others; after spending a very few weeks under her instruction in the autumn, he was able to take his place in the hearing school which he had formerly attended, and all his communication there is through speech and lip-reading. There is a great difference in the aptitude of this class of the deaf for acquiring lip-reading; some seem to be what might be called natural lip-readers, and learn it from their associates simply by watching their lips, while others need training from special teachers. All such persons should, however, train themselves or be trained to depend on lip-reading and speech, and not on writing.

It needs very little reflection on the part of intelligent minds to estimate the difference in the life of a person who is able to understand the speech of those around him, and to make himself understood by them, from the life of one who knows only signs and the manual alphabet, which are almost unknown outside of the institutions where they are taught.

As there is only one deaf person to every 1500 hearing persons in our population, it behooves us to help that one deaf person to fit himself for communication with those 1500. We cannot expect the 1500 to learn manual alphabets or arbitrary signs to suit the one deaf person.

There is a popular delusion that the vocal organs of deaf children are defective; the fact is, that such cases are rare exceptions, and that as a rule their vocal organs are normal. The articulation of consonant sounds depends on certain positions of the lips, tongue, teeth and palate. The quality of vowel sounds depends on certain positions of the tongue. Any deaf child who can cry, and scream, and has lips, tongue, teeth and palate, has the necessary vocal organs.

The deaf children are capable of being taught by the *Pure Oral Method*, and the method is a success when parents, care-takers and teachers know how to apply it. It is possible for deaf born children to learn speech and lip-reading after they begin to go to school, if they have competent teachers, but much time would be saved and far better results obtained if parents would do their part before the child is sent to school.

Great results have already been gained through the Oral Method, and I have no doubt that greater and better results than any already obtained await us in the future, as the method becomes more widely and more strictly and intelligently applied. The oral pupil who has the least amount of intelligible speech and of lip-reading compared with his fellow oral pupils, has just that much advantage over the most expert maker of arbitrary signs and the manual alphabet, which are sure to be as unintelligible to the general public as our speech is to the sign-maker.

The more perfect we can make the speech of the deaf, and the more skilful we can train them to be in lip-reading, and the greater the amount of language we can teach them, the happier and more independent they will be.

LAPAROTOMY FOR PISTOL-SHOT OF ABDOMEN.

BY J. Mc F. GASTON, M. D.,

Of Atlanta, Ga.

For the history of this case at the outset, the following brief statements of Dr. C. C. Quillan are given:

He was called before daylight, December 26, 1885, to visit W. O., a colored man, about thirty years old, who had been shot at short range with a pistol, but size of ball not known, immediately below the point of last rib, on the left side, and found the patient in a very prostrate condition. He was almost pulseless, with consciousness very much impaired, which was attributed to shock. It was with difficulty that he was induced to take the alcoholic stimulants which seemed to be indicated, and it was found only after five or six hours of persevering efforts that he rallied. He was subsequently given morphine to allay his sufferings upon reaction.

An examination showed little change from the normal temperature—tympanitis manifested itself early that day.

The treatment during the two following days was confined to spirits, with a view to composure, and the prevention of the peristaltic action of the bowels, in anticipation of peritonitis by him and Dr. W. B. Parks, in consultation.

Nothing could be learned from the relative position of the offending and the offended party as to the probable course of the ball, but it was inferred that it had penetrated the peritoneal cavity. Noting great increase of the abdominal distension, with sensitiveness on pressure, enemata were given on the third and fourth days without effect.

The temperature in the mean time had gradually increased from 101° on the second day up to 103° Fahrenheit on the fourth day, with thirst and great distress from the distention of the abdomen pressing up against the diaphragm. The tension seemed to threaten disruption of the parietal integument.

Four days had elapsed after the receipt of injury by the pistol ball when my attention was called to the patient, and the indications of peritoneal inflammation, by local as well as constitutional symptoms, made the prognosis of the gravest order; yet in consideration of a certain fatal termination without laparotomy, it was thought expedient to perform this operation as a dernier resort, after an exploratory puncture of the walls.

Upon completing the incision in the linea alba, with a deviation at the umbilicus, the distended intestines protruded; and the arch of the colon, being most salient, was punctured with the same trocar which had been used for the preliminary puncture in the parietal wall. There was a free discharge of gas, leading to collapse of the large intestine, but without any diminution of the distention of the small intestines. The ileo-cæcal attachment being sought with the fingers, they were carried along the ileum until several feet of this canal were brought outside of the abdominal walls and protected by cloths wrung out of warm carbolized water, when a puncture was made through its walls, leaving only this portion of the intestine exposed, while gentle pressure was made through the wrapping, to expel the gas from the protruded coils, which intervened between the opening and the ileo-cæcal attachment.

The prospect seemed favorable thus far in employing the canula of the trocar, for the escape of the gas in the first instance, and subsequently of fluid accumulation. Again, I proceeded to draw out another portion of the intestine, keeping this, as the previous part, covered with the cloths soaked with warm carbolized water, and finding still great distention, another puncture was made for its relief. Thus the several segments were dealt with until six punctures had been made in the course of the small intestines; and yet there remained in some portions of the canal considerable gaseous distention, owing to the angular folds of the bowel, which precluded its passage, even under pressure, from the openings in the intestinal walls.

Each of these orifices was closed by two crucial stitches of catgut suture, so as to obviate the escape of fluid contents into the peritoneal cavity subsequently; and this mode of procedure seemed preferable to incisions, which have been recommended, as the number of such incisions that would have been requisite must have necessitated delay in suturing them, which should be obviated so far as possible when the cavity of the abdomen is exposed, as in this case.

Moreover, there is no trouble from hemorrhage in making the puncture with the trocar, and by the use of the canula all the fluid discharge is more effectually carried away from the peritoneal cavity. Having traversed the entire tract of the small intestines without discovering any perforation from the ball, this mass was kept covered with the moist warm carbolized wrappings outside of the abdominal walls, while a close examination of the colon was undertaken by the touch and by sight so far as was practicable with the light of a kerosene lamp held by an assistant. Commencing again at the ileo-cæcal connection, no lesion was discovered until the secondary colon was reached, where a recently-formed band of plastic matter bound the walls of the large intestine to the parietal wall on the left side, immediately over the position of their natural attachment outside the peritoneum. This deposit was sufficiently firm to arrest completely the progress of the contents, and to prevent the passage of even the gaseous accumulation that had occurred above it, but offered little resistance to very slight force with the fingers, so that it was torn loose and the lumen of the colon was restored. Upon searching for the inner orifice of the ball in its passage through the parietes, it was found on a careful palpation of the peritoneal lining membrane to indicate a somewhat oblique direction downward from the opening made in the integument, which was already agglutinated, as no suppuration ensued.

Upon comparing the course taken with the site of these orifices in line with the exudation, there was evidence of abrasion of the outer coating of the wall of the colon at this point, but without penetrating its cavity. There had not occurred any perforation of the walls of either the small or large intes-

tines, and yet hemorrhage had ensued, so as to leave a considerable sanguineous collection within the abdominal cavity that had undergone decomposition. The extension of inflammation from the local injury to the parietal membrane was not as serious a feature as the entire obstruction of the large intestine by the plastic lymph, which formed a constricting band at the seat of injury; and yet there was indication of general peritonitis, or at least engorgement of the serous membrane throughout the cavity, and in its reflexions over the intestines.

The failure to give exit for the gas, accumulated in the several sections of the small intestines, by six different openings in various portions of the canal, can be explained by the closure of its lumen from the angular folding of the walls induced by the distention with gaseous contents. It would have seemed a natural result, that all the gas collected anywhere in the vicinity of such an opening should have escaped through the canula of the trocar with gentle manipulations; but there still remained considerable distension in each coil of intestine. The colon, not admitting of such reduplication of its walls, was completely emptied above the constriction by a single opening with the trocar; and yet the accumulation beyond the ileo-cæcal valve did not find its way out, so that a large tube reaching up into the sigmoid flexure, or even to the arch of the colon, cannot be relied on to remove gas from the small intestines. This does not result from any impediment at the ileo-cæcal connection, as there existed nothing there to prevent the forward expulsion of the flatus, but it is caused undoubtedly by the doubling of the canal upon itself at sharp angles from the great distention. If an ordinary flexible rubber tube be bent upon itself at an acute angle, it will obstruct its lumen so that neither fluid or gas can pass through it; and in the same manner the arrest occurred in this case from the angular flexure of the intestinal tube.

While the coils of the small intestine lay outside of the abdomen, the cavity was relieved of the decomposed sanguineous deposits by sponges wrung out of warm carbolized water; as this was a more expeditious mode of proceeding, and was greatly facilitated by the open space in the absence of the bowels from the cavity, it was adopted, with a full conviction of the greater benefits of thorough washing over mopping out impurities.

Less time was consumed with sponges for the purpose of cleansing the interior surfaces than by the flooding process, which is preferable under ordinary circumstances for making the toilet of the peritoneal cavity, and which I have inculcated in reporting a case of laparotomy elsewhere. This being accomplished satisfactorily, the bowels were returned by commencing at the duodenum and gradually passing in the coils of intestine, some of which were still so much distended as to present considerable difficulty in getting them all within the parietes; but as the obstruction below was now removed, it was expected that the diffusion of the local accumulation would afford relief to the entire tract of the canal.

To save time, that seemed a matter of paramount importance in the extremely prostrate condition of the patient, the iron-dyed silk sutures were passed through the entire thickness of the parietes, including the peritoneal lining, and thus the abdominal wound was closed, leaving only space for the drainage-tube at the lower angle. The patient rallied from the chloroform, but notwithstanding the subcutaneous use of brandy, he succumbed shortly afterwards. The autopsy on the following day by the county physician verified the observation that no perforation of the intestine was made by the ball, yet it was not found upon exploration of the abdominal cavity.

In my article upon "Obscure Impediments of the Intestinal Canal," in the December number of *Gaillard's Journal*, a case of gun-shot wound of the abdomen is reported, in which a very similar obstruction of the descending colon occurred; this obstruction was accompanied with an ulceration of the coats of the canal about their agglutination to the parietes, leading to extravasation of fæcal matter into the cellular tissue, and a cloaca extending downward along the margin of the quadratus. Fluctuation being perceived through the integument, an exploring needle detected a fluid fæcal collection. But the true source of this accumulation was not discovered until the autopsy proved its origin to be from the ulcerated communication with the left curvature of the arch of the colon.

In that case, as well as the one now reported, it was found impracticable to force any considerable portion of the enemata into the bowels, owing to the regurgitation of the fluid by the side of the injection pipe, and it was inferred that some obstacle to their passage existed. An exploration of the colon with the hand in each of these cases would perhaps have enabled me to open up the communication between the up-

per and lower portions of the large intestine. My preconceived objections, founded upon unfortunate results of this proceeding in the experience of others, would not prevent me, nor should they deter others, from undertaking this measure of relief in similar cases, when the large elastic tube fails to overcome the impediment.

CIRCUMSCRIBED PERITONEAL DROPSY SIMULATING OVARIAN DROPSY.

BY H. P. C. WILSON, M. D.,

Of Baltimore, Md.

(*Concluded from page* 711.)

Dr. West, in his work on Diseases of Women, says: "One instance of this latter occurrence has come under my own observation, in which between four and five quarts of a *dark* fluid were collected between folds of the omentum, and during the patient's lifetime frequent discharges of a similar fluid had taken place from the umbilicus. The dropsy had during the life of the patient been supposed to be ovarian; but though malignant disease of both ovaries was discovered, yet neither of them contained fluid at all similar in character to that which was found in the omentum; nor, indeed, could either be detected till after the fluid in the omental cyst had been let out. I am aware of no means by which such cases are to be discriminated from ovarian dropsy. As far as I know, their nature has scarcely ever been suspected during the lifetime of the patient."

Dr. T. Spencer Wells reports a case in which he suspected ovarian dropsy. He carefully opened the abdominal cavity below the umbilicus. No cyst appeared. A large quantity of opalescent fluid escaped. The whole peritoneum was studded with tubercles. Some coils of small intestines were floating, but the great mass was bound down with the colon and omentum, towards the back and upper part of the abdomen. She went through a sharp attack of peritonitis, but recovered, and has been well ever since the operation. No more fluid was secreted, and the patient regained health and strength, and married. The operation was done in 1862, and Mr. Wells reports the woman well in 1881.

I might report many other cases of circumscribed peritoneal dropsy, so simulating ovarian dropsy as to lead to an erroneous diagnosis, which was only rectified by an exploratory incision or a post-mortem examination, but I will not weary you further.

The greater my experience, the more I am impressed with the propriety of such incisions in all cases of abdominal tumors where life is involved. I am convinced that many more lives are lost for the want of such incisions than on account of them.

To Dr. Robert T. Wilson I am indebted for the following history, as well as the treatment of the case subsequent to the operation.

First day, 15th February, 9 p. m.—Temperature 103°, pulse 120, respiration 22. Abdomen distended. All dressings were removed, and the abdomen covered with cloths, wrung out of cold water, to be renewed every few minutes throughout the night. Pulse feeble. Gave 10 drops of tincture digitalis every two hours, and a teaspoonful of very hot water occasionally. At 9:35 p. m. she was given 20 m. of muriate of quinia and urea, hypodermically, and ordered half an ounce of milk every two hours. At 10 p. m. she was becoming restless, and was given 10 m. of Magendie's solution of morphia under the skin.

Second day, 16th February, 7:30 a. m. Temperature 101⅘°, pulse 100, respiration 20. Had a good night. Took nourishment well. Passed urine and also flatus freely. Had no nausea or pain. Tongue dry. Gave hypodermically 7 m. of Magendie's solution. Digitalis, cold applications to abdomen, and milk continued. A teaspoonful of whisky was added to each portion of milk.

1 p. m.—Temperature 100¾°, pulse 92, respiration 20. Tympanitis great, but continues to pass flatus freely. Urinates freely. Bears her milk, whisky, and digitalis well. Treatment continued as before.

4:30 p. m.—Temperature 101⅘°, pulse 104, respiration 24. Pulse stronger. Tympanitis increased. No unusual tenderness after such an incision. No pain. Is calm and comfortable. At 3:45 vomited for the first time. She attributed it to the whisky, which was always disgusting to her; so it was stopped by the mouth, and ʒij were given per rectum every six hours. ʒj of milk and ʒij of lime water were given by the mouth every two hours. Cold water dressings and digitalis continued as before. Tongue still dry.

Third day, 17th February, 8 a. m.—Temperature 98°, pulse 100, respiration 20. Pulse stronger. She passed a comfortable night. Had no nausea nor vomiting. No pain. Passed urine and flatus. Took nourishment well. All treatment continued as yesterday.

3:45 p. m.—Temperature 98½°, pulse 112, respiration 20. Has had two liquid evacuations, passing urine and much flatus at the same time. Stopped whisky enemas, and gave 25 drops of laudanum in an ounce of starch water, ordering the same to be repeated after each evacuation; she required no more. This enema and the two small hypodermics of morphia reported above, is all the opium given in this case. ʒij of sherry wine every three hours, by the mouth, were ordered, as she thought she would relish it; but it was soon discontinued, as it became distasteful. Tympanitis still great. Milk and lime water, digitalis and cold water dressings continued. Tongue more moist.

Fourth day, 18th February, 9:30 a. m.—Sleeping. Pulse 100, respiration 18. Had a good night, and bore her nourishment and medication well.

5 p. m.—Temperature 99°, pulse 100, respiration 20. Has passed much flatus. Abdomen soft, and bears pressure well. Abdominal wound united by first intention. She expresses herself as very comfortable. Treatment continued.

Fifth day, 19th February.—Temperature 98½°, pulse 100, respiration 20. Doing well. Tongue moist. Abdomen soft. Taking ʒij of milk every two hours, with lime water. Treatment continued.

Sixth day, 20th February.—Temperature 98½°, pulse 100, respiration 20. Doing well, and treatment continued.

Eighth day, 22d February.—Temperature 100½°, pulse 100, respiration 20. A small abscess opened along one of the wires, which no doubt sent up her temperature. Abdomen soft and no tenderness. Tongue moist. Appetite ravenous. Wants "middling and greens." She is now allowed all the milk she wants, a soft-boiled egg for breakfast, and good soup for dinner. She had some sweating last night, and was ordered ʒj of infusion of cinchona bark, and 25 drops of aromatic sulphuric acid in it, three times daily. She is bright and cheerful and jokey, and expresses herself as feeling very well. The digitalis was stopped.

Sixteenth day, March 2d.—The patient has had no unpleasant symptom since last report, except the formation of several abscesses along the wires. They united, and caused a superficial gaping of the abdominal incision. This is rapidly closing by granulation. She looks much improved since the operation. Appetite good; sleeps well; bowels regular; is cheerful and bright, and out of all danger.

A SIMPLE REMEDY FOR CHRONIC DIARRHŒA.

BY T. C. SMITH, M. D.,

Of Aurora, Indiana.

A means of cure that is very simple is very liable to be neglected or overlooked, while a remedy with a dignified name and an honorable therapeutic history is chosen instead. We do not offer the remedy we are about to name as one original with us. It was gathered from one of our leading journals a long time ago, and stowed away for future use, if memory should not prove too treacherous to permit its recall. It was first, as far as I remember, suggested by "some old woman" to a physician in Missouri for chronic dysentery. He was wise enough to try it and profit by its use. He found it to surpass his expectations by very far, and finally published it to the world, though I doubt whether the world noted it or cared for it. The remedy was too insignificant to be worthy of remembrance, perhaps, in the minds of a noble, dignified profession that never (?) deals in little things.

Mr. X., an old man, formerly a Mexican soldier, came to me about two years ago for another disease, but incidentally mentioned his chronic diarrhœa, which he said had afflicted him most of the time since he was in the Mexican war nearly forty years ago. Soon after his recovery from the trouble for which he applied to me, I ordered for him a saturated solution of *salt* and *cider vinegar*, of which he was to take a drachm three or four times a day. I had little expectation of benefit for him. However, he returned no more for the remedy. Meeting him some months later, I asked him about his chronic diarrhœa, when he said, "That salt and vinegar has cured me." He did not have it again for eighteen months, when it returned. The remedy was again used, but I do not now know with what result.

Mrs. L. had been the subject of dyspepsia and chronic diarrhœa for about five years, "had suffered much of many physicians," etc. She came under my care about fifteen months ago, during accouchement. Her depraved condition of blood, dyspepsia, and chronic diarrhœa, in connection with the heavy strain of gestation and delivery, caused her to run down so low that her life was despaired of, and at each visit I expected to see crape on the door.

It would take pages to tell the course of treatment pursued by myself first, and after that under advice of counsel. I will omit all that as tedious and needless. Suffice it to

say that at last, and not from any special hope of benefit, I placed her on the salt and vinegar in half-drachm doses every four hours. There was little change for some days, but it was continued. Then she begun to have control of her passages, a little food was digested and retained, and from that time on she improved slowly until recovery was fairly good. Within the last two months there has been a slight return of her old dyspepsia and diarrhœa, but under this simple remedy it has again quite disappeared, and she is gaining flesh.

Other less severe cases could be given where the relief was prompt and seemingly thorough. Whether this remedy will act well in all of this class of cases may be reasonably doubted. Nor do I yet have an unbounded faith in it. A few cases are not enough to establish its merits or fairly test its value. Time will soon discover both of these, for its weal or woe.

I will not insult the intelligence of readers by attempting to give its mode of action. I will only suggest that our common salt is not used as a remedial agent as much as it justly deserves. Like many other valuable agents, it is by far too common; but what is easier than to enclose a dose of salt in a capsule, and give it as we would any other remedy of a dignified name, or we can dignify it, if need be, with its technical designation.

Medical Societies.

BALTIMORE GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY.

Stated meeting held April 13, 1886.

The President, George W. Miltenberger, M. D., in the chair. Wm. E. Moseley, M. D., Secretary.

DISCUSSION ON DR. W. P. CHUNN'S PAPER.

(Read at last meeting.)

Dr. P. F. Mundé said he had operated twice for the removal of uterine fibro-myomas. In the first case he was able to find the second ovary only after complete removal of the tumor. The ovary was adherent deep in Douglas' pouch, and had to be ligated *in situ*. The stump was secured by long pins and constricted by a wire serre-noeud, which came away on the sixteenth day. The second case was diagnosticated to be a semi-solid ovarian cyst, but proved to be a myoma attached to the uterus by a long pedicle. Palpation was obscured by œdema of the fat abdominal walls. The growth was adherent to all surrounding tissues, and in its removal both the mesentery and intestines were unavoidably torn. All rents were immediately sutured. In the after-treatment of the case, a saline solution was transfused into the patient's blood. Secondary hemorrhage ensued, when a second transfusion was resorted to and the wound opened, and bleeding points secured, but, in spite of all, death ensued after 36 hours.

In one case of double ovariotomy, with some adhesions, he had hesitated until the last moment about introducing a drainage-tube, because there seemed to be no oozing whatever, but finally did so, and the next morning he removed some ten ounces of bloody serum through it, which discharge continued several days. He thought œdemalous abdominal walls were not at all common in connection with ovarian cysts.

Dr. W. P. Chunn said he would like to state, in regard to his case, that he considered his patient as now fully recovered. The urinary fistula has entirely closed, the woman is up and about and rapidly gaining strength and flesh. Since the last meeting he has looked up the subject of the action of the adhesions attaching the pedicle to the abdominal walls, and found that his opinion, as expressed in his paper, that the adhesions would, in time, become stretched, so as to allow the remaining portion of the uterus to resume its normal position, was in accord with the views of Dr. T. A. Emmet. Also that the opinion advanced, that by the stretching of the adhesions the fistula would become obliterated, had been verified.

Dr. T. A. Ashley remarked that there was one fact in connection with the case reported by Dr. Chunn which greatly interested him. He had reference to the occurrence of an ovarian tumor in a negro woman. He was convinced that ovarian tumors were of the rarest occurrence in the negro race. He had investigated the literature of ovariotomy very fully, and was surprised to find so few references to this fact. Neither Wells, Keith, nor Tait, have reported ovarian tumors among negro women, but this omission was satisfactorily accounted for on the ground that these operators seldom treated negro women. In the United States, and especially in the southern portion, where a large negro population resided, one would expect to find reports of ovariotomies among these women, unless they were exempted from such pathological conditions by race peculiarities. Dr. Ashley said the only cases he could find in his researches through various authorities were one case reported by Dr. W. L. Atlee,

and the case reported by Dr. Chunn. He had no doubt other cases had been observed by operators, but he had not been able to find records of them. His attention was first called to this subject several years ago by a case which came under his observation through the courtesy of Dr. J. M. Hundley, of this city. The patient was a negro woman, between 40 and 45 years of age, whose abdomen contained a large cystic tumor, which was undoubtedly ovarian in its nature. The physical signs, history, and condition of the patient were those of an ovarian cyst. The only facts which could render the diagnosis doubtful, were the race peculiarity in respect to ovarian cysts, and a failure to corroborate this opinion by an ovariotomy. An operation was urged, but declined by the patient. Subsequently the patient induced another physician to tap the cyst with a trocar, and she died very shortly thereafter. As the case passed from under Dr. Hundley's observation, the name of the physician who performed paracentesis and the complete history of the case were not obtained. Dr. Ashley was satisfied as to the correctness of his diagnosis, and the only doubt which arose in his mind was created by the very rare occurrence of ovarian cysts in the African race. The patient referred to had about one-fourth white blood in her system, which may have some connection with the history of ovarian cyst.

Dr. P. C. Williams read the following paper:

An Unusual Case of Post-partum Hemorrhage.

Strictly speaking, "post-partum hemorrhage" is limited to the puerperal process attending or immediately succeeding the third stage of labor. In that sense, the case I am about briefly to report is incorrectly named, but it is difficult to designate it in other terms, and I have ventured to call it "An unusual case of post-partum hemorrhage." February 1, 1886, Mrs. S., a strong, healthy, well-formed woman, was confined with her first child. The labor presented no complication, and was completed within a reasonable time under the influence of a moderate quantity of chloroform. The placenta was examined and was found to have come away entire, with but very slight loss of blood. There was an abundant flow of milk on the third day. The convalescence progressed perfectly until the fifth day, when I was sent for with great urgency. I was soon at the house, and found the lady flooding violently; the bed filled with blood, and the woman pulseless and prostrated to an alarming degree. The nurse had already given two teaspoonful doses of fluid extract of ergot, and had applied ice freely to the abdomen. Placing my hand on the abdomen, I found it filled with the womb, which was distended to the size of an eighth-month pregnancy.

Recognizing the gravity of the position, I immediately administered, hypodermically, a drachm of fluid extract of ergot. I then inserted my hand and emptied the womb of the clots which had so largely distended it. As soon as it was emptied, I made constant, strong pressure upon the abdomen, and soon found that the ergot began to act, and produce decided contraction of the womb. I then gave another hypodermic dose of ergot, which, with the continued pressure upon the abdomen, *maintained* the uterine contraction, and the hemorrhage was checked and never returned. The woman was frightfully reduced by the great loss of blood which she had experienced, but she soon began to rally, and went on to a steady and complete restoration of health.

I was at great loss to explain the cause of this excessive and unexpected hemorrhage. I had seen my patient at 10 o'clock that morning, when she was apparently perfectly well. At 1 o'clock that night was sent for and found the condition I have described. What could have produced the hemorrhage? The woman was about twenty years old, had always enjoyed uninterrupted health (I had known her since her birth), had had no trouble during her period of pregnancy, her confinement was a little tedious, but perfectly natural; there was very slight loss of blood during the labor, the placenta was expelled *entire*, and the progress of the case was unusually satisfactory until the eighth day, when the sudden change took place that produced the formidable hemorrhage above described. Upon careful inquiry, I finally ascertained, through the lady's husband, that she was in the habit of putting herself to sleep by the inhalation of *chloroform liniment*, with which she saturated a handkerchief and applied it over her nose and mouth. This liniment consisted of two parts tinct. camphor, and one part each of tinct. aconite and chloroform. She had inhaled this liniment night after night for several weeks before her confinement, and had gradually increased the quantity, until she used *eight or ten ounces every night*. The night in question she had used it with unusual freedom, and at 1 o'clock it had affected her so profoundly as to produce this alarming hemorrhage. She was made to

understand the great danger her continuing the inhalation of the liniment and readily consented to abandon its use entirely. For a few nights, I gave hypodermic doses of morphia to secure necessary sleep. The dose of morphia was gradually diminished, and after *ten days* was wholly discontinued. This case interested me greatly.

1. It was the first of the sort that I had ever seen.

2. It proved the great power of the hypodermic use of ergot in controlling uterine hemorrhage. In this case, as in others in which I have used it, its effect was almost instantaneous.

3. It is wonderful that any one could habitually inhale a mixture containing so much aconite, viz., two ounces to the half-pint, and experience so little constitutional injury; as both before and after the hemorrhage referred to, her health has been perfectly good and has so continued until the present time.

Dr. B. B. Browne asked Dr. W. if any remains of placenta or membranes were found in the clots passed by his patient, and cited a case reported by Dr. Coskery before the Clinical Society. In this case, examination of the placenta seemed to show that it had come away entire, but in the inner surface of the uterus, which was removed post-mortem, there was quite a mass of placental tissue. Dr. Browne referred to a case of post-partum hemorrhage which he had recently seen, in which the fld. ext. ergot injected hypodermically seemed to produce rapid contraction of the uterus, but as an intra-uterine injection of equal parts of vinegar and very hot water was used at the same time, it was impossible to tell which was the most active in checking the hemorrhage.

Dr. C. H. Riley said he had seen one case somewhat similar to Dr. Williams'. The patient, a primipara, got along very well for about a week following labor. At this time, to determine the exact position of the uterus, he introduced a sound with great care, but the examination was followed by profuse flooding. He tamponed the vagina, and left the tampon in for two days. There was no return of the hemorrhage.

Dr. G. Lane Taneyhill stated that he had used Bonjean's preparation of *ergotine* hypodermically with admirable results in cases of post-partum hemorrhage. Thirty grains of the ergotine were dissolved in 450 drops of glycerine, and 20 drops of this solution were injected. It was not necessary to repeat the injection.

Dr. Ashley remarked that whilst the treatment of post-partum hemorrhage was being considered he would say that he had had an experience with vinegar as a hæmostatic in post-partum hemorrhage, which confirmed his opinion in regard to its great value in cases which could not be controlled with ergot and other agents. He then related a case of violent hemorrhage coming on at the time of delivery from an atonic and fagged out uterus. He gave ergot hypodermically twice, injected hot water into the uterus, used pressure and taxis; still the uterine contraction was unsatisfactory, and the loss of blood was kept up. He next called for vinegar; a half-gallon or more was emptied into a basin, and with a Davidson syringe a stream was gently injected into the uterine cavity. Before the basin was emptied, the uterus began to contract firmly. Hemorrhage ceased promptly, and did not return. Dr. Ashley believes that vinegar acts both as a hæmostatic and as an antiseptic. He favored the plan of using the syringe instead of a sponge, as recommended by the late Dr. Penrose. The long tube of the syringe could be carried well into the uterine cavity. There was less danger in this than from the introduction of the hand.

Dr. George W. Miltenberger said that Penrose and Wallace had stated that they considered vinegar, applied to the inner surface of the uterus, the most powerful hæmostatic in use. They had never known it to fail either in their own hands or in those of their students.

Dr. L. E. Neale related a case from his own practice (hospital), of secondary post-partum uterine hemorrhage, occurring on the *ninth* puerperal day, and resulting fatally. The patient, an Irish woman, age 25 years, primipara, was delivered by low forceps operation, at the University Hospital, March, 1885. The cervix and perineum were uninjured, the placenta came away entire, the third stage being normal. A mild attack of puerperal fever readily yielded to appropriate treatment. She was considered out of all danger and in excellent condition, when on the *ninth* puerperal day, in the absence of all attendants, a violent uterine hemorrhage occurred and ceased spontaneously, leaving her moribund. She died on the following morning. Dr. N. considered the hemorrhage in this case too profuse and sudden to be explained otherwise than by some form of atony of the uterus. He had never attended a case of severe or dangerous post-partum hemorrhage ("*flooding*") in his own private practice, but, from what he had been taught and had clinically observed, he thought the

immediate introduction of the hand in utero (the obstetrician's hand whilst attending a case of labor should always be aseptic), with or without ice, and squeezing the uterus between the hand without and the *fist* within, the quickest and surest means of relief. He would also use ergot hypodermically.

Dr. Williams remarked that some years ago he reported before the "Medical and Chirurgical Faculty" some cases in which he had used ergot hypodermically in post-partum hemorrhage. In one case he first passed ice within the uterine cavity, then his hand, and scratched the lining membrane, without producing any contractions. He then injected ergot into the thigh, and as soon as possible re-introduced his hand into the uterus, when, almost immediately, it contracted firmly. This was the case which suggested to him the hypodermic use of ergot. He considered the fluid extract of ergot a more reliable preparation than ergotine. He makes it a rule to instruct every woman, whom he is engaged to attend in labor, to have on hand chloroform and fluid extract of ergot, and always give ergot at the end of the labor.

Dr. H. P. C. Wilson said he always followed the rule laid down by Dr. Williams in requesting his patients to have chloroform and fluid extract of ergot on hand before labor begins; but he never gives ergot before the expulsion of the child, and only then when there is any indication of absence of prompt and firm contraction of the uterus. We have, in the hand introduced into the uterus, the means of promptly arresting post-partum hemorrhage, while other agents, to be used if necessary, have time to secure permanent contraction of the organ. He had confidence in the *hand* as a *curette*, in hot water and in ergot in the above cases, but he did not approve of giving ergot after every case of labor, as it insured to the large majority of women unnecessary suffering in excessive after-pains, and he only used it in cases where there were indications of the occurrence of excessive hemorrhage. He could recall one case where ergot by the mouth, rectum, and hypodermically, failed to control the hemorrhage, and when manipulation of the uterine cavity with the fingers was equally inefficient. The uterus would contract and expand again and again under these remedies, and the hemorrhage, with each expansion, was frightful. This woman was saved, when almost moribund, by passing the hand into the uterus, and with long finger nails raking the whole mucous surface thoroughly for several minutes. She lost no more blood after this manipulation.

In another case of post-partum hemorrhage, when ergot and the hand and ice in the uterine cavity failed, he had saved the woman, when cold and pulseless, by throwing very hot water into the uterus. In this case a pint or two of hot water would cause the uterus to contract and check the bleeding, but so soon as the irrigation was stopped the uterus would expand, and it was only after pulling the woman's hips over the edge of the bed, with a tub under her, and pumping in gallons of hot water, that he succeeded in producing permanent uterine contractions and arresting the hemorrhage. With the means now at our command, the doctor had come to the conclusion that very few, if any, women should die of post-partum hemorrhage.

Dr. W. E. Moseley had found intra-uterine injections of hot water a very safe and certain method of checking hemorrhage from the endometrium. So far it had never failed him. It must be used in large quantities and hot, not less than 115° or 120° F.

Dr. Taneyhill exhibited a five months' fœtus enveloped in its amniotic sac, with the placenta completely (in all its surface) attached to the sac, which was voided by Mrs. H. H. at 2 a. m., April 12, in consequence of having taken a long walk, and on returning slipping on an orange rind. She has bilateral laceration of cervix, has had three children, one miscarriage, and three premature births. No unusual symptoms supervened except profuse hemorrhage, which was checked by ice externally applied.

Dr. Neale said that Prof. I. E. Atkinson had recently presented him with a specimen, now in the University of Maryland, identical with the one exhibited, save that it was the result of a pregnancy probably a little further advanced. This was from a case of induced labor on account of advanced renal disease, and the method used by Dr. A. was Krause's, or the introduction of a bougie between the membranes and the uterine wall.

Dr. Ashley said the specimen presented by Dr. Taneyhill was an interesting one to him, from the fact that he had never seen a fœtus completely enclosed in the amnion, and expelled at so far advanced a period of pregnancy. He had often thought that this was the physiological method of delivery. He was led to this conclusion from an observation of parturition in the lower animals. He had frequently observed the act of parturition in the mare, in the cow, in the sow, and in the ewe, and he was struck with the fact that the young of these animals are delivered

into the external world, in the vast majority of cases, completely invested with the amnion. He witnessed some three or four years ago the parturition of some 30 or 40 ewes, and in very nearly every instance the young lamb was dropped with the amnion intact, and he also observed that where the amnion had been ruptured prior to delivery the act of parturition was more tedious. He did not know whether his observation was the correct one, but if such be the fact, and if this be the design of nature in the lower animals, is not the modern obstetrician at fault in rupturing the amnion? Should not nature be left undisturbed in all cases of parturition, unless there was some manifest purpose in an interference?

Dr. Miltenberger had had one case in which the fœtus, at full term, was born with the membranes entire. The child was born just before he entered the lying-in room, and on turning the bed clothes aside it was seen actively moving inside the unruptured membranes. The child did perfectly well.

Dr. Neale thought the practical gist of Dr. Ashley's and similar remarks was the question, is the practice, recently advocated by Dr. Byford, of maintaining the membranes intact after complete dilation of the os uteri correct or not? Dr. N. had brought this question before the Society at the last meeting, and all present who spoke upon the matter, including Dr. Mundé, had expressed opinions opposed to Dr. Byford's plan.

Dr. Miltenberger said that after reading Dr. Byford's paper he had carried out his theories thoroughly for two months, and was convinced that the membranes when left intact after full dilation of the os did no good, delayed the labor, and did not effect any dilation of the perineum, that part refusing to relax until after the head came down against it. The head, when well down in the pelvic canal, would fill it up so fully as to prevent any of the amniotic fluid from being forced down below it during the uterine contractions.

Dr. Williams thought leaving the membranes unruptured would only delay the labor, and that those cases in which the fœtus came away with the membranes entire were cases of unusually tough membranes. As an example of tough membranes he stated that in a case of shoulder presentation, in turning he was able to pass his hand up between the membranes and the uterine wall, and the membranes ruptured only when he grasped the foot.

Dr. Robt. T. Wilson exhibited forceps for the complete compression of the pedicle during removal of growths within the female urethra. The doctor said that the forceps were firm and secure in their grasp; and their weight being so very slight, that where hemorrhage was feared, they could be left attached in the canal, and the patient not at all troubled by their presence. The patient could urinate and move about without difficulty. Where they were used, it was not necessary to apply a hæmostatic. The forceps could be taken apart and thoroughly cleansed. They had been tested in several cases, and had given every satisfaction. They had been left attached twenty-four hours and the patient did not object at all to their presence, they could also be used for the compression of the pedicle of growths about the vulva, vagina, and cervix.

Dr. Ashley remarked that Dr. Wilson's forceps were quite ingenious, and could no doubt be used to good purpose. He had once had an experience with a caruncular growth in the urethra which proved to him that the hemorrhage following the removal of these small growths could be very troublesome and alarming. The removal of a small growth scarcely larger than a grain of wheat, located about five-eighths of an inch within the female urethra, was followed by the most annoying flow of blood he had ever experienced. Almost every effort to control it was successful for only a few hours, after which time the flow would return. Finally, pressure with a large catheter accomplished the object desired, though this pressure had failed in the early treatment of the case. Dr. Ashley said he had recently removed three small polypi from the cervix uteri of three patients. In these cases hemorrhage was very profuse, but he had stopped it with Monsel's solution. In each of these cases the polypi were not larger than small filberts, yet they had occasioned profuse menorrhagia in each patient.

Dr. H. P. C. Wilson thought that the forceps of Dr. R. T. Wilson for arresting hemorrhage in the urethra after the removal of polypi or caruncles, would prove to be a very useful instrument. The bleeding after the removal of these little growths is sometimes very great and hard to arrest. With this instrument the hemorrhage is promptly and securely controlled and without much inconvenience to the patient. The use of Monsel's solution for arrest of hemorrhage in the urethra is to be avoided, because it frequently fails in its object, and then the canal is so contracted and blocked with clots of iron and blood that we are cut off from the use of other styptics.

CHICAGO MEDICAL SOCIETY.

OFFICIAL REPORT.

Stated meeting, April 19, 1886.

The President, E. J. Doering, M. D., in the chair.

Dr. G. C. Paoli read a paper entitled

The Reasons why Female Physicians are Desirable in Insane Asylums.

He demonstrated that the most eminent specialists in psychyatry in the United States are a unit in maintaining that female physicians are best qualified for treating the female insane. Many states have passed laws requiring one female physician to be allotted to each one hundred female insane in their asylums.

Dr. J. G. Kiernan said eminent authorities had already pointed the relation which exists between uterine disease and insanity. Popular opinion is growing in favor of the employment of female physicians in the treatment of the female insane.

Dr. Wm. T. Belfield reported nine cases of

Impermeable Stricture Treated by Electrolysis.

During the past two years he has treated thirty-seven cases of stricture by electrolysis; and except for strictures located within an inch of the meatus, and for strictures of large calibre elsewhere, considers it preferable to dilatation and urethrotomy for the following reasons:

1. It will pass through any stricture, however tight, rigid, long, or tortuous.
2. As a rule it causes no pain, bleeding, chill, nor urethral fever.
3. It is always devoid of danger.
4. Its effects are lasting.

In certain numerous cases electrolysis is not merely a preferable, but really the only practicable treatment. Such are, 1, old, rigid, cartilaginous strictures in men of middle or advanced age, where urethrotomy is dangerous and dilatation ineffectual; 2, impermeable strictures; 3, tight and rigid strictures with perineal or scrotal fistulæ.

Dr. Belfield then narrated the successful treatment by electrolysis of nine such cases. In three of these there was complete retention of urine, the bladder being distended above the umbilicus; these strictures were absolutely impermeable, to urine from within as well as to instruments from without. In each case a No. 10 electrode (French) was passed into the bladder in less than twenty minutes, permitting the immediate introduction of a catheter. In each of these cases perineal section would have been, without the battery, inevitable.

In the remaining six cases Dr. Belfield, as well as other surgeons, had failed in attempts to pass bougies into the bladder; yet as the patients were still enabled to force a feeble, dribbling stream outward, these strictures were theoretically permeable, though practically impermeable. In these also a small electrode readily entered the bladder in one or two sittings.

In one case, seen in consultation with Dr. Miller, the patient had a series of tight, rigid, impermeable strictures, and twenty-seven fistulous openings in the scrotum and perineum; he had submitted to both internal and external urethrotomy, and to numerous unsuccessful attempts at dilatation; was urinating every half hour, day and night. In fifteen minutes a No. 10 bulb entered the bladder; that night patient rose only once to urinate, and for the first time in several years the urine flowed entirely from the meatus and not from the fistulæ.

The unfavorable results obtained by various physicians in their attempts at electrolysis have been caused by the use of improper currents, whereby heat was generated and the urethra cauterized, causing violent inflammation and even extensive sloughing. When properly used, the heat produced is insignificant; with six to fifteen small cells and a weak fluid, the cicatricial tissue constituting the stricture is dissolved away but not cauterized. Since cicatricial tissue is but scantily supplied with blood, and is, therefore, poorly nourished, it yields to a dissolving current which is insufficient to disturb the healthy urethral tissues.

Dr. L. L. McArthur said he had treated with success by electrolysis one case in which numerous operations had already been performed. When patient came to him he could pass a No. 8 sound; used No. 9 electrode, and the patient can now pass No. 15 American sound. Never had any pain or difficulty in micturating since the operation.

Dr. M. B. Brown detailed two cases of impermeable and two of permeable stricture, in which he used electrolysis with good result.

Dr. C. Fenger said he must confess that he was somewhat surprised by seeing the announcement of Dr. Belfield's paper "nine impermeable strictures treated by electrolysis." He had tried electrolysis a few years ago, but never had any success from it. It surprised him that Dr. Belfield should meet with nine impermeable strictures in a very short period of time, while Sir Henry Thompson has only met with three impermeable strictures in his whole life. By hearing the

paper read, however, he understood that Dr. Belfield does not mean to say that the strictures were impermeable in the strict sense of the word—the only correct one—but only meant that it was difficult to pass any instrument through these strictures. Sir Henry Thompson, in his "Diseases of the Urinary Organs," of 1882, p. 28, says: "Impermeability can not be held to describe a character, a physical quality of the stricture itself, but rather indicates the quality of the surgeon who treated it." Impermeable stricture is a contradiction in terms; it is not heard of so much now as it was twenty years ago. Dittil, of Vienna, in speaking about relative and absolute impermeable strictures, says a stricture may be impermeable for one man, or at a certain time, and permeable for another man, or at another time. Other modern authors on surgery, as König and Albert, speak about the matter in a similar way.

The second surprise to him was the advocated treatment by electricity, or electrolysis. There has always been in his mind a suspicious halo of mysticism about the electrolysis, whether applied to the different forms of surgical tumors or to strictures of the urethra. He understands from the paper, that the electrolysis does not mean galvano-caustic treatment, although quite recently Jardin, of Paris, uses a small galvano-cautery knife for passing slowly through the stricture. Dr. Belfield warns very justly against cauterization. The non-caustic electrolysis is to me a very mystic process. Dr. Fenger remembers years ago of one of Billroth's clinics which he spoke about electrolystic treatment of venous angiomas of the face, that he expressed as the result of his experience the following: "The electrolytic needle has no more or other effect on the tumor in question, than the mere mechanical disturbance of the tissue elements, that is, than any other needle, not connected with a battery, would produce."

Frankly, Dr. Fenger said that the historical fate of electrolysis in strictures, as well as elsewhere, up to date, has invariably been the following: Ever since Tripier, in 1864, and Mallez, in 1872, applied the electrolysis in strictures of the urethra, this method of treatment has come to the surface once every two or three years, only to disappear again, and it has never been able to take any hold on the profession; not because it has not been tried, but rather because it has not been found superior, or even equal, to the other methods. Littel states that, on the rather promising representations of Tripier and Mallez, he tried electrolysis in three cases of very narrow stricture. It proved of no effect in any of the cases, and in one of them a local inflammation followed. Sir Henry Thompson does not even mention the electric treatment anywhere in his writings about strictures, but warns very emphatically against any method of cauterization. König says, in a very short appended notice, that only the short and soft strictures depending upon a polypus or warty growth of granulation-tissue are proper objects for cauterization, either chemical (Duchamp), or galvano-caustic (Middeldorf). Otis, our American authority in this line of surgery, does not mention electrolysis with a word.

Newman, of New York, (*Medical Record*, August 12–19, 1882), is not only the advocate of electrolysis in this country, but has written so assiduously and specified the method so minutely as to have it termed, in the foreign literature "Newman's method." In 1882, Newman's old and new cases numbered twenty-three only. In reporting Newman's articles for Virchow's *Jahresbericht*, Güterbock, of Berlin, says that "Newman's method has already, in 1872 and 1876, been criticised so thoroughly that not much more need be said about it." Dikmann, in New York *Medical Record*, January 5, 1884, reports twenty-eight cases. Gräf, in Norway, reports, in 1884, two cases treated by "Newman's method," and Verneuil, in 1884, recommends Jardin's "electrolyse lineavu"—that is, cauterization.

Thus the electrolytic treatment of stricture has been tried off and on for over twenty years, but has only taken hold here and there, sporadically, and for a short time. It has in the urethra, not any more than in the other fields of surgery, as yet to any extent replaced the more rational treatment by mechanical means.

The electrolysis may, however, have a further trial, and if the success in extensive resilient strictures, as in one of Dr. Belfield's cases, should prove to hold good for other cases of that kind, it is possible that this treatment will have a better fate in the future than it has had in the past.

(To be continued.)

A German doctor has been fined three hundred and seventy-five dollars for displaying in a public refreshment room a bill of fees to a certain gentleman, adding that the attendance was on his wife for a sexual complaint. Most continental laws recognize the obligation of doctors to keep the secrets of patients whom they attend.

Editorial Department.

Periscope.

Stone Sacculated in the Bladder of a Female.

Dr. Charles Williams thus writes in the *Lancet:*

Cases in which a vesical calculus is impacted in a cyst situated in the walls of the bladder are so extremely rare, that I consider it a duty to record this very interesting example:

A fine and healthy girl, aged three years, living in Norwich, came under the care of the late Mr. George Hutchison in the year 1873, having for several months previously suffered from very decided symptoms of stone in the bladder. It had been noticed by her mother that from the time of her birth she had experienced a difficulty, as well as occasionally severe pain in passing urine, and that sometimes she voided blood mixed with it, and was in the habit of straining so violently as to produce prolapsus of the rectum.

On sounding the bladder, which was an unusually capacious one, it was with some difficulty that a calculus could be detected. At the wish of the parents Mr. Hutchison resolved to remove the stone by dilatation. Mr. W. H. Day assisted at the operation, and I was requested to administer chloroform. The urethra was freely and quickly dilated with Weiss's trivalve dilator. There was considerable trouble to find the stone, and when found a still greater trouble to seize it with the forceps (and it was particularly noticed that, although the patient was thoroughly under the influence of the anæsthetic, the getting hold of the stone with the forceps occasioned severe straining); the blades could not be made to grip the calculus; they continually slipped off, bringing away pieces of the stone. At last it became absolutely necessary to ascertain what occasioned the difficulty. For this purpose the urethra was still further dilated, and the neck of the bladder was also divided with a probe-pointed bistoury. The stone could now be felt with the point of the finger, immovably fixed in the floor of the bladder on the patient's left. It appeared to be of the size of a pigeon's egg, and was enclosed in a sac, through the neck of which a small portion protruded into the vesical cavity, and it was off this nodule that the forceps so continuously slipped. Many efforts were made to dislodge it—first with a scoop, then with the finger, which could barely reach it, and next with the forceps; they all proved unsuccessful. Several portions were broken off the uncovered portion, but the main piece was left *in situ*, as it was considered undesirable to make any further attempt to remove it, the patient having been a long time under the influence of chloroform, and apparently in a very exhausted condition.

The next day the child had voided very little urine. A catheter was introduced, and a small quantity of sanguineous urine flowed out. She was very drowsy, and had been so since the operation. When roused she took milk and brandy very freely, but immediately afterwards became drowsy again; she did not appear to have recovered from the influence of the chloroform. The next day she died. No post-mortem examination was permitted.

I am induced to believe this child died of chronic chloroform-poisoning, and not from the effects of the operation, which was by no means roughly performed, and there was very little blood lost. She never thoroughly revived, but became comatose, and died in that condition. It is difficult to imagine what could have given rise to the formation of the sac; there never was an obstruction to the escape of the urine, such as stricture or prostatic enlargement might engender, for neither existed. We are taught that a cyst is usually formed by the straining necessary to expel the urine; the mucous membrane is forced between the bands of muscular fibres, hypertrophied in consequence of the strain to which they are subjected. Nothing of the sort can apply in this case, and it is not easy to believe that the stone was the cause of the cyst, which it might have been had it been situated close to the neck of the bladder. When impacted in this situation, the very pressure to which a stone is subjected by the constant and long-continued action of the bladder to expel it causes the mucous membrane to ulcerate through, and the stone is in due time forced into a cavity, which enlarges as the stone grows, and in this way it may form a tumor in the vagina, as was the case reported by me in the *Lancet* of November 7, 1885. An effort is then made by nature to contract the opening, which in this child was nearly accomplished; but the calculus was far from the neck of the bladder, and could barely be touched with the point of

the finger, so that a different explanation of the formation of the cyst is required; and as no examination was allowed to be made, it seems to me to be almost impossible to suggest in what way the sac was formed. Sabulous matter or a few urinary crystals may probably have been deposited originally in a mucous follicle, lacuna, or fossa, and gradually augmented in quantity, and in this way the sac enclosing the calculus may have been produced. The mother of the girl at four years of age suffered from stone, which was removed by the late Dr. Edward Lubbock: it was the size and shape of a walnut. She has suffered from incontinence since that time.

Enlarged Prostate and Retention of Urine; Relief from Injection of Cocaine.

Dr. James Rhodes thus writes in the *Brit. Med. Jour.*, May 1:

G. B., aged 60, tall and stout, had retention of urine, on December 20, 1885, from a greatly enlarged state of the prostate gland. I used catheter No. 8, and continued to do so for about fourteen days—twice, and sometimes thrice, daily. On one occasion, I was unable to attend myself; an assistant tried, but failed. After this attempt, the tenderness seemed to increase along the urethra, with constant acute pain in the prostate gland, although morphine was often given without relief. I decided to inject a grain of cocaine, dissolved in a drachm of water and rectified spirit, into the urethra, with a small syringe, forcing the solution down to the prostate by a little pressure. The relief was instantaneous. During that night, he had complete relief from pain, and the change, he said, "was heavenly." It was used on two successive nights with like results.

W. W., aged 65, of Glossop, had been troubled with stricture for twenty-five years. When passing urine one day, it stopped suddenly. Some one attempted to pass a catheter, but he was injured thereby half-way down the urethra. An abscess formed, and was opened in fourteen days. After this, micturition was difficult, and the stream until now had continued small. Four years ago, I passed a No. 4 catheter for him, with some difficulty; he had then a large prostate. At 6 p. m. on January 6, 1886, he sent for me to pass a catheter. I found a very bad state of things; not a drop of urine had passed for two days, and I could not use the catheter. There was extravasation of urine, which extended along Poupart's ligament and the upper part of the thigh, with great enlargement of the scrotum. I punctured the parts freely, and injected a grain of cocaine hydrochlorate in a drachm of water and rectified spirit, to relieve pain along the meatus, forcing this past the stricture down to the prostate gland. I then went home for a large curved trocar and cannula, to tap the bladder posteriorly, and took my son to assist. On returning, in less than an hour, I was surprised to find that the patient's pain was gone; and, in ten minutes after the injection was used, he passed over half a pint of urine. There now seemed no need to tap the bladder. On calling to see him in the morning, he had passed five pints of urine; and now continues to pass it in a free stream, better than before.

In both the above cases, as in others, I found good results from the use of the following medicine:

℞.	Quiniæ sulph.,	gr. viii.
	Tinct. ferri perchlor.,	℥iiss.
	Ammoniæ hydrochlor.,	ʒi.
	Aquæ menthæ.	℥i.
	Aquam ad.,	℥viii.

One ounce to be taken every four hours.

The man is now at work. There was sloughing of the scrotum and upper part of the thigh, but this has done remarkably well. If any medical men will try the cocaine, I am sure they will be delighted with the success.

Papain in Dyspepsia.

In the *Brit. Med. Jour.* Dr. George Herschell, in a note on this subject, says that he finds papaïn chiefly valuable in the following classes of cases:

1. *Chronic Stomach Catarrhs of Children.*—Every one of us is familiar with that state in which we find children at times, and which is very frequently called "biliousness." It is characterized by loss of appetite, languor, pasty complexion, loss of sleep at night, and irritability during the day. There is frequently frontal headache, and the urine is loaded with lithates. If this state continue for any length of time the child emaciates, the unhealthy mucus which sheathes the stomach and intestines preventing the due absorption of the food. Cod-liver oil and compound syrup of the phosphates, which are generally given for the complaint as soon as the child begins to lose flesh, are not assimilated. Sometimes a cough develops, and the child is supposed to have incipient phthisis. I have found these cases rapidly improve with the following prescription:

℞.	Papaïn (Finkler),	gr. ½–gr. j.
	Sach. lactis,	gr. j.
	Sodii bicarb.,	gr. v.

M. To be taken after every meal.

It is also advantageous to give a drop or two of tincture of nux vomica immediately after the meal in a little water. The papaïn probably acts by dissolving the mucus, and thus facilitating the absorption of the food.

2. *Acid Dyspepsia.*—This drug is extremely valuable in this form of indigestion. *a.* As it acts equally well in the presence of an alkali, a sufficient quantity of bicarbonate of soda may be given with it to neutralize the excess of acid in the stomach without impairing its peptonizing power. *b.* Its antiseptic action checks the abnormal fermentation to which much of the accompanying flatulence is due. *c.* An antiseptic can be given with it to increase this action. I usually order it in the following manner:

℞. Papaïn (Finkler), gr. ij.
Sach. lactis, gr. v.
M. To be taken an hour after meals with the following draught:

℞. Sodii bicarb., gr. xv.
Glycerin. acid carbolic, ♏viii.
Spirit ammon. aromat., ♏xx.
Aq. ad., ℥iss.
M. Fiat haustus.

It appears that, taken one hour after a meal, a smaller dose of papaïn is required to produce the same result than if taken with the food.

3. *Cases where Severe Gastric Pain Coming on Shortly after Eating is the Prominent Symptom.*—I have tried the drug upon twelve cases of this nature. Complete relief was given in ten, one case was partially relieved, and one completely failed to derive any benefit.

Apart from its internal use, papaïn will probably come into extensive use as a peptonizing agent, to prepare ready digested food and enemata, in the way in which pancreatin and pepsin are used at present.

Unconscious Impregnation.

The *Lancet*, February 20, says: "At the recent Manchester assizes a man named Jackson, a dentist, was sued for damages for the alleged seduction and consequent pregnancy of a young woman aged twenty-five. The facts, as stated in evidence, were so remarkable that it is not surprising the jury were discharged without giving a verdict. The case is interesting from a medico-legal point of view, and shows the danger of administering anæsthetics in the absence of a third person. It appears that the woman went to Jackson for the purpose of having a tooth extracted, and while under the influence of gas the defendant, according to the allegation set forth in the statement of claim, ravished her. The plaintiff at the time was engaged to be married, and it does not seem that she made a complaint to her intended husband of the supposed assault—in fact, she even allowed the banns of marriage to be published, though cognizant that she was *enceinte*. Two questions arise in connection with the case of the highest import. Is it possible for intercourse with a virgin to take place during the short period of insensibility and semi-consciousness following the administration of nitrous oxide gas? We take it that, although possible, it is in the highest degree improbable. But there can be no doubt that, granted the accomplishment of the act, the answer to the query, "Can unconscious impregnation happen under such conditions?" must be in the affirmative. Cases are on record in which women have conceived during sleep, and the state of anæsthesia induced by gas is only another form of sleep. If we are correctly informed of the facts, we cannot understand why the plaintiff proceeded against the defendant by civil process and not by criminal indictment; for if the story of the woman is true, surely the man was guilty of felony. Perhaps the fact that the plaintiff did not make immediate complaint of the alleged assault weighed heavily in the balance on the side of the accused. Such a charge as the one above referred to is difficult and may be impossible to refute, and consequently it is only just that the strongest corroborative evidence should be required to justify a conviction or a verdict for damages, or, failing that, there should be a complete investigation of all the collateral circumstances as regards the conduct of both parties *re* the charge, and also a searching inquiry into their general credit. From an impartial survey of the medico-legal and moral bearings of the case as reported in the *Manchester Guardian*, we cannot help expressing the opinion that upon the evidence before them the jury could scarcely have found for the plaintiff."

Eucalyptus as a Topical Agent.

Dr. P. T. Williams thus writes in the *Cincinnati Med. News:*

I have never seen, so far as my recollection serves me, eucalyptus recommended as a topical remedy in any of the medical journals, nor do I remember of ever having heard any of my professional brethren speak of having employed it in that capacity. I was led to use it over the inflamed surface in a case of erysipelas, by being told by an old sailor who, at an early period of his life, had

sailed through the southern seas of the eastern hemisphere, that he had been treated by a physician in some one of the East India islands for erysipelas by the external application of it.

I have, therefore, to report that in three cases of erysipelas, one affecting the face and right leg, another the face, and another the scrotum, the itching and burning sensation, and the exudation of the peculiar gummy discharge, were promptly arrested by the application of the fluid extract of eucalyptus.

In a case of caries of the tibia, with extensive inflammation of the skin, attended with the formation of numerous blebs and small ulcers, the happiest results followed upon the local use of the fluid extract of eucalyptus. In the cases of erysipelas it was applied, by means of a camel's hair brush, every four hours. In the case of disease of the tibia I employed it twice daily. In each of these cases appropriate internal treatment was made use of.

My experience with eucalyptus as a topical agent, of course, is too limited to base much of an estimate in regard to its value, but the seeming beneficial effects following in the few cases I have mentioned encourage me to believe that it can often be used with advantage locally—that there can be obtained from it all the benefits that are to be had by the employment of the tincture of iodine, solutions of nitrate of silver, salts of iron, etc., and that it can be made use of when these could not be, in consequence of some objectionable features attending their application. I purpose using it in other cases that may come under my care, and I hope others may try it, so that if it possesses any claims as a local remedy they may soon become established.

The Hair Roots as Indicators of Bodily or Mental Disease.

Dr. J. Pohl-Pincus, of Berlin, has recently, in a *brochure* entitled "Polarized Light as a Means of Recognizing Irritable Conditions of the Nerves of the Scalp," announced that by an examination of the hair roots by polarized light peculiar changes may be observed whenever the patient suffers from physical irritation or mental excitement. This statement is the result of investigations which have now been going on for twenty-five years, and the later observations in the course of the research have uniformly confirmed those made earlier. The hair bulbs are divided into three groups, as follows: Group A. If, in healthy conditions of the body and mind, the hairs that fall out daily are examined microscopically by polarized light, the enlarged bulbous end of the root will show a white contour, and a yellowish or brownish-red centre. Group B. In all irritable conditions of moderate grade, all painful conditions of any organ, also in emotional disturbances of moderate grade, without any apparent bodily disease, the bulbous end of the hair root increases in length and breadth (in proportion to the irritation), the central part appears under polarized light of a violet, blue, or bluish-green color, separated from the white contour by bands of yellow and red. Group C. In higher grades of bodily disease or mental disturbance, the bulb becomes still larger, and the bluish centre changes to green, yellow, or orange. A few hairs of the B and C. types are found in normal conditions, especially in those more advanced in life. Dr. Pincus gives thirty-one cases showing the effects of painful disease, but more especially of depressing emotions, upon the appearance of the hair root. The conclusion to be derived from these researches is that bodily disease or mental excitement causes circulatory disturbances, and in consequence a change in the normal nutrition and pigmentation of the hair. This is only in accordance with previous observation, and the chief merit of Dr. Pincus's plan lies in his obtaining a means by which very slight and temporary changes in tissue growth can be detected and approximately measured.

Urticaria Occurring in Infancy.

In a communication read before the Clinical Society of Paris (*La France Médicale*, August 25, 1885), Dr. J. Comby states that Prof. Bouchard, in his researches upon dilatation of the stomach, has observed that a certain number of these patients are subject to more or less annoying outbreaks of urticaria. It is not at all surprising that a disease which has for its principal and immediate consequence faulty elaboration of the ingesta should awaken cutaneous manifestations like urticaria, when we see temporary digestive disorder (*embarras gastrique* and indigestion) accompanied by the same eruptions. This urticaria, due to the lesions or functional disorders of the stomach (like those which supervene after tapping hydatid cysts) is very probably a toxic urticaria, due to the fact that the skin serves as a route of elimination to the poison elaborated in the digestive passages, and taken up into the circulation. This, at least, is the rational explanation which M. Bouchard gave to this phenom-

THE

Medical and Surgical Reporter.

A WEEKLY JOURNAL,

ISSUED EVERY SATURDAY.

D. G. BRINTON, M. D.,
JOSEPH F. EDWARDS, M. D., } EDITORS.

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THE

QUARTERLY COMPENDIUM

OF

MEDICAL SCIENCE.

The attention of our readers is especially called at this season to the ***QUARTERLY COMPENDIUM,*** which we publish.

It is, in fact, a supplement to the ***REPORTER,*** being made up of articles which have not appeared in the weekly, but yet are of value and interest to the possible[illegible]
of notable crushing of the spongy bone at the time the fracture was received. The fingers could be easily and freely flexed and extended; the range of voluntary motion of the thumb was less than normal; passive pronation and supination, through an arc of nearly 70°, were possible. The case, he thought, proved that voluntary and passive movements of the fingers during the treatment of Colles's fracture did not always cause rigidity of their joints.

THE INTERNATIONAL CONGRESS.

At last the *Medical Record* has awakened to the truth about the International Medical Congress, and is willing to announce that the Congress will be held and will be worthy of attendance. We reproduce its editorial of May 15th:

"FOREIGN MEDICAL DELEGATES AND THE INTERNATIONAL MEDICAL CONGRESS.

"Many, indeed most of our foreign brethren, are in a state of mind as to what all the quarrel over the next International Congress means. And while in this condition of doubt and ignorance as to whether there is to be an International Medical Congress, or only a National Domestic Quarrel, they naturally do not care to plan for a trip here next year.

"To these gentlemen we would say: We have had in this country certain disputes, mainly over the question whether the Congress organization should be controlled by the American Medical Association, a society of about three thousand members, or by the medical profession of sixty thousand men. In this dispute the American Medical Association has conquered, but by methods which have caused the resignation and withdrawal of the great majority of the American physicians best known abroad and at home. There will be an International Medical Congress, but, according to the present outlook, a Congress in which many of America's best physicians will be absent.

"Still, we say to foreign delegates, you will meet a large number of able and hospitable gentlemen at the Congress, you will be made warmly welcome by all Americans, and you will hear no quarreling while you are in the States. *We know that many medical gentlemen in New York, Philadelphia, Boston, and other medical centres, debarred from receiving guests in an official capacity, will be glad to welcome all foreign visitors unofficially and pay them every hospitable attention.*"

We can only take exception to what the *Record* says about the control of the Congress. To our foreign brethren we would say that the fifty-five million people of the United States are controlled by a handful of men (Senators and Congressmen) who are the representatives of this vast aggregation of humanity. So the affairs of the International Congress are (and ought to be) controlled by the Association which is representative of the *sixty thousand* members of the profession of this country.

There is no reason why this sixty thousand

should not be members of the Association (provided they be *regular* and *respectable*); but as they are not, it seems eminently proper that the organized three thousand (as the *Record* computes it) should control the unorganized fifty-seven thousand. But the truth is that out of this sixty thousand a mere handful have had anything to do with the Congress.

In our profession, as in all others, there are comparatively few who have much interest in the profession outside of its bread-winning properties; the mass have taken no interest in the Congress controversy; while the *mass* of those who have, of those who believe in organized medicine, have conquered over the handful of malcontents. The closing paragraph in the *Record's* editorial (which we have italicised) we are glad to read, for it is additional evidence of what we have always believed, that the leading spirits in the revolt against the Association are *gentlemen*, who will do all consistent with the dignity of their position to welcome our foreign guests.

We congratulate the *Medical Record* that the dawn of truth and justness has at last broken in upon its *aristocratic* judgments, and only regret that it was not so favored before it labored so earnestly to make internal dissensions a matter of world-wide scandal. That they may know that many distinguished members of our profession will take an active part in the Congress, it is only necessary to refer our readers to the list of the organization as given on another page.

THE REPORT OF THE PHILADELPHIA DELEGATES.

We have received the "Report of the Delegates from the Philadelphia County Medical Society to the 37th Annual Convention of the American Medical Association," and have read it carefully. The more we reflect upon this unfortunate quarrel, the more reason we see to regret its occurrence. Upon each side are found most eminent men—men whose integrity, whose honesty of purpose, is beyond criticism, and who certainly thought and think that they were and are right in the diametrically opposed positions they have assumed.

That undue influence was brought to bear upon the judicial council of the American Medical Association (as intimated in the report) to help frame their rejection as the delegates of our County Society, we cannot believe for two reasons. First, we cannot believe the council willing to submit to such manipulation; and, Second, we cannot believe those who presented the protest willing to stoop to such methods.

To take the mildest view of the question, an unbiased mind must admit that there was, at least, a departure from custom and the law of precedence, in the manner in which this delegation was elected; and such being the case, a cloud hanging over their right to seats as delegates, we can but think that the judicial council acted wisely in denying representation to our County Society. It must be borne in mind that our Society refused to hear, *as a minority report*, the report which Dr. Knight desired to present, and we are therefore ignorant, comparatively, of the other side of the question. It is true that they granted Dr. Knight the right to present his report as a *communication*, but this he refused to do.

Let us have done with this unseemly bickering. The trouble in the County Society really arose from the Congress controversy; this controversy is now irrevocably disposed of, and should be no longer a live issue. Let us bury the hatchet, and when the Society reconvenes in the fall, let its gatherings be characterized by that good will hitherto so characteristic of the physicians of the "City of Brotherly Love."

THE YUCCA ANGUSTIFOLIA, OR SOAP-WEED.

The study of our native plants is as yet but at its beginning. The methods are costly and laborious, and to pursue them requires either the stimulus of large prospective commercial advantages, or a love of pure science which, alas! few manifest in this country. All the more heartily do we applaud such an example of the latter as is presented in a reprint of a paper from the *Transactions of the American Philosophical Society* before us. It is the report of an extended study of the chemistry of the *yucca angustifolia*, or soap-weed, by Miss Helen C. DeS. Abbott, whose previous researches in this direction are already well known to those familiar with this specialty.

The scheme adopted is that recommended by Professor Dragendorff in his treatise on "Plant Analysis." The parts subjected to examination were successively the bark of the root, the wood of the root, the green leaf, and the yellow base of the leaf. The extracts obtained by subjecting the various elements of the plant to the action of petroleum spirit are first defined and examined; the residual powders were tested by ether, alcohol, water, diluted soda, and acid solutions.

The product of these various processes, all of which are described with the most satisfactory completeness, was the discovery of two new resins, termed *yucca* and *pyrophacal*, a red crystalline coloring matter, four fixed oils, saponine, and other substances. A special quantitative examination for saponine of the wood of the root, specimens being selected from plants culled at different seasons, gave an average of about ten per cent. This derivative has many interesting relations, both to economic and abstract science, which we hope the competent author of this present paper will at some future day set forth with her accustomed accuracy and clearness.

SANITARY CONVENTIONS.

That the people of the nineteenth century are beginning to realize (practically) that "an ounce of prevention is worth a pound of cure," there is ample evidence. As Dr. Lindsley so well puts it, the duty, *that is to say, the chief duty, of State Boards of Health for some time to come*, will be to educate the masses in the science (for it is a *science*) of Hygiene, and to do so no better way can be devised than "Sanitary Conventions."

Following close upon the heels of our own State Sanitary Convention, comes the good news that a similar convention, equally successful, has been held in Kalamazoo, Michigan, and from the papers which we have received we learn that the *Press* of Michigan is not behind the *Press* of Pennsylvania in seconding the efforts of their respective State Boards of Health.

Michigan has an admirable Board, always doing good work, and we are quite sure that the time is close at hand when the "Science of Hygiene" will take its proper place as the most beneficent science known to man.

Notes and Comments.

Infantile Paralysis.

In the *N. Y. Medical Journal*, Dr. V. P. Gibney has an interesting article read before the Clinical Society on the subject of "Limitation of Therapeutics in Infantile Paralysis," from which we extract (*Peoria Med. Mo.*) the following paragraph or two:

What can be done to prevent the subluxations and deformities which arise from muscular and tendinous shortenings?

Without citing other cases, I may use the one already presented. We agreed upon keeping the limb and joints in normal position by means of light apparatus, and I am assured that there has been neither relaxation of ligament nor contraction of tendons.

For instance, it was directed that the hips should not be permitted to occupy long a position of flexion or adduction or abduction, and that at no time should super-extension be allowed. The child could sit in a wheel-chair, provided the feet were maintained at a right angle with the leg. It was understood that under no circumstances should super-extension of the knees be permitted. The feet were to be held at right angles with the leg when the child was out of the chair.

The case was kept under pretty close observation, in order that any tendency of the flexor muscles to contract should be promptly met by apparatus.

To summarize:

1. Avoid any undue stretching of the fibrous structures of the joint.

2. Do not permit long-maintained positions of the parts, by which muscles whose function has not been destroyed can become shortened.

3. Apply corrective apparatus when it is necessary to oppose contraction.

4. It is better not to leave these observations to the family.

Uncontrollable Vomiting During Pregnancy Cured by Feeding through an Œsophageal Tube.

The *Philadelphia Medical News* relates the following case of Dr. Bruenniche (*Centralb. f. Gynaek.*):

An unmarried woman with scanty, irregular menstruation, suffering severe gastric disturbance for two months, entered a hospital, and, under diagnosis of ulcer of the stomach, the possibility of pregnancy was denied. Soon after admission vomiting became so severe that all food was rejected and inanition was threatened. Alimentation by means of an œsophageal tube was now resorted to, and broth—followed by cold water, before withdrawal of the tube—was first fed to the patient without causing vomiting. Milk was then administered, and no vomiting being produced, it was followed by bouillon, etc., with like favorable results. After five days an attempt to swallow food caused reappearance of nausea and vomiting, and the use of the tube was again necessitated. Pregnancy was now readily diagnosticated. In three weeks the use of the tube was dispensed with, and the woman discharged cured.

A significant fact in connection with the

case is that it was only necessary to introduce the tube into the entrance of the œsophagus, showing that the location of the sensitive region, irritation of which occasioned the vomiting, was situated higher up in the digestive tract than the stomach.

A Radical Treatment for Masturbation.

Dr. J. C. Pennington, of Andover, Mass., writes as follows to the *Med. Record:* "I feel constrained to report a curious case of self-treatment which is worthy of the *Mikado.* The punishment was made to fit the crime in this wise: The patient, a boy of fifteen, being discouraged by his fruitless endeavors to free himself from the worst of all habits, deliberately selected the privy as the theatre of his operations, and, holding the offending organ by the prepuce with one hand, took aim with a small pistol, and shot it, with the other. The ball (22 calibre) entered on the dorsal surface; running beneath the skin, it entered the glans behind the corona, emerged on its dorsal surface, and again penetrated the prepuce before making its final exit. At the sight of blood the boy's heroism evaporated, and he screamed for help. As usual, the fair sex were most prompt in running to the rescue, and it was some time before a man arrived whom he could take into his confidence. Fortunately the urethra is not wounded, and a speedy recovery may be expected."

A Specific for the Treatment of Hernia.

Dr. Doroteo de Armas publishes an article in the *Union Médicale de Caraccas* (*Bulle Gén. de Thér.*, No. 28, 1885), in which he claims that the peasants of Venezuela produce a radical cure of hernia by means of a parasatic plant which grows on the *Bowdichia virgiloides.* The boughs of this parasitic plant are stripped of their leaves, and then scraped with a sharp instrument so as to remove all the inactive portions of the bark; the remainder is then chopped up and mixed with water to form a semi-solid paste. After the lapse of some time an extractive matter separates, which is at first greenish, but then becomes almost black. It is elastic, semi-solid, and capable of being drawn out in long filaments, which stick to the hands, and gradually harden when exposed to the air. The mode of employment is to spread a thick layer of this substance on a piece of linen, and, after having well shaved the skin, to apply it over the hernial tumor, where it is maintained from forty days to two months. Dr. Armas refers to two cases of cure with which he is himself personally acquainted. He believes that this mode of action is on the one side attributable to its contraction, and so renders it analogous in its application to a truss; and he believes, on the other hand, that it exerts special influence over the hernial rings.

Treatment of Acute Rheumatism.

The last number of the *Russkaya Meditsina* contains a communication from Dr. L. Drinevitski, of Rostoff-on-the-Don, who writes that for more than twenty years he has treated acute articular rheumatism with nitrate of potash, two drachms being given daily in raspberry syrup, and a dose administered every two hours. Together with this internal medication, he prescribes an ointment for use morning and evening of the following composition: Olei hyosc., 1 oz.; ung. hydrarg. cinerei, 2 dr.; ext. acon., 1 dr. He has tried all ordinary remedies, and finds that on the whole this plan of treatment is more satisfactory than any other, being especially valuable in those cases where salicylates fail to give relief. Generally the disease is brought to an end in from one to two weeks, according to its severity and the time the treatment was commenced. When commenced at the onset of the attack, and before more than one joint was affected, the others were usually spared altogether.

New Observations on Urethane.

The *N. Y. Med. Jour.* tells us that Coze, who has been conducting a series of experiments with a view to determining the precise physiological value of this new drug (*Bull. Gén. de Thérap.*, April 30, 1886), draws the following conclusions:

1. Urethane has a strong hypnotic action, causing complete muscular relaxation and, in full doses, anæsthesia.

2. It slows the pulse and the respiration, and lowers the temperature.

3. As it is only slightly irritating, it may be administered hypodermically.

4. It affects neither the secretions nor the general nutrition.

5. It is a physiological antagonist to strychnine.

6. It appears to be adapted to cases of convulsions, especially those of a tetanic character.

Subcutaneous Use of Morphine in Infantile Convulsions.

Dr. C. S. Scofield, of Boston, reports to the *Med. Record* the case of a child eighteen

months of age, previously healthy, whom he had been called to see on account of eclampsia. The child had been in convulsions for two hours, and had been given emetics, hot baths, and mustard to the feet, without any benefit. The writer at once administered one-eighth grain of sulphate of morphine, hypodermically, which was repeated at the end of twenty minutes—no effect having been produced by the first dose. This was also followed by no improvement, and a third injection was administered twenty minutes later. This was effectual in controlling the convulsions, and by the expiration of an hour from the time of administration of the first dose the child was sleeping quietly. When seen the following morning, the child had taken food as usual, and was apparently as well as ever.

The Injection of Oil of Turpentine into Old Sinuses.

From the *N. Y. Med. Jour.* we learn that Cecchini (*Annali Universali di Medicina*; *Abeille Méd.*) reports a number of cases in which he succeeded in causing the closure of old sinuous tracts by injecting into them a few drops of oil of turpentine with a common hypodermic syringe. The best results, he says, are obtained when the drug is used pure, but it may be mixed with some bland oil, or even with a solution of morphine, as the pain is sometimes considerable. By this simple treatment, the author has cured five anal fistulæ and six sinuses connected with carious bone. The turpentine is thought to exert a stimulating action on the walls of the sinus, whereby healthy granulation is promoted.

A New Case of Infection in Utero.

Dr. Zeissel reports in the *Wiener Med. Presse* a young married man who, in the commencement of the month of April, had connection with his wife the last time. The menses remained away, and the wife proved to be pregnant. On the 12th day of April he had connection with another woman, and contracted syphilis from her. The sore healed rapidly, but an induration developed which remained a considerable time. As he believed that without a sore he could not infect, he, on the 25th of May, recommenced intercourse with his wife. She contracted syphilis, and on the 31st of December, 1883, was delivered of a child, It showed evidence of hereditary syphilis, and died soon. Here we have a case demonstrating the possibility of a child begotten of a healthy father to become diseased through its mother, who contracts the poison during gestation.

Cure of Angiomata.

The *Weekly Med. Review* tells us that favorable results from the employment of Meckes' method for the cure of angiomata are reported by Negretto, in the *Gazette Méd. Ital. Lombard.* The method consists in painting the angiomata with a mixture of collodion and corrosive sublimate. The whole surface affected receives four coats of the solution. The application is renewed every fourth day until the angioma is cured. Negretto reports success in two cases of vast teleangiectasis of the face. A small portion of the tumor only was painted at a time. The application is not advisable where mucous surfaces are involved. Meckes' formula is four parts of corrosive sublimate to one of collodion. Negretto finds that two parts in thirty answer. A very good cicatrix results.

Puerperal Fever.

Dr. Hiram Corson thus writes of it in the *N. Y. Med. Jour.*, May 29: "Of this I can only say that if it is a disease different from peritonitis I know nothing of it. It is a disease exceedingly rare in the country. If it is caused by the germs which are so guarded against in cities and especially in hospitals, they are inactive if they exist at all in the country; and, therefore, the directions so urged by Dr. Elliott, Carl Braun, and others, are not needed with us."

Nitrous Oxide as an Anæsthetic.

M. Laffont, in a recent communication to the Paris Société de Biologie, stated that nitrous oxide is a most dangerous anæsthetic. He has since further prosecuted his experiments; and, at a subsequent meeting, confirmed his previous statements. He has found proof that nitrous oxide is not an anæsthetic, but an asphyxiating agent, as MM. Jolyet and Blanche have proved. When this agent is used by dentists to produce anæsthesia, hyperglycæmia, and glycosuria result. M. Laffont has verified these phenomena by personal experience. He has also ascertained that in animals these results take place before anæsthesia, during the period of deep breathing.

Diagnosis of Lead-poisoning.

As a proof of the assertion that lead is eliminated by the skin, Dr. Dumoulin, at the

Belgian Academy of Medicine, lately showed a patient suffering from chronic lead-poisoning, whose integument became blackened wherever it was moistened with a solution of either sulphite of sodium or sulpho-hydrate of ammonia. This seems a more certain means of diagnosis than the blue line on the gums.

Retraction of the Penis.

In *Vratch* is reported a case where a man's penis suddenly retracted until it disappeared under the pubic arch, leaving a depression something like the umbilicus. When seen by a physician the man had tied a string to the penis, fastening the other end around the thigh. After a few days the organ ceased retracting, the only treatment pursued being the administration of small doses of bromide of potash.

Treatment of Ivy Poisoning.

In the *Northwestern Lancet* Dr. Augustine Brown calls attention to a specific remedy for ivy poisoning which he described eight years ago in the *Medical Record*. This remedy is bromine, which Dr. Brown has employed with unvarying success in seventy-five cases, using the following formula:

℞. Bromini, gtt. x–xx.
Ol. olivæ, seu
Ol. amygdalæ dulc., f℥j.—M.

Sig.—Apply freely to affected surface four times daily. Wash with warm water and castile soap twice daily.

Valerian in Diabetes Insipidus.

Demange says in *L' Union Medicale* that diabetes insipidus is best treated by valerian in doses of two to four drachms of the powder per diem. This drug was highly praised by Trousseau, and has been revived since by Bouchard.

Correspondence.

Narrowing of the Colon.

Eds. Med. and Surg. Reporter:

In your journal of May 15th, I noticed an account of a case of narrowing of the small intestine, reported by Dr. Davidson. Having notes of a case somewhat analogous, which I determined to report at my leisure, is sufficient excuse—because of the apparent similarity—to warrant its appearance at this time. In July, 1883, I saw, in consultation, a young man, aged 20, who was taken sick in the county with what appeared to be a case of ordinary colic. He suffered greatly for about 48 hours with acute abdominal pain, which was accompanied by slight swelling of the abdomen, and vomiting of orange-colored matter. The bowels were open, though the evacuations were rather scanty and thin, and presented nothing unusual in character or appearance. This condition existed for several days, and on the fifth day I was called, there being no change except a partial subsidence of the pain. The countenance now wore an anxious expression, and the patient would retain nourishment and medicines for about two hours at a time, when the contents of the stomach would be voided with a gush (reminding one of a bucketful of water turned suddenly bottom up), of which the patient would have no previous warning, as nausea, etc. This state of affairs continued until death terminated the scene, on the seventh day, from exhaustion.

I will not occupy your space with an account of the treatment, but as the case proved so obstinate, and had the features of an obstructive disease of some character, permission was had to hold an autopsy, and accordingly, six hours after death, upon such examination the following facts were developed: The stomach was healthy, the walls thinner than usual from distention, and it contained about three pints of orange-colored fluid. The small intestine was distended by gas, and appeared *larger than normal*, but the colon, beginning about two inches from the ileo-cæcal valve, was narrowed its entire length to the region of the sigmoid flexure, at which point it became normal. There appeared to be a contraction of the circular coat of almost the entire colon, which reduced its calibre with very slight thickening of the bowel to an apparently uniform diameter of ¾ of an inch. The liver was normal; the gall-bladder contained about one ounce of dark-green bile. Otherwise nothing unusual was found. The difference in size of the large and small intestines was so striking as to impress one with the idea that they had changed places in this case.

The subject of this unique case usually enjoyed good health; was a machinist by occupation, and never before had any indications of abdominal disease of any kind. Here was a case difficult of diagnosis, and treatment of any kind would have been unavailing had the correct pathological condition been fully understood.

S. N. Myers, M. D.

Martinsburg, W. Va.

Labor Influenced by Mental Impressions.

EDS. MED. AND SURG. REPORTER:

On the afternoon of May 31, 1883, the writer was sent for to attend Mrs. S., æt. 39, in her twelfth confinement. She had had pains more or less severe for about thirty-six hours, and, although aggravating, they came on at long intervals, and did not at all act like those experienced during previous confinements. She was very despondent, and had a foreboding that she would not survive the ordeal before her. A digital examination showed a well-dilated os, and a somewhat large but not very tense bag of waters, which upon slight manipulation, broke; whereupon the liquor amnii escaped in tolerable quantity.

Being my first attendance upon the lady, I did not dwell upon the initial examination at length; but discovered in the presenting parts a softness and pliability to the touch, just the reverse of the "characteristic feel which the head supplies." A positive diagnosis being important as well as desirable, a second examination was soon proposed, when the nates, the ischio-rectal depression, and the anal orifice were distinctly recognizable, and a breech presentation was no longer a matter of doubt. The husband being told that the child's breech presented, imparted the information to the patient, upon whom the effect was highly unfavorable; for from that moment all labor pains ceased, and there was complete inertia of the uterus for four hours. No medicine of any kind was administered during that time, only moral means, alternate warm and cold applications to the abdomen, warm pediluvia, and change of position being resorted to for the purpose of overcoming the trouble, which, as will readily be understood, was purely of a mental nature.

At length, after some private conversation between the husband and wife, I was told that a consultation was desired, and that Dr. ——, a neighboring practitioner (with whom I could not conscientiously affiliate) had been selected by them for counsel.

I now informed them that, in view of their decision, I would remain till his arrival, and then leave the case to their choice. The husband started on horseback for the proposed counsel, and I made preparations for departure. As I carried my medicine and obstetric cases to the vehicle outside, the patient became impressed with the idea that I was going away, and she would be left without an attendant.

Immediately the servant-girl was sent to the door, with the request that I should come into the house quickly. I hurried to the bedside, and found my patient seized with a strong expulsive pain. After a moment's pause another followed, and then another, and in less than ten minutes' time there was born unto this mother a boy, alive and kicking, as the result of this decisive mental impulse, for such it certainly was on her part. It is needless to add that a messenger was sent to intercept the counsel.

D. B. HOLSBURG, M. D.

Granville, Ill., May, 1886.

NEWS AND MISCELLANY.

Pennsylvania State Medical Society.

The Pennsylvania State Medical Society was in session at Williamsport, Wednesday, Thursday, and Friday, June 2, 3, and 4. There were about 500 members present. The Society is growing in numbers and importance, and the members present were quite enthusiastic over its future. Soon after roll call on the first day, a protest was entered against the registering of the names of the Philadelphia delegates, as there were two sets of them present. The Philadelphia County Medical Society has two factions, and each faction sent delegates. The matter was referred to the Judicial Council for settlement, and Drs. Keene, Tyson, Parvin, Solis-Cohen, Jackson, and Parish were appointed to represent the Philadelphia delegates before the Judicial Council. Dr. Thomas H. Helsby, on behalf of the Lycoming County Society, delivered the address of welcome. He spoke of the growth of the society since the last meeting in this city, fifteen years ago, delivered some touching tributes to the members who had died during the past year, and reviewed the progress that has been made in enlarging the membership of the association.

The majority and minority reports of the delegates to the American Medical Society were read, and the reports of the delegates to the medical societies of Ohio, West Virginia, Maryland, Delaware, New Jersey, New York, and Massachusetts handed in. Reports were also read from the secretary, correspondents of library, treasurer, committee of publication, medical examiners of county societies, county medical societies, committee on collective investigation of disease, committee on medical education. A bill to be presented to the Legislature, relating to the requirements to be imposed upon physicians before they can practice in this State, was read. This provoked considerable discus-

sion, and at last it was agreed to postpone its consideration.

In the afternoon the convention was called to order at 2 o'clock, and Dr. J. M. Anders, of Philadelphia, delivered an address on "Hygiene and State Medicine." Addresses were also make by Dr. Charles E. Sajous, of Philadelphia, on "Laryngology;" Dr. C. W. Dulles, of Philadelphia, on "Pasteur and Hydrophobia;" Dr. Solomon Solis-Cohen, on "Inhalation of Compressed Air as an Aid to Nutrition in the Treatment of Pulmonary Consumption," and Dr. Edward Jackson, of Philadelphia, on the "Relation of Eye-strain to Headache."

After the addresses were made the question about the admittance of the Philadelphia delegates was brought up again. A hot discussion followed, and at last the following resolution was offered and passed: "That it is the sense of this society that when a protest is presented against the admittance of delegates from a county medical society this should not act as as a bar to their registration, but they should be registered upon presentation of such certificates as are provided for by Article III. of the Constitution, and not be deprived of the rights of delegates until the charges of the protest are established."

When this passed, the Philadelphia members registered, and the meeting adjourned. In the evening a reception and banquet were given at the Park Hotel.

The first business on the second day was the reading of the report of the Judicial Committee appointed to investigate the protest of Philadelphia members against the admission of delegates. The council had been in private session nearly all of the first day hearing both sides of the question. They reported that the protest was not sustained. This announcement was greeted with a round of applause.

Dr. John T. Carpenter, of Schuylkill, delivered an address on "Mental Disorders." He spoke of the causes of mental trouble and how insane patients should be treated. In his opinion only 20 per cent. of insane patients sent to asylums ever recovered. No doubt more could be saved if they had proper care. He spoke of the causes of insanity, and said that a great deal of it was due to our fast American life. He arraigned the newspapers for considerable of the crime that is committed. Boys too early become addicted to alcoholism and the use of tobacco, and this in time brings about softening of the brain. The strain of political excitement, speculation in stocks, loss of peace and means, all tend to break down the nervous system. Again, the doctor referred to the press, and exclaimed, "Who will reform the daily press? The person who brings about a reform and frees it from sensationalism, will be a benefactor of mankind."

When the speaker had finished, Dr. Lee, of Philadelphia, moved that county societies appoint committees on insanity, whose duties shall be to visit asylums, investigate the condition of insane persons, and see that proper treatment is given, and that proper sanitary arrangements exist in the building. The resolution was adopted unanimously.

Dr. Murdock, of Pittsburgh, read a paper on the "Relative Value of Manipulation and Reduction of Dislocation of the Hip." Dr. J. H. Packard, of Philadelphia, read a paper on the "Further Consideration of Tracheotomy." He illustrated his subject on a blackboard, and gave descriptions of the treatment of croup and diphtheria in children, and told how he removed the ulcerous mucus caused by those diseases. Dr. H. L. Orth, of Dauphin, addressed the Convention on "Surgery." "The Application of Moist Heat in the Treatment of Purulent Ophthalmia," was discussed by Dr. Albert G. Heyl, of Philadelphia. The paper was discussed by several gentlemen, who agreed with Dr. Heyl in the manner of treatment of the disease. The value of the application of heat, whether dry or moist, was advanced, instead of the use of mercurial solutions, where there is irritation to be removed from the eye.

Dr. A. Sydney Roberts, under the head of "Remarks on Flat-foot, with Description of a New Plant or Spring for its Relief," spoke of the frequency of spurious valgus or flat-foot, the pain and debility resulting from it, and the liability of the deformity to be mistaken for rheumatism, neuralgia, or even tarsal osteitis. He described the bony arches of the foot, and the part the second or supplementary one played in support of the superincumbent body weight, together with the changed relations of these parts in the acts of walking, running, dancing, etc. The relation of vessels, ligaments, and fasciæ as accessory supports were also described at some length; the weak point of the arch was located where the astragalus rested upon the os calcis, and that in occupations requiring continued standing and walking, the muscular and ligamentous supports of the arch became overtaxed and did not afford proper assistance to the bony arch, as a result of which permanent extension or flattening of the foot resulted.

In speaking of the morbid anatomy, the

author stated that in the congenital variety the flattening of the arch, which is incomplete at this period of life, is more apparent than real, owing to the associated valgus which is always present in these somewhat rare conditions. The causes of the acquired varieties were stated to be rachitis, infantile spinal paralysis, rheumatism, and tarsal or ankle-joint osteitis. Bow-legs and knock-knee produce flat-foot symptomatically. These cases generally occur, the speaker went on to say, in adolescence and in those whose occupation compels them to occupy the standing position for a long time. Their gait is characteristic, heavy and dragging; the knee is bent, while the feet are placed gingerly on the ground. In speaking of treatment, special attention was given to the so-called inflammatory form, the speaker stating that rest, which is essential, could be best attained by the use of tempered steel springs, so made that the convexity of the spring should be at that point where the arch of the foot is most flattened. A great improvement over the narrow spring which was let into the shank of the shoe had been suggested by Mr. Arthur Lea, in which the spring was much broader, longer, and in addition to supporting the arch of the foot, prevented internal rotation by the extension upwards of flanges from the main body of the spring. Dr. Roberts stated that he had made use of the tempered steel springs in upwards of forty cases, with the most gratifying results, in the relief of pain, disability, etc., finding them more convenient than the older forms of plantar support and ankle braces.

Before adjournment a motion was adopted that the treasurer urge upon county societies to aid the local committee in Washington in their arrangements to give the members of the Ninth Congress, to which delegates from all over the world will be present, proper entertainment. A preamble and resolution was read by Dr. Corson, relating to the management of the hospitals of Harrisburg, Danville, and Warren, and a resolution was offered for the appointment of a committee of twenty-one to memorialize the Legislature to change the laws so that the management of the hospitals will devolve on the directors instead of the superintendent.

Following are the officers appointed for the ensuing year: *President*—R. Davis, M. D., Luzerne county. *Vice-presidents*—Hobart Allport, M. D., Clearfield county; Isaac Kerlin, M. D., Delaware county; D. J. McKibbon, M. D., Schuylkill county; W. B. Lowman, M. D., Cambria county. *Permanent Secretary*—W. B. Atkinson, M. D., Philadelphia. *Recording Secretary*—H. Howard Hill, M. D., Bedford county. *Corresponding Secretary*—J. H. Musser, M. D., Philadelphia. *Treasurer*—Benjamin Lee, M. D., Philadelphia. *Committee of Publication*—W. B. Atkinson, M. D., Benjamin Lee, M. D., J. H. Musser, M. D., Edward Jackson, M. D., Philadelphia; T. H. Helsby, M. D., Williamsport; E. Enfield, M. D., Bedford; W. G. Weaver, M. D., Luzerne. *Judicial Council*—John H. Packard, M. D., Philadelphia; John Curwin, M. D., Warren; A. H. Shaffer, M. D., Mifflin.

The next place of meeting will be Bedford, Pa., on the last Wednesday in June, 1887. The Committee of Arrangements include A. Enfield, M. D., Bedford; W. P. S. Henry, M. D., W. T. Hughes, M. D., S. H. Gump, M. D., and J. A. Clark, M. D., Bedford.

Dr. John V. Shoemaker, of Philadelphia, read an address on "Medicine," followed by Drs. J. H. Musser and F. Woodbury, of Philadelphia, on "The Treatment of Summer Diseases in Children," and "Puerperal Hemorrhagica," respectively. Dr. W. F. Waugh, of Philadelphia, read an interesting paper on "Typhoid Fever." Dr. E. A. Wood, of Allegheny county, delivered the president's annual address in the evening.

The Society dined at the Williamsport Hospital, and in the evening they were the guests of Reno Post 64, Grand Army of the Republic.

The last session of the Society was held on Friday, June 4, at the Academy of Music. papers were read by Dr. R. Leonard, of Carbon county, on "Obstetrics;" by Dr. T. V. Crandall, of Philadelphia, on "Additional Causes of Subinvolution of Uterus;" by Dr. W. H. Parcels, of Mifflin, on "Puerperal Convulsions;" and by Dr. A. Enfield, of Bradford county, on "The Antagonistic Drugs to be Employed in Typhoid Fever." A motion was made to defer the reading of other papers, and that they be given to the Committee on Publication.

Dr. Green read a resolution extending thanks to the retiring officers for their efficient work, to the people of Williamsport for their entertainment of delegates, to the press for their elaborate reports of the transactions, and to the railroad companies for giving the delegates reduced rates. This was passed by a unanimous vote. A motion was made and passed for the appointment of a committee of five to confer with the members of the Legislature about a bill relating to vivisection for scientific purposes. Dr. Benja-

min Lee offered a resolution that the Convention views with deep concern the attempt made to overthrow the National Board of Health, and that the delegates present urge upon the members of Congress from their respective districts the importance of affording the Board proper support. The resolution passed.

The committee appointed on vivisection are Drs. Woodbury, Jackson, Wood, Pollock, and May. The Convention then adjourned. It is agreed that this year's session has been the most successful ever held. About 120 delegates after the adjournment marched to the Philadelphia and Erie depot, where they took the excursion train for Watkins Glen. The excursionists returned to the city in the evening at 9 o'clock.

Correct List of the Officers of the Preliminary Organization of the Ninth International Medical Congress.

For the reason given by the *Journal of the American Medical Association* for publishing it, we reproduce from that journal (issue May 29) the following:

As several of the leading medical journals have recently attempted to give their readers a list of the general officers of the Congress and the presidents of the sections without taking the trouble to secure correctness, we think it proper to reproduce the general officers of the Congress, the members of the Executive Committee, and of the Local Committee of Arrangements at Washington, and the Presidents of the Sections, as arranged by the Executive Committee at its meeting on the 3d and 4th inst. It will correct the errors published by others, and will be useful for reference by correspondents.

FOR GENERAL OFFICERS OF THE CONGRESS.

President—N. S. Davis, M. D., LL. D., Chicago, Ill.

Vice-Presidents—W. O. Baldwin, M. D., Montgomery, Ala.; Wm. Brodie, M. D., Detroit, Mich.; W. W. Dawson, M. D., Cincinnati, O.; J. A. Grant, M. D., Ottawa, Canada; E. M. Moore, M. D., Rochester, N. Y.; Tobias G. Richardson, M. D., New Orleans, La.; Lewis A. Sayre, M. D., New York, N. Y.; J. M. Toner, M. D., Washington, D. C.; the President of the American Medical Association; the Surgeon-General of the United States Army; the Surgeon-General of the United States Navy; the Supervising Surgeon-General of the United States Marine Hospital Service.

Secretary-General—John B. Hamilton, M. D., Washington, D. C.

Treasurer—E. S. F. Arnold, M. D., New York, N. Y.

Chairman of the Finance Committee—Richard J. Dunglison, M. D., Philadelphia, Pa.

Chairman of the Executive Committee—Henry H. Smith, M. D., Philadelphia, Pa.

Chairman of the Local Committee of Arrangements—A. Y. P. Garnett, M. D., Washington, D. C.

Executive Committee of the Congress—Henry H. Smith, M. D., Chairman, Philadelphia, Pa.; N. S. Davis, M. D., LL. D., Chicago, Ill.; John B. Hamilton, M. D., Washington, D. C.; E. S. F. Arnold, M. D., New York, N. Y.; Richard J. Dunglison, M. D., Philadelphia, Pa.; A. Y. P. Garnett, M. D., Washington, D. C.; F. S. Dennis, M. D., New York, N. Y.; Abram B. Arnold, M. D., Baltimore, Md.; Wm. T. Briggs, M. D., Nashville, Tenn.; DeLaskie Miller, M. D., Chicago, Ill.; James F. Harrison, M. D., University Virginia, Va.; F. H. Terrill, M. D., San Francisco, Cal.; Wm. H. Pancoast, M. D., Philadelphia, Pa.; J. H. Callender, M. D., Nashville, Tenn.; A. B. Palmer, M. D., LL. D., Ann Arbor, Mich.; J. Lewis Smith, M. D., New York, N. Y.; E. Williams, M. D., Cincinnati, Ohio; S. J. Jones, M. D., LL. D., Chicago, Ill.; Wm. H. Daly, M. D., Pittsburgh, Pa.; A. R. Robinson, M. D., New York, N. Y.; Joseph Jones, M. D., New Orleans, La.; Albert L. Gihon, M. D., U. S. N., Washington, D. C.; Joseph P. Gray, M. D., LL. D., Utica, N. Y.; Jonathan Taft, M. D., Cincinnati, O.

Local Committee of Reception and Arrangement.—A. Y. P. Garnett, M. D., Washington, D. C., Chairman; the Surgeon-General of the U. S. Army; the Surgeon-General of the U. S. Navy; the Supervising Surgeon-General of the U. S. Marine Hospital Service; J. H. Baxter, M. D., U. S. Army; J. M. Toner, M. D., Washington, D. C.; N. S. Lincoln, M. D., Washington, D. C.; C. H. A. Kleinschmidt, M. D., Washington, D. C., and forty other members in the District of Columbia.

PRESIDENTS OF THE SECTIONS.

General Medicine.—Abram B. Arnold, M. D., Professor of Clinical Medicine, Baltimore, Md.

General Surgery—William T. Briggs, M. D., Professor of Surgery, Nashville, Tenn.

Military and Naval Medicine and Surgery—Henry H. Smith, M. D., formerly Professor of Surgery and Surgeon-General of Pennsylvania, Philadelphia, Pa.

Obstetrics—DeLaskie Miller, Ph. D., M. D., Professor of Obstetrics, Chicago, Ill.

Gynecology—James F. Harrison, M. D., Professor of Medicine, Obstetrics, and Medical Jurisprudence, University of Virginia.

Therapeutics and Materia Medica—F. H. Terrill, M. D., Professor of Therapeutics, San Francisco, Cal.

Anatomy—William H. Pancoast, M. D., Professor of General, Descriptive, and Surgical Anatomy, Philadelphia, Pa.

Physiology—J. H. Callender, M. D., Professor of Physiology, Nashville, Tenn.

Pathology—A. B. Palmer, M. D., LL. D., Professor of Pathology and Practice of Medicine, Ann Arbor, Michigan.

Diseases of Children—J. Lewis Smith, M. D., Professor of Diseases of Children, New York, N. Y.

Ophthalmology—E. Williams, M. D., Professor of Ophthalmology and Otology, Cincinnati, Ohio.

Otology—S. J. Jones, M. D., LL. D., Professor of Ophthalmology and Otology, Chicago, Ill.

Laryngology—William H. Daly, M. D., Pittsburgh, Pa.

Dermatology and Syphilis—A. R. Robinson, M. D., Lecturer on Dermatology and Syphilis, New York, N. Y.

Public and International Hygiene—Joseph Jones, M. D., Professor of Chemistry and Clinical Medicine, New Orleans, La.

Collective Investigation, Vital Statistics, and Climatology—Albert L. Gihon, U. S. N., Washington, D. C.

Psychological Medicine and Nervous Diseases—John P. Gray, M. D., LL. D., Professor of Psychological Medicine and Medical Jurisprudence, Utica, N. Y.

Dental and Oral Surgery.—Jonathan Taft, M. D., Professor of Dental and Oral Surgery, Cincinnati, O.

New York Medical Association.

The Third District Branch of the New York State Medical Association will hold its second annual meeting, in the court house at Binghamton, N. Y., Thursday, June 17, 1886.

OFFICERS.

President—Frederick Hyde, M. D., Cortland.

Secretary—Chas. W. Brown, M. D., Elmira.

COMMITTEE OF ARRANGEMENTS.

Drs. J. G. Orton, Chairman, C. B. Richards, S. P. Allen, C. W. Greene, J. H. Chittenden, F. W. Putnam.

ORDER OF BUSINESS.

Morning Session, 10 *A. M.*

1. Report of the Committee of Arrangements. 2. Address by the President. 3. Report of Executive Committee. 4. Announcement of Nominating Committee.

The Committee of Registration will be at place of meeting at 9 a. m.

1. "Notes on some Forgotten, or Much-Neglected, Remedies and Therepeutic Measures," by Caleb Greene, M. D. 2. "Third Stage of Labor, with Special Reference to Retained Placenta," by H. C. Hendrick, M. D. 3. "The Ideal Physician," by Jennie Stevens Elder, M. D. 4. "Rectal Corrections," by Frank W. Ross, M. D. 5. Dinner at Hotel Bennett.

Afternoon Session.

6. "Aphasia," by S. M. Hand, M. D. 7. "Observations on Southern California as a Resort for Pulmonary Invalids," by Theron A. Wales, M. D. 8. "Two Cases of Trephining for Traumatic Epilepsy," by Carlos F. MacDonald, M. D. 9. "Fracture of the Base of the Cranium," by Frederick Hyde, M. D. 10. "Causes and Treatment of Pelvic Hæmatocele," by Ely Van De Warker, M. D. 11. "May Life be Shortened by the Medical Attendant in Incurable Patients to Abridge Intense Misery?" by Jonathan Kneeland, M. D. 12. "Splenic Leucocythæmia," by E. Lester, M. D. 13. "Uterine Hemorrhage during Labor," by B. T. Smelzer, M. D. 14. "Oxaluria," by A. R. Nicholson, M. D. 15. "Spinal Irritation as Observed in a Special Case," by Thurston G. Packer, M. D. 16. "Acute Peritonitis," by W. B. Marrow, M. D. 17. "Bright's Disease," by John H. Price, M. D. 18. "Eclampsia following Childbirth," by Jonathan Kneeland, M. D. 19. "The Shady Side and the Sunny Side of the Practice of Medicine," by J. M. Farrington, M. D.

Indiana State Medical Society.

Before the thirty-sixth annual session of the Indiana State Medical Society, which met in Indianapolis May 11, the following papers were read: "Diabetes Mellitus, with Cases," by Dr. Wilson Hobbs, of Knightstown. "Medical Properties of Fraxinus Americanus," by Dr. J. I. Rooker. "Etiology and Treatment of Acute Croupous or Lobar Pneumonia," by Dr. O. N. Huff. "Disinfectants," by Dr. Hibbard. "Laparotomy," by Dr. T. B. Harvey. "Emmenagogues," by Dr. E. Hadley. "Glimpses of a Few of the Ancient Beacon Lights of Medical History," by the President. "Urea," by Dr. C. S. Bond, of Richmond. "Heredity," by Dr. Rachel Bailey. "Why, as a Rule, Does One Attack of a Specific Disease Pro-

tect from another of the Same Kind?" by Dr. S. H. Collins, of Laurenceburg. "Some Remarks on the Relation and Duties of the Physician to the Public," by Dr. J. W. Milan. "Locomotor Ataxia," by Dr. J. S. Gregg. "Washing out the Stomach as a Relief in certain cases of Obstruction of the Bowels," by Dr. Guido Bell. "Stricture of the Urethra," by Dr. D. C. Bryan. "Foreign Bodies in the Bladder," by Dr. L. H. Dunning. "Cystic Disease of the Testicle," by Dr. A. A. Hamilton. "Etiology of Pneumonia," by Dr. E. S. Elder. "Tumors of the Brain," by Dr. A. Hensly.

OFFICERS FOR THE ENSUING YEAR:

President—G. W. H. Kemper, of Muncie.
Vice-President—W. V. Wiles.
Secretary—E. S. Elder.
Assistant Secretary—J. McLean Moulder.
Treasurer—C. B. Higgins.

Philadelphia County Medical Society.

FEMALE PHYSICIANS—ILLEGAL PRACTITIONERS.

The Philadelphia County Medical Society, at its regular monthly meeting June 2, balloted for twenty-five candidates for membership, and elected them all except Dr. Clara Marshall, a Professor in the Women's Medical College, and a well-known woman physician, who failed to secure the necessary two-thirds vote. Dr. Marshall's name had been proposed several times before, and the vote has always been against her. It was decided to push the prosecution of illegal practitioners, and money was contributed for that purpose. Three bogus doctors have already been sentenced to imprisonment and fourteen more are under indictment.

Lactated Food.

Among the analeptics this preparation holds a deservedly high rank. It has long been familiar to the British profession, and has received the approval of some of the most competent English physicians. It has lately been introduced into this country by Messrs. Wells, Richardson & Co., whose advertisement will be found in another column. From some observations on its use made at our wish by good observers, we are enabled to recommend it as one of the best artificial food preparations which have been submitted to us.

Pure Pepsin.

The doubt which many physicians harbor in reference to the effect of pepsin arises from their use of an article which is impure. We agree with several of our contemporaries in recommending to such the employment of the Crystal Pepsin, as prepared by Dr. Jensen, of Philadelphia. He has long and intelligently made a close study of the most scientific processes for obtaining this therapeutic substance in its greatest purity, and in a form least liable to undergo change. His success has been marked, and we can give personal testimony to the value of his product.

A Complimentary Dinner to Professor Pancoast.

A well-deserved honor will be the complimentary dinner tendered to the late Professor William H. Pancoast by the alumni of the Jefferson Medical College, The dinner will take place at the Hotel Bellevue on the 17th inst.

Items.

—Prof. Bartholow says that when the cause of jaundice has been removed, salicylic acid will remove the bile pigment from the blood more promptly than any other drug.

—Toothache, when caused by acidity of the saliva acting on the exposed nerves, is promptly relieved by a strong solution of bicarbonate of soda used as a mouth wash and dentrifice.

— An excellent local application for "swelled testicle" is a paste formed in equal parts of subnitrate of bismuth and water. It removes the pain at once, and gradually reduces the swelling.

—Dr. W. G. Watford (*Brit. Med. Jour.*) insists, after an extended trial of the drug, on the efficacy of arsenic as a prophylactic of scarlatina. The failure of belladonna in the same direction, will not prevent the putting of this new claim to the test.

—A report on the therapeutic value of pure terebene will be made to the Pharmacology and Therapeutics Section of the British Medical Association at its forthcoming meeting. This will probably determine the future of the remedy.

—In the past year the richest American merchant, H. B. Claflin; the richest American railroad man, W. H. Vanderbilt; and the richest American planter, Edmond Richardson, have died. It is notable that not one of the three died in his bed. One dropped dead at his desk, another in his hall, and the other in the street.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1529.] PHILADELPHIA, JUNE 19, 1886. [Vol. LIV.—No. 25

Original Department.

Lecture.

NECROSIS OF THE HUMERUS—NECROSIS OF THE FIBULA—NECROSIS OF THE TIBIA—POTT'S DISEASE OF THE SPINE.*

BY H. R. WHARTON, M. D.,

Surgeon to the Children's Hospital, Instructor in Clinical Surgery in the University of Pennsylvania, Assistant Surgeon to the University Hospital.

John B., aged 10 years, whom I bring before you this morning, was admitted to the hospital during the latter part of the summer with cellulitis of the leg, which had gone on to suppuration. This was treated by incision to secure free drainage, and under this treatment he made a good recovery. About this time he complained of pain in the left shoulder, which he attributed to an injury of that part which he had received a short time before his admission to the hospital. The part became swollen and painful, his temperature rose rapidly, and for several days his condition seemed critical, My colleague, Prof. Ashhurst, saw the case with me, and we concluded that there was osteitis involving the upper epiphysis of the humerus; the whole arm became swollen and œdematous, and at several points abscesses seemed to be forming. Several incisions were made, which were followed by the discharge of pus and marked improvement in the local condition, and upon exploring the wounds thus made with a probe, rough or carious bone could be felt at the upper portion of the humerus. After the incisions were made, his general condition was much improved, but the swelling gradually extended down the arm, and although the disease originated at the upper epiphysis of the humerus, I now think that the whole shaft of the bone has become involved.

You will notice upon examining the arm several openings with pouting granulations at the upper portion, and also just above the elbow several other sinuses presenting a similar appearance. You notice also the induration of the soft parts, and upon careful palpation the whole humerus seems to be expanded or enlarged, and upon exploring their sinuses with a probe, I find that they lead down to roughened or carious bone. Such being the condition of the parts, I think the time has arrived when we should cut down upon the diseased bone, explore it, and remove whatever we find in a carious or necrosed condition. The patient being etherized, I first apply the Esmarch bandage and then the tube, and this you will find a most useful apparatus in operating upon cases of caries or necrosis of bone, as it renders the part bloodless and enables the operator to see the condition of the parts clearly. I next make an incision from just below the shoulder upon the outer side of the limb to the sinus just above the elbow, dividing the skin and superficial fascia. I now divide the deep fascia, and carry the incision down to the bone, being careful in the middle of the incision to leave a mass of tissue which I think contains the musculo-spinal nerve where it comes around the humerus, as I do not wish to divide this. I divide the periosteum and push it aside and expose the humerus, which I find much expanded, and cut some of it away with a curved gouge at the upper portion, and expose some small

* Delivered at the Children's Hospital, Philadelphia.

sequestra surrounded by gelatinous lymph, lying in the medullary canal. I now expose the whole canal by cutting away the outer wall of the bone, and thoroughly clear it of these small sequestra and lymph which it contains.

The success of these operations depends largely upon the free removal of all diseased tissues, either hard or soft, and the removal of all overhanging edges of bone.

I now am able to pass a director from the upper part of the bone through a sinus which opens in the anterior portion of the axilla. As I do not wish to encroach upon the axilla, I will pass an oakum seton through this, and it will be kept in position for a few days.

Having washed out the cavity with carbolized water (1–40), I pack it with strips of antiseptic gauze, and apply over the whole limb a gauze dressing, and hold it in position by a bandage starting at the tips of the fingers and carried up to the shoulder. This bandage is applied quite firmly, so as to control any hemorrhage which might occur in the wound. The rubber tube is now removed, and you notice that the circulation is re-established in the arm. The case will be closely watched for a short time for hemorrhage, and should it occur, a compress of oakum and an additional firm bandage will be applied. But as no large vessel has been divided, this complication is not likely to take place.

NECROSIS OF THE FIBULA.

The next case I bring before you is this little girl, aged nine years, in whom you see a decided enlargement in the region of the right fibula, and in the line of this bone you see three or four small ulcers with pouting granulations.

Upon examining these with a probe, I find that it enters the cavity of the fibula and comes in contact with dead bone, and from the sensation imparted to my hand, I think there is here a loose sequestrum. The child being etherized, and the Esmarch apparatus having been applied, I will now make an incision over the fibula in the line of the sinuses. Displacing the tendons and muscles, I expose the thickened bone, in which I see several openings corresponding with the openings upon the skin. I now cut away the external aspect of the fibula, and expose a slender sequestrum extending from the external malleolus almost to the head of the bone. Having cut away a sufficient amount of the outer shell of the bone, I can now remove the sequestrum with bone forceps. The cavity I now clear of all debris, and the bony edges are now sloped off and the wound is thoroughly irrigated with a carbolized solution. The wound is now packed with carbolized lint and a gauze dressing is applied and held in position by a roller bandage. The rubber band is now removed, and you see the circulation is re-established in the limb.

The same precautions will be taken in this case as in the preceding one as regards hemorrhage. I here call your attention to the fact that this patient has also suffered from hip-joint disease of the left hip, and has had her joint excised on that side, and will notice what a fair range of motion she has in her new false-joint at the point of operation.

The necrosis of the fibula and the disease of the left hip-joint are here probably due to the same cause.

NECROSIS OF THE TIBIA.

The next case I show you is this boy, aged eleven years, in whom you notice an enlargement of the lower end of the left tibia, and a sinus which presents the very characteristic appearance which you see. He is suffering from a circumscribed necrosis of the left tibia, and I call your attention to the fact that he also is the subject of hip-joint disease of the right hip.

The case being etherized, and the means having been applied for the control of the hemorrhage, I now cut down upon the lower end of the tibia, and having divided and turned aside the soft parts, I expose the bone, which I find much expanded at this point, and can see an opening, into which I introduce a director and feel a loose sequestrum. I cut away the anterior surface of the tibia freely with a gouge, and you see I can now without difficulty remove this sequestrum, which is perfectly detached, with bone forceps. I cut away all edges of bone which overhang the cavity in which this sequestrum rested, and wash the wound out with a carbolized solution and apply the dressing in the same manner as you saw me do in the other cases.

The after-treatment of these cases of necrosis, or caries, consists in removing the packing on the second or third day; but really no definite time can be set for this, as the rule is to remove it as soon as it becomes loose; and the subsequent dressing consists in keeping the wound clean and lightly packed with lint, so that its surfaces may not come in contact and adhere, leaving a sinus.

These wounds of course heal by granulation, and if all the dead or carious bone be removed and care be taken to cut away a

sufficient amount of the overhanging edges of bone so as to permit of the soft parts being drawn in, in the contraction which follows, and if the simple details of after-treatment be observed which have been mentioned, these cases are very satisfactory in their termination, and when the parts are solidly healed we have resulting a depressed cicatrix.

Necrosis may result from osteitis or periostitis or osteo-myelitis, or it may result directly from an injury depriving the bone of its nutrition without the development of inflammatory symptoms. Necrosis resulting from the first-named cause is most frequently met with and runs a more chronic course.

As remote causes of necrosis, we have certain constitutional conditions such as scrofula and syphilis, and I called your attention to the fact that in two of the cases which you have just seen there was co-existing hip-joint disease. From traumatisms, as previously stated, necrosis may result directly, and I think they also frequently act as an exciting cause in the constitutional conditions just mentioned.

I would also call your attention to the history of the boy who had suffered from necrosis of the humerus, in whom the disease seemed to originate in an epiphysitis of the humerus following an injury of the shoulder. Under this name an English surgeon has described an inflammation occurring in children at the junction of the epiphysis and diaphysis of the long bones which may be followed by periostitis, osteitis, and osteomyelitis, and is often confounded with arthritis.

POTT'S DISEASE OF THE SPINE.

This child, four years of age, is suffering with caries of the spine, and as you see the disease in this case is located in the lower dorsal vertebræ, in which region you can see a marked projection. This case has been treated by means of the plaster-of-Paris jacket, which I will renew before you to-day. The child is first supplied with a closely-fitting woven shirt, and a small abdominal pad is placed under it over the region of the umbilicus; the case is now suspended from a tripod by means of this transverse rod, which is furnished with arm-pieces and a halter, or hand support, the suspension is only carried to that point where the toes rest on the floor. The bandage, which is made of crinoline, into which plaster-of-Paris has been rubbed, is now soaked in warm water and applied around the body; it is started a little below the crest of the ilium and carried up to the axillæ. The most important point in the application of this dressing is to obtain a firm base for support upon the bony prominences of the pelvis.

Three or four rollers applied in this way will form a firm splint, and after it sets, we will remove the abdominal pad, and place the child in the recumbent posture until the dressing has become thoroughly dry.

At the present time much diversity of opinion exists among surgeons as to the value of this dressing, which was first brought before the profession by Prof. Sayre, of New York, by whose name it is generally known.

Although I do not think it has accomplished all that its introducer has promised for it, I certainly have seen it employed with the most satisfactory results; it produces fixation of the diseased bones and relieves them of the superimposed weight, thus preventing an increasing deformity, until nature brings about a cure by the deposit of bony callus around the diseased structures.

I do not mean to say that a properly constructed apparatus of steel and leather may not accomplish the same purpose, but on account of the expense of this dressing, it is impossible to use it in hospital practice. Jackets of leather and porous felt moulded from a cast taken from a plaster-of-Paris splint have also been used with good results, and have the advantage that they can be removed for purposes of cleanliness.

Where the disease involves the cervical or upper dorsal vertebræ, as is the case in this next case I show you, we use in addition a jury-mast fastened to the plaster splint from which is suspended a halter which supports the weight of the head.

In very young children suffering with caries of the spine, owing to the difficulty of getting any fixed points of support from the pelvis, which, in this class of cases, is poorly developed, we apply no apparatus, but depend for the treatment of the disease largely upon the recumbent posture.

COMMUNICATIONS.

HOME TREATMENT OF INEBRIATES.

BY T. D. CROTHERS, M. D.,
Superintendent Walnut Lodge, Hartford, Conn.

What to do when called to a case of acute intoxication where the patient is either in a state of stupor or delirium, is often perplexing. Many letters come to me in the course of the year from excellent physicians who

are not satisfied with their efforts, inquiring what can be done with these cases in their homes. The following is an outline answer to these questions, intended to be suggestive rather than otherwise.

The physician is only called in such cases where some acute condition appears or alarming symptoms that are new to the friends or the patient. He is called only as a last resort, and the facts of the case are always exaggerated or concealed. The statements of patient and friends are always misleading. This is the result of the theory of vice, wickedness, and weakness. If stupor is present, it should be remembered that fracture of the skull, concussion of the brain, cerebral hemorrhage, embolism, thrombosis, uræmia from Bright's disease, epilepsy, narcotic poisoning from other drugs than alcohol, head apoplexy, hysteria, may each one be mistaken for the stupor of drunkenness. The alcoholic exhalations should not be regarded as positive evidence of acute alcoholism or drunkenness. They may be present in any one of these conditions as accidents. If the patient is in a state of delirium, careful inquiry should determine the causes, and show that it was alone the effect of alcohol on the brain. Having ascertained these facts, the heart's action should next engage attention. If this is wavering and uncertain, all narcotics, and even stimutants, such as alcohol, ammonia, camphor, or the electric battery, are dangerous. If it is firm and steady, many and varied remedies can be used. In the former case, begin with a hot bath, either Turkish, vapor, or even a hot sponge-bath. Continue its use for some time with saline drinks as often as the patient will take them. It is a good plan to cover up the taste with tinct. of cinchona. The degree of the delirium and stupor must determine the active medical interference. If maniacal, always have a trusted attendant in the room, who will execute all orders and prevent any injury. Do not use chemical restraints in the form of chloral or other narcotics until the active stage of the delirium has subsided. Wait until the patient exhibits signs of exhaustion, then give freely lupulin or valerian, which as a rule are quite sufficient to bring on sleep and rest to the brain and nervous system. The physiological condition present is always one of depression, exhaustion, and derangement of the great nerve centres, associated with varied and complex states of congestion. Remedies which stimulate the secretions, including calomel and salines, are of the first importance. The only stimulants that can be given with success are hot milk, beef tea, or hot acid drinks. If the stomach is deranged, beef-tea or milk is often not tolerated; then acids or the salines with bismuth are valuable.

The hot bath and hot sponging give very marked relief in most cases. Free action of the bowels and kidneys and active perspiration also bring great relief to all the acute symptoms. The means used in each case must of course depend altogether on the conditions present. Opium in my experience has been both uncertain and dangerous. One-fourth of a grain of morphia has produced a very dangerous lowering of the heart's action, and in other conditions of the same case no effect was noticed. Opium in any form is also dangerous from the fact that it is quickly substituted for alcohol. In other cases, the effect of opium is more seductive than alcohol, and the relief more positive, hence it is used ever after. Chloral is also dangerous, because of its uncertain action on the heart. The bromides are cumulative and depressing, and the various other narcotics are uncertain and irregular in their action. When the acute symptoms of intoxication subside, craving for spirits and various morbid impulses and delusions appear. Various remedies have been found of value to allay this craving. The greatest skill and tact, as well as therapeutic resource, will be requisite. I find that small doses of a combination of chloral, bromide, hyoscyamus, cannabis indica, with a solution of bark, very valuable given at night. Lupulin, cinchona, nux vomica, and caffeine are very useful, and can be given in many ways and forms. The mental treatment of the case grows in importance as the symptoms decline. The case is more than alcoholic poisoning, it is an insanity of the most dangerous insidious character. An insanity that is largely unknown, and must be determined by the physician from the facts and circumstances of each case. The emergency of acute intoxication is only a small part in the history of the case; this should be the starting-point for the treatment. The patient and friends should be made to understand that the drink craving and impulse is a physical disease, and curable by the use of means long continued; that the causes and progress of this malady are not matters of chance and controllable by the will and disposition of the person; that they depend on states and conditions that can be known and remedied: physical and psychical states, which the patient cannot understand, but are clear to the physician.

When the friends and patient realize this

fact, and the physician makes a careful study of the case, using means and remedies to meet all its conditions, then acute intoxication will not occur, and the progress toward recovery will be positive and distinct. The home treatment of inebriety is as practical as typhoid fever or rheumatism. The results will be far more satisfactory, and the restorations as numerous. The great obstacle is sentiment and the moral theories of the origin and cause of inebriety.

This is the future field for medical triumphs and discoveries. The empirical efforts of reformers and moralists must give way to the exact studies of medical men and scientists. What is needed to-day are facts; and physicians who make all these cases of inebriety a careful study, will find most positive indications for successful treatment in a vast variety of means and therapeutical measures that are now unknown. My experience of over ten years, exclusively devoted to this study, and based on the study of a very large number of cases from all parts of the country, fully sustains the following conclusions:

1. The home treatment of inebriety is at present confined to measures for relief of the acute symptoms of intoxication. These means are often empirical, and should not include narcotics, except in special conditions and cases.

2. Home treatment of inebriety, where the family physician can become acquainted with all the facts of the history, and know the influence of the surroundings and apply the means of prevention, gives the greatest promise of cure.

3. Inebriety must be fully recognized as a disease requiring exact means and remedies for its removal. Then the physician can bring to his work an intelligent congregation of the friends and the patient himself, and the cure will be a matter of certainty.

4. Inebriety, as a disease, is curable to a large extent, but with the means used by the moralists and reformers it is practically an incurable malady. Inebriety, scientifically studied and treated at home, can not only be prevented, but cured, in a large proportion of cases.

—Dr. A. Walker says, in the *British Medical Journal:* "In a number of cases, strychnine administered along with iron for a month before labor, has exerted a remarkable influence in preventing post-partum hemorrhage, where severe flooding has occurred in previous labor."

CHRONIC CYSTITIS.*

BY P. S. CONNOR, M. D., LL. D.,

Professor of Surgical Anatomy, Medical College of Ohio, Surgeon to the Cincinnati and Good Samaritan Hospitals.

In a state of health, the bladder admirably performs its functions, holding the urine till such a time as micturition may be convenient or proper; but let there be a tumor of the bladder wall, a retained foreign body in the cavity, or an obstacle to the ready outflow of urine, and sooner or later there will be developed a state of chronic inflammation, with associated changes in the chemical constituents of the fluid. He recommended the finding of the cause and its removal at the earliest possible moment. If the kidney, therapeutic or operative measures must be adopted accordingly. If a foreign body in the bladder, it must be extracted. If a urethral stricture, dilate, divulse, or divide it.

Because of the ready removal of the cause in cystitis produced by stone or stricture, these cases, if not so long in duration as to have involved the kidneys, can be cured with comparative ease.

If the irritation is excited, maintained, or aggravated by the condition of the urine, in proportion as it is lessened is the morbid state diminished. This can be effected by increasing the amount of urine, which flushes out the cavity and distributes and carries off the pus. Some infusions owe their good effects to the cleansing of the bladder by the increased amount of urine passing through. For like reasons, washing out the bladder by injections acts very well, provided it is properly done and with a suitable fluid. The instrument must be clean in the fullest surgical sense of the word; the fluid warm, and such as to arrest and prevent decomposition. Theoretically the weak sublimate solution is the best that can be employed, but it is found not infrequently to be badly borne. Care must always be taken not to throw in the fluid too rapidly or too strongly, and if a single-current catheter is used, not to over-distend the bladder.

Cystitis in elderly men, arising from enlargement of the prostate, acts as does a stricture. The indications for treatment are the complete emptying of the bladder at regular intervals and with the least possible effort to the patient. Catheterization should take the place of natural evacuation. The patient may be able later to lay aside the instrument, but as a general rule, he will em-

* Abstract of paper read before the Cincinnati Academy of Medicine.

ploy it his lifetime; preferably the soft instrument, and always properly disinfected. In very many cases the chemical changes in the urine are due to bacteria which are carried in on the catheter, and it is because of the germs thus introduced that the frequent use of the instrument has long been recognized as likely if not certain to be followed by putrefactive changes in the urine, and an aggravation of the symptoms. In the older and severer cases, when the general hypertrophy of the prostate is great, and the basfond of the bladder consequently deep, and the residual urine in decided amount, catheterization and antiseptic irrigation are the essentials of treatment. Sometimes the muscular coat becomes so enfeebled as to permit of over-distension, at other times it becomes excessively intolerant of fluid, which excites a spasmodic, painful, imperious desire to urinate. This condition may be associated with and dependent upon prostatic hypertrophy, very apt to be of the ball-valve variety, or complicated with urethral stricture. It may depend upon the bladder tumor, or upon tubercular disease of the prostate, or the seminal vesicles. The habits and mental state of the individual sometimes markedly affect the intensity of the irritability. Permanent retention of the catheter where there is difficulty in introducing the instrument from the size or direction of the canal, or over-sensitiveness of its membrane, is, in the essayist's opinion, improper. Any catheter will soon become encrusted, cannot be kept antiseptic, and will almost certainly increase the irritation. In severe cases operative interference is often strongly called for, and is capable of accomplishing much. The most important element in the treatment of cystic affections is rest. Open the contracted urethra by sound or knife, and the pre-existing inflammation will generally rapidly diminish or altogether disappear. Extended experience has demonstrated that parenchymatous injections of the enlarged prostate are of no value to produce shrinkage. I am becoming more and more convinced that in all severe forms of chronic cystitis in the male, either perineal section or supra-pubic cystotomy should be made. By draining off the urine as fast as it comes into the bladder that rest is secured, which above all else is the essential element in treatment. If the cystitis depends upon a vesical tumor, the perineal operation permits of the determination of the location, size, and nature of the neoplasm, of its removal if practicable, and under all circumstances of the cleaning and draining of the cavity. In young subjects with cystitis dependent upon local tuberculous deposits, dilatation of the prostatic urethra, or division of the gland, affords more relief, and that more speedily, than anything else. Many, especially of the French school, urge that the opening into the bladder should be supra-pubic, and there are unquestionably advantages in this operation over the perineal one, with, however, associated disadvantages.

In any and all forms of chronic cystitis, the prime indications of treatment are to remove the cause and give the organ rest. Just in proportion as these indications can be fulfilled will relief be afforded and a cure effected.

Medical Societies.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Special meeting, April 15, 1886. The president, B. F. Baer, M. D., in the chair.

Dr. M. Price reported two cases of

Emmett's Button-hole Operation.

I desire to call the attention of the Society to a novel operation for the diagnosis and treatment of urethral and vesical diseases and accidents incident to parturition, devised and practiced by Dr. Emmett, of New York, for the past six years. In the last edition of his gynecology he treats the subject elaborately, and gives it, as in his judgment the most rational treatment for prolapsus of the mucous and submucous tissues, urethrocele, lacerations of the urethra from dilatation or injuries in labor, gonorrhœal inflammation, and abscess in the urethral wall.

I desire to report two cases of this operation, where no other treatment, in my judgment, would have been of the slightest benefit to the patients. The operation recommended by Dr. Emmett is what he designates as his "button-hole operation of the urethra," and may be performed either in the Sims's position or in the lithotomy position. The operation consists in opening the urethra from three-fourths to one inch, midway between the urethral orifice and the neck of the bladder, thus giving ample room for inspection of the canal for any growth or condition requiring drainage or operative procedure. In those cases where the opening is made for diagnostic purposes simply, the opening may be closed with sutures, or be allowed to close in its own way. Many cases of urethral irritation are wonderfully bene-

fited, and most of them entirely cured, simply by the free drainage it allows. The mucous membranes of the urethra and vagina are tacked together in these cases to prevent retraction. In the operation for urethrocele, the urethral opening is made through the pouch or dilated portion of the urethra, while a block-tin bougie is held in the bladder. The opening is continued down into the mucous membrane covering the sound, and a sufficiently large piece of the mucous membrane of the vagina removed to insure the removal of the pouch. The mucous membrane is then taken under the sound and drawn through the button-hole opening, so as to obliterate the redundancy of mucous membrane; sutures are then passed from the vaginal surface to the block-tin sound and back on the opposite side in the same position—all the sutures being thus introduced before cutting away the redundant mucous membrane held by a tenaculum in the hands of an assistant. This is to prevent the possibility of failing to incorporate the mucous membrane of the urethra in the sutures, and so failing to secure a perfect result, inasmuch as it is the mucous membrane which, on account of its diseased condition, is giving the most trouble. This is also the operation performed for prolapse of the mucous membrane; its redundancy being pulled through the button-hole opening, back from the meatus and there fastened. The redundancy is then cut away, instead of cauterizing it as in the past.

The first case is that of a lady 32 years of age, the mother of four children. The last labor was very brief, as the woman was delivered with forceps in the hands of a medical man who had another engagement, and could not be delayed. This was four years ago. The woman, when she came into my hands, was suffering from a double laceration of the cervix, which was torn back to the vaginal vault; with laceration of the perineum back to the sphincter; and with a urethrocele that would have held two drachms of urine. There was also quite a protrusion of the mucous membrane of the uterus: what Emmet calls "hemorrhoids of the urethra," from constant straining to pass urine. This woman had suffered constant tenesmus or bearing-down pains ever since her confinement, with inability at times to go more than half an hour without passing urine; at other times she was compelled to micturate every few moments; the urine passing with the greatest difficulty.

This was making great inroads upon her health. She had consulted quite a number of physicians, and was treated, from what I understand, for "cystitis" and "ulceration of the womb." This, I believe, was the diagnosis of her trouble by the gentleman who had rendered her such efficient service at her delivery. The patient was operated on after the method of Dr. Emmet. An opening one and one-fourth inches in length on the vaginal surface and three-fourths of an inch in the urethral wall was made, and the superfluous mucous membrane both from the urethrocele and from the mouth of the urethra drawn through the vaginal aperture and the sutures put in before cutting away the redundancy of tissue. Seven sutures were applied, and a perfect result was obtained in oneweek. When the sutures were removed, they were all found in a space not larger than the end of my thumb in consequence of the contraction of the tissues. The woman passed her water ten hours after the operation, and continued to do so afterward without pain or discomfort. At the present time, three months after the operation, she says she is better than she has been at any other time since her last labor. I would also state that the perineum and cervix were also repaired at the same time. Silk-worm-gut sutures were used in this case.

The second case is one of great interest from a medico-legal point of view, as the cavity of the urethrocele was lined with a pus-secreting membrane. The patient, although under my care, was not examined until after the urethrocele became very troublesome. I then learned that difficulty from this source, gradually growing worse, had been experienced for four years. These facts were not ascertained until the husband had repeatedly presented himself for treatment of a mild urethritis which always developed after sexual intercourse. His condition had been attributed to other than legitimate causes. After a considerable number of attacks, he began to inquire the cause of his affliction. Having been asked the question as to "foreign relations," he stoutly denied any such cause, though he admitted that he had suffered from gonorrhœa early in life, but had been completely cured long before the time of his marriage, some fifteen years ago. He was then asked to have his wife present herself for examination at my office. I found her suffering from laceration of the cervix and a urethrocele. The urethrocele was exceedingly tender to pressure and had the feel of a fibrous growth; no fluctuation could be detected upon light handling in examination. A pus cavity was suspected from the painful character of the tumor and the husband's condition. Re-

peated attacks of urethritis following sexual intercourse indicated an unusually irritating discharge from some source, and as the mucous surface of the vagina and cervix was in a healthy condition, and the discharges mild and unirritating, there could be but one rational explanation of the husband's condition, viz., a suppurating sacculated condition of the urethrocele, with periodical discharges of pus. Examination under ether fully confirmed the suspected pathological condition. The urethrocele was thickened, corrugated, and filled with purulent ammoniacal urine. The patient was placed in Sims's position, and the operation was performed as detailed in the other case, except that the pus-secreting membrane was carefully removed with the scissors, and the edges of the healthy mucous membrane were picked up with a tenaculum and the sutures of silk-worm-gut introduced as in the case before cited. A perfect result was obtained, removing all irritation of body and mind.

Dr. Joseph Price reported for Dr. Barton Hirst a cure of

Vulvo-Rectal Fistula from Violence During First Coition.

The patient, a young woman of twenty-two, presented herself at the gynecological clinic of the Philadelphia Dispensary, with the following history: Previous to her marriage, which took place eighteen months ago, she had been a perfectly healthy woman. From the first attempt at sexual intercourse with her husband, which caused her to suffer such acute pain that she almost fainted, she dates all her trouble. The sexual act was also followed by severe hemorrhage, which persisted for a month; the passage of feces and flatus per vulvam was at once noticed. Every repetition of the sexual act for the next two or three weeks was followed by renewed bleeding, and even at the present time she suffers severely during intercourse. The passage of the fecal matter through the vulva gradually increased in degree, until the rectum was evacuated entirely through the vulva. There has been entire inability to retain flatus and feces.

Examination.—The finger, on entering the vulva, passes at once into the rectum through a patulous opening of sufficient size to admit two fingers. Inspection shows a perfectly intact crescentic hymen of moderate thickness and rigidity, having a small anterior opening. Immediately in front of its posterior attachment is an irregular, transverse tear, an inch and a half in its longest diameter, with thickened and everted edges, extending backwards and upwards for about one and a half inches, exposing to view the mucous membrane of the bowel. The vagina is small and has evidently never been entered. The operation proposed by Dr. Joseph Price, and done by him March 16, 1886, consisted in freshening the edges of the tear, partially loosening the hymen from its attachment and using it as a flap to supply the deficiency of tissue. Spotted silk-worm gut sutures were used, and the closure after the operation was complete and resulted in perfect union. This form of injury to the vulva is very rare, for although sixteen cases* of rupture of the vagina have been reported during late years as occurring during coition, only one of them, recorded by Blumenthal and operated on by Sir Spencer Wells at the Samaritan Hospital in 1860, bears any resemblance to the present case, which from the careful analysis given it by Dr. Harris is without doubt one of vulvo-rectal fistula. This form of fistula is much less common than the recto-vaginal. The case here reported is of especial interest, from the fact that the traumatism undoubtedly occurred during first coition; from the virginal condition of the hymen, and from the long time during which sexual relations were maintained under circumstances which must have been disagreeable to both husband and wife. There was no sign or suspicion of specific taint in either man or wife.

Dr. Harris remarked that he had seen and examined the patient and was struck with her emaciation, inquired of her sister if she had not lost a great deal of flesh since her marriage. This brought out three photographs, all of which represented a short woman of full habit, one of them having been taken two months before her marriage. The sister stated that the patient had no control over her evacuations from the rectum, and that she was being constantly soiled by their escape. But for the fact that the husband had been deprived of his prepuce in infancy, thereby rendering the penis callous, by the exposure of the glans to the air, it is hardly possible that he could have forced the organ through the flesh as he did, without so much personal suffering as to compel him to desist. Possibly also the tissues penetrated may have been less resist-

* Paul F. Mundé, 2 cases, Boston Med. and Surg. Jour., '85.
Zeiss, 7 cases, Centralbl. f. Gynækologie, 1885.
Chadwick, 1 case, Boston Med. and Surg. Jour.
Colles, 1 case, London Med. Times and Gazette.
Schroeder, 1 case, Gynecology, last edition.
Blumenthal, 1 case, London Med. Times and Gazette, 1860.
Thompson, 1 case, Medical News, 1855.
Ross, 1 case, Canadian Med. and Surg. Jour.
Nassalitinow, 1 case, Centralbl. f. Gynæk.
Kleinwachter, 1 case, Wien. Med., Amdsse, 1885.
Cayley, 2 cases, Indiana Med. Gaz., 1872.
Neumann, 1 case, Lecture in Allgemein Hospital, Vienna.

ing than normal. As the arm of a fœtus has been known to perforate the rectum and protrude at the anus during labor, without laceration of the perineum, there must be in some women a much less than usual strength in the rectal wall. In considering the emaciation of this woman during the eighteen months of her married life, the question naturally arises, was this condition due to the want of rectal alimentation, to the constant loss of fæcal matter, or to the depressing effects of her condition, weakening her appetite and rendering her life miserable? The opening through the fossa navicularis into the rectum, corresponded exactly with some of the cases of congenital malformation which Dr. Harris had met with, and particularly with one in a large stout primipara. In her, however, there was a slight anal sphincter, and except when affected with diarrhœa, she had control over her evacuations. The only case upon record which corresponded to this was operated upon by Sir Spencer Wells, in December, 1859, at the Samaritan Hospital.

Dr. Price remarked that eighteen gut sutures were introduced in closing the wound.

Dr. Chas. Meigs Wilson exhibited a

Fibroid Polypus of the Uterus.

This specimen was removed three weeks ago from the uterus of a patient with the following history: For the past three years she had been flooding almost constantly. Her flow had increased regularly at her catamenial periods, and at no time had it entirely ceased. She had suffered all that time agonizing pain, greatly increased during the menstrual period. The continued loss of blood had reduced her weight one-fourth, and the continued anæmia of her nerve-centres had produced characteristic effects. During all this time she had had given her all the agents of the pharmacopœia vaunted for their efficacy in controling uterine hemorrhage. But the cavity of the uterus had never been explored, save in a desultory way with a sound. When first seen she was extremely anæmic, emaciated, troubled with insomnia, and had a very irritable stomach. The uterus was dilated with the Elwood Wilson curved dilator. The growth, then readily seen, was grasped with a volsella, and dragged as far as possible from the uterus; a curved, crescentic-shaped, probe-pointed bistoury was then made to sweep over the surface of the growth until it came in contact with the sessile attachment of the tumor, which was severed with a sawing movement of the knife. Prior to the operation large doses of the fluid extract of ergot were given to the patient for forty-eight hours, in order to insure powerful contraction of the uterus after the tumor was removed. Immediately after the ablation of the growth, the cavity of the uterus was smeared with a solution of one part of Tait's iodine and two parts of pure carbolic acid. During the operation the patient lost half an ounce of blood. The removal of the tumor would undoubtedly have been accompanied by excessive hemorrhage had not the precaution been taken to secure prompt uterine contraction by the previous administration of ergot. The patient made a happy recovery, has lost no blood at all since the operation, has gained in weight, and improved in appetite. The case carries with it its own lessons. All the fruitless medication and the long period of suffering and distress might have been avoided had her medical attendants at the beginning dilated and explored the uterine cavity, removing the cause of the hemorrhage, instead of temporizing and making use of methods which at best, in cases of continued hemorrhage from the cavity of the uterus, are of a prophylactic nature. The polypus when fresh was four inches in length, two and a quarter in breadth, and one and three-quarters in thickness.

Dr. Goodell thought it was an error to expect hemorrhage after the removal of uterine fibroids. Velpeau had removed a very large number of these tumors, and his method had been to cut them away by means of a knife, and yet he had hemorrhage in two cases only. Dr. Goodell has removed very many of these tumors, and has employed every method; he has never had any trouble from hemorrhage. In Constantinople, while young in experience, and in consultation with another very young man, he saw a case in which auto-enucleation had commenced. The tumor was too large for removal by means of the ecraseur, as the vagina was so filled up that the wire could not be got up to the base of the tumor. They concluded to cut off all they could get at, and then gave ergot. The next day another large slice was removed, and at the end of a week they succeeded in dividing the false pedicle, and all was safely removed without any hemorrhage whatever. Since then he has ceased to fear hemorrhage, and thinks a danger is incurred by the use of ergot in causing contraction of the cervix uteri and incarcerating the tumor. He removes many submucous tumors by dilating the cervix with his dilator, passing in the polypus forceps, and accomplishing the diagnosis and removal at the same time, the

latter being effected by twisting. When he has recourse to the ecraseur, he now uses the finest piano-wire, which is more efficient than the heavier, and less likely to break. He first pushes the ecraseur up to the fundus uteri with the wire bent over, and then coaxes the wire up, and in this way has little trouble in getting it around the base of the tumor. Before tightening the wire he removes traction from the tumor, and pushes up with the ecraseur, so as to correct any inversion of the uterus that may have been caused in pulling the tumor down. Now when the wire is tightened the tumor will be divided without fear of injuring the uterine tissue.

Dr. Howard H. Kelly said the choice of method in these cases should depend largely upon the individual peculiarity. Chassaignac's ecraseur has rendered him good service in these polypi having broader bases of attachment, but when this is at the fundus and a large tumor chokes the vagina or cervix uteri, the difficulty of satisfactorily fixing the loop is very great. The chain added to the ecraseur by Marion Sims is serviceable, but nothing will compare with the flexible, easily-adjusted wire of a Braxton-Hicks ecraseur. Where the pedicle was neither large nor dense, he has had great satisfaction in the use of phosphor-bronze wire, which is so much more easily manipulated than piano wire. Scanzoni's plan of cutting the tumor off when the pedicle is long is excellent and safe. It goes without saying now, that rigid antiseptic precautions should accompany any such operation.

Dr. Parish did not think there was much difference in the methods of different operators. He never gives ergot before any intrauterine operation in which he wishes relaxation of the cervix. With the ecraseur he uses wire, and introduces it in the manner described by Dr. Goodell, and uses jeweler's pliers to manipulate the wire, pushing it up and around the tumor. He has no fears of sepsis if all the tumor be removed, but he takes the precaution of injecting a very hot solution of mercuric chloride after operating.

Dr. Montgomery has had free hemorrhage after removing uterine fibroids by means of the ecraseur. This hemorrhage was so free in one case that hot water injections would not control it, and Monsel's solution was applied with success. He, however, would not give ergot beforehand, for fear of causing rigidity of the cervical tissues. In one instance a large piano wire snapped several times on account of the firm, dense character of the pedicle, and he had recourse to cutting away portions of the tumor, the remainder being thrown off by natural action. The tumor had been adherent to the posterior wall of the uterus, and had been partially enucleated before operation. The patient was very weak, and septicæmia and death resulted. In a case in which he used the wire ecraseur a portion of the tumor was left; it was thrown off by auto-enucleation, and was very offensive. The patient did not suffer from sepsis, but having wounded his own finger with a tenaculum in its removal, he was very sick in consequence. He thinks the spoon curette, or saw, would be the best instrument in the enucleation of large fibroids.

Dr. Goodell carefully cleanses out the vagina before and after operation. He formerly used carbolic acid, but now prefers the mercuric chloride. He prefers the high-note piano wire, which has never broken in his hands, as it cuts as well as crushes.

Dr. W. S. Stewart is glad to hear about the greater strength of the small piano wire, as he has been using triple-twisted wire, and has been much troubled by its breaking, so that he has given it up for the chain. He had mentioned his trouble to Gemrig, who recommended iron wire, which has been answering a very good purpose. He much prefers Labarraque's solution of chlorinated soda as an antiseptic and disinfectant.

Dr. Goodell remarked that the finer piano wire was not stronger, but was more efficient, as it cuts more easily through the tissues. Twisted wire will break more easily than single, because the strain on the different strands is unequal.

Dr. Baer agrees with Drs. Goodell and Parish as to the unadvisability of using ergot before operating. He has given up the ecraseur, on account of the difficulty attending the breaking of the wire. He is now in the habit of pulling down the tumor and removing it piece-meal. He uses vinegar, if a styptic is needed.

Dr. Wilson has seen one death follow the use of the ecraseur, and has had trouble in adjusting the wire; the liability of removing uterine tissue by the wire is a great danger. He thinks it better to drag the tumor down and cut it off in pieces. He feared hemorrhage in this patient, on account of the fearful loss of blood which she had already sustained. He considered prophylaxis the safer course.

Vaginal Hysterectomy.

Dr. Wm. Goodell exhibited a womb which he had removed per vaginam. The woman had been brought to him by Dr. F. R. Ger-

hard, of Douglassville, Pa. She was sixty-five years old and had given birth to twelve children. She had a hypertrophied elongation of the womb, the sound giving a measurement of minus five inches; her cervix was outside of her body, and it was very greatly enlarged in every direction by a carcinoma. On March 10, before the students of the University of Pennsylvania, he amputated the cervix after applying an elastic ligature; but finding that Douglass's pouch had been opened, he concluded to perform the radical operation. The womb was accordingly retroverted, its attachments to the bladder severed, the broad ligaments tied *en masse*, each with two strong ligatures, and the womb removed. The large gaping wound was closed by seven wire sutures, leaving only a small opening through which the ligatures passed, and acted as drainage tubes. Sublimated cotton was lightly packed into the vagina. This was removed twice a day and the wound syringed out with a one-to-two-thousand solution of mercuric chloride. On the next day, the temperature rose to 100.2°, but it never after that day reached 100°. The sutures were removed on the fourteenth day, and with some difficulty, as they were now high up in the apex of a cone-shaped vagina. She was able to go home on the twenty-third day after the operation.

Dr. H. A. Kelly remarked that he wished in this connection to emphasize a point of vital importance in every operation where there is either artificial or pathological descent of the cervix proper. The slightest traction, elongating the cervix, draws the vaginal vault down over the displaced supravaginal portion, like the finger of a glove, and unless especial care is directed to this point, there is imminent danger of scalping the vagina in any operation then performed on the cervix. In lacerated cervix, particularly where Dawson's scissors are used (and great downward traction is fashionable), and the bases of the broad ligaments are opened in this way, and in amputation intended to be limited to the infra-vaginal cervix, as in this case of Dr. Goodell's, either the scalping process lays bare a broad tract of areolar tissue in the vault around the cervix, or, worst of all, Douglass's pouch is laid open. It is unnecessary to enlarge upon the greatly-increased dangers of septic infection. He would ask Dr. Goodell in regard to the after-treatment of this case. In the latest contribution to this subject by Dr. Brennecke, of Magdeburg, in the *Zeitschrift für Geburtshulfe und Gynecologie*, he clearly shows that those cases ran a most favorable course in which the iodoform tampon was not removed for six or seven days, and that syringing after operation with a view of carrying off foul discharge is a pernicious practice, as it separates the peritoneal surfaces which have just formed delicate adhesions, and breaks up the early steps of repair, without the possibility of accomplishing its purpose. A point well worth attention is Brennecke's method of dealing with the upper part of the stump of the broad ligaments which are caught in stout ligatures. Experience has shown that the distal end is very apt to slough, and to secure an immunity from dangers of sloughing, Brennecke ties the ligatures of opposite sides across, and everts the two stumps, thus fastened together, into the vagina where they cannot do harm, and help form a plug for the wound.

Dr. Montgomery questions the propriety of total extirpation of the uterus. How long is the patient likely to live after this operation? If partial removal gives equal relief from the disease for which the operation is performed, and an equal or greater chance for a prolongation of life, it is to be preferred as the least dangerous. Hoffmeier, in a summary of German gynecological work, opposes total extirpation if it can be avoided. He reports 145 cases of partial, and 39 of total removal of the uterus. Ten of each series were fatal. In six of the partial cures the result was unknown. Of the total removals six only were living at the end of two years, and none at the end of three years; while of the partial, six still lived at the end of the fifth year. Following the plan suggested by Sims and Van de Warker, in cases of malignant disease of the cervix, Dr. Montgomery makes an incision into the uterus at the vaginal junction and dissects upward as closely as possible to the peritoneal surface, while making traction on the cervix; thus, as it were, enucleates the uterus, leaving a very thin wall; he then stuffs this cavity with a mixture of equal quantities of zinc chloride and water on cotton tampons, to cause a slough of any diseased tissue that may have been left behind. If by chance the sloughing should perforate the peritoneum, the previous inflammatory exudation would save the peritoneal cavity from invasion.

Dr. H. A. Kelly does not wish the claim of an eminent American surgeon to priority in this matter to be forgotten. The credit of originating the highest practicable cone-shaped amputation of the uterus, and establishing its great utility, its safety and rela-

tively greater success, is due to Dr. Baker, of Boston. He uses no cautery, and controls hemorrhage perfectly by the effect of the strong downward traction upon the vessels.

Dr. Parish mentioned an earlier operation by Hirth, of San Antonio, Texas, who practiced the method, described by Dr. Montgomery, of enucleating the uterus from its peritoneal covering. He divided the vaginal mucous membrane, and gradually shelled or scooped out the uterine tissue. The operation was accompanied by great hemorrhage.

Dr. C. M. Wilson thought such an operation very dangerous, and liable to be followed by secondary hemorrhage. He has in two cases after Dr. Baker's method used a hot tamponade of the uterus and vagina after the operation. Dr. McCormick, of London, packed the stump with bandage or gauze filled with iodoform, and allowed it to remain undisturbed for nine days. This was perfectly sweet when removed, and is a good and safe plan of after-treatment.

Dr. Goodell said the method of Brennecke's of not washing seemed to him to be undoubtedly a good one, and he would in future adopt it. He once had an alarming hemorrhage from the division of a large vessel after a hole had been accidentally made in Douglass's cul-de-sac in the high amputation. Consequently, he could not pack the vagina for fear of forcing blood, etc., into the peritoneal cavity, and he had to control the bleeding by twisting a wire around it. He generally uses Paquelin to control hemorrhage in these cases, and has operated upon at least 200 with only four deaths. Neither of the fatal cases were high operations. One death was from secondary hemorrhage, one from tetanus, one from a frank peritonitis, and one from septicæmia. He thinks the high operation the most feasible one in the majority of cases in which the womb is movable, and he has extirpated the womb but twice for carcinoma.

Dr. H. A. Kelly exhibited the sac of an

Ovarian Tumor that Weighed, at Removal, 100 Pounds.

Dr. Goodell congratulated Dr. Kelly upon his success in removing such a large tumor. He, Dr. Goodell, had on one occasion removed a tumor weighing 112 pounds from a woman who, after the operation, weighed only 74 pounds. As in Dr. Kelly's patient, the tumor reached the patient's knees and she could not lie down. After the operation, the large folds of the stretched skin were a great annoyance, but after some months it had entirely contracted. The patient made a complete recovery.

Dr. M. Price had been present at Dr. Kelly's operation. A large vein was torn and a stream of blood as large as his finger poured out. The patient collapsed instantly and Dr. Price thought her dead, but he was surprised and pleased at the effects of a hypodermatic injection of f.5j. of sulphuric ether, which restored the pulsation quickly.

(*To be continued*).

CHICAGO MEDICAL SOCIETY.

(*Concluded from page* 750.)

Dr. R. Tilley said he did not consider electrolysis to be the proper term to be used in connection with the use of electricity in the manner suggested. Electrolysis, in the ordinary acceptation of the term, means the decomposition by electricity of water, or tissues, being in the nature of a chemical decomposition. He would like to know how far apart the electrodes were placed. (Dr. Belfield replied that the negative electrode was placed in the urethra, and the positive pole in any position on or near the penis, according to the effect intended.) He could not see how electrolysis could be produced with the electrodes so far apart, and a weak fluid, without a cauterizing effect. From his extensive experience of cocaine in producing contraction of the tissues in the nose, he would expect to secure as good, if not better results, reasoning by analogy, in its use in strictures of the urethra as in the use of electricity. He would think its internal application would be followed by wonderful results.

Dr. W. T. Belfield closed the discussion by saying that in reply to Dr. Fenger's criticism that these strictures were not impermeable, he would remind him that he called six of them "theoretically permeable, practically impermeable;" that is, a feeble stream was forced through, but no instrument could be introduced. The remaining three were absolutely impermeable to urine as well as instruments. They were water-tight, the bladder in each case being immensely distended. Dr. Fenger, in the cases where he attempted electrolysis, evidently made the usual mistake: he employed a strong current and *cauterized*, but did not electrolyze, the stricture. With a proper current he would probably have a better result. Sir Henry Thompson and Prof. Dittel do not, it is true, endorse electrolysis; but he knows that neither of them has ever fairly tried it; they have contented themselves with the vague, unfavorable verdict of those who,

having once or twice misused the current, attribute to the battery the faults which belong to themselves. Thompson's conservatism and intolerance are notorious; he bitterly opposed Bigelow's litholapaxy (without trying it) until it was adopted by everybody else. Possibly, as Dr. Fenger says, there is no "urgent necessity" for any other method than urethrotomy and dilatation; but surgeons who have to treat many such strictures as those described in the paper under discussion, think otherwise. These methods certainly possess one point of national economic value which electrolysis lacks, namely: they assist in repressing the excess of population by quietly removing many patients.

Electrolysis "bobs up" and down only when ignorantly used; when properly employed it comes to stay.

To Dr. Tilley he would say that the action is properly termed "electrolysis;" it is the same effect as is seen in the decomposition of water, and is produced by the same current. During the action of the current a white foam and bubbles come up alongside the instrument. Cocaine causes contraction of blood-vessels in the urethra as well as in the nose; but it cannot, so far as he is aware, remove cicatricial tissue in either locality.

In conclusion, he would repeat that the secret of success lies in securing chemical force and avoiding heat; the former removes the stricture easily and painlessly, the latter causes violent inflammation and sloughing.

Osteo-plastic Resection.

Dr. C. Fenger then presented a patient before the Society with the following words: I wish to bring this patient before the Society to illustrate the results of an operation called "osteo-plastic resection of the foot," and devised by Wladimnoff and Mikulicz. The operation consists in removal of the heel, soft parts and bones, and then uniting the remainder of the foot to the tibia in the position of an artificial pès èquinis. As you will see, the patient has on a plaster cast from the toe to below the knee, and is able to walk in this cast without crutch or cane. He limps because the leg operated upon is two inches longer than the other one, and not because of inability to step on the leg. He will have in future to wear a high sole or heel under the well foot. While this plaster cast is being taken off, I shall pass round the specimen of the removed heel and say a few words about the operation.

The patient had suffered for one year from a chronic traumatic osteomyelitis of the tarsus, resulting in anchylosis of the joints, fistulæ on dorsal side of tarsus, and a loss of substance of the skin of the heel. Piragoff's or Syme's operation being out of the question, the choice was only between a supramalleolar amputation and the osteo-plastic resection. This operation was performed fourteen months ago. Union of the bones took place in four to six months, and it is only the subsequent small operations for bringing the toes in dorsal flexion that have required so long a time before the patient has been able to commence to walk.

The plaster cast being now removed, you will find the foot in the axis of the leg in equinus position, the toes dorsally flexed to a right angle with the foot. There is active flexibility of the toes and some active mobility of the foot. This mobility, however, does not take place between the united surfaces of the tibia and fibula on the one side, and the scaphoid and cuboid bones on the other, as can be seen by examining the prominences representing the rudimentary newly-formed malleoli—but the mobility takes place in the joints of the metatarsus. As to the question whether these joints will be able to bear the strain of the weight of the body during walking with the foot in this abnormal position, this patient of course proves nothing as yet. But from the other cases operated upon, in all nineteen, we can conclude that we have the right to expect a useful foot for walking. A patient operated upon by Socin, in Basle, is able without boot—the boot devised by Mikulicz, which I now pass round for inspection—or cane to walk, but can walk all day long and perform a farmer's work in the field. You will further notice that the walking surface of the foot, being the plantar surface of the heads of the metatarsal bones and the toes, is considerably larger than the surface which either a Syme's or a Piragoff's operation would leave the patient to walk on. This, together with the active mobility of the toes, is regarded as an advantage that functionally places the osteo-plastic resection superior to the two other operations mentioned.

We find by examining the foot everywhere painless on pressure, and consequently there is nowhere any recurrence of the disease.

Mikulicz feared that the anterior tibial artery might not be sufficient for the blood-supply of the foot, his method of operating dividing all the branches of the posterior tibial artery. I had the same apprehension, and changed the incision so as to save one of the terminal branches of the last-named vessel, namely, the internal plantar artery.

This fear is not unfounded, as in one of Sordina's cases operated upon according to Mikulicz's description, gangrene of the foot necessitated supramalleolar amputation on the fourth day. The mortality of the operation is as yet none, but as all the nineteen cases have fallen within the last few years except Wladimmoff's, and consequently have been treated antiseptically, it cannot be said that the danger is less than either in Syme's or Piragoff's operation. There is no doubt that the functional results are far superior to that of a supramalleolar amputation, even if the patient will always have to wear the Mikulicz boot. Consequently it may be safe to say that osteo-plastic resection has already a legitimate place, although perhaps as yet not strictly enough defined, in the surgery of the tarsus.

The Society adjourned.

Editorial Department.

Periscope.

Hair-pin in the Sigmoid Flexure.

In the *Rev. Med. de l' Est*, Dr. Th. Weiss reports an obscure illness in a boy æt. twelve. The child when first seen was lying with the left thigh flexed, adducted, and slightly rotated inwards; his face was pale and anxious, diarrhœa was frequent, and there was some fever towards evening. Hip disease was diagnosed, and under chloroform the limb was put up in silicate, its position being previously corrected. Some days afterwards, a collection of pus formed in the lumbar region behind the iliac crest; on being opened much pus escaped, and it was found that the finger could be swept over the iliac fossa, but no foreign body was felt. It was now thought that the abscess was caused by inflammation extending into the cellular tissue around the sigmoid flexure, and that it had probably started in the gut. Another abscess formed and was opened by the great trochanter; about a month afterwards, December, 1883, the discharge from the lumbar wound became fæcal, and soon all the fæces were passed through this opening. Matters continued thus till the child was attacked with erysipelas, after which the sinuses almost closed. In January, 1884, the boy was up and continued well till May, when both fistulæ broke out again, giving exit to pus and fæces. In a short time the symptoms subsided, but in July a third and similar attack nearly terminated fatally, owing to the profuseness of the suppuration. In August a fresh abscess was discovered in Scarpa's triangle; this was opened, and while trying to pass a drainage tube through to the lumbar incision a hard body was found, which on removal was found to be a very distorted and roughened large hair-pin. The boy, on being questioned, remembered that three years previously he had endeavored to relieve some anal itching by scratching himself with a hair-pin; this suddenly disappeared and he thought it had fallen on the ground, and as he experienced no trouble, the fact escaped his memory till he again saw the pin. Eventually the boy made a good recovery and could walk fairly well, the thigh being still a little flexed on the abdomen, though this is improving under extension by night. In commenting on the case, Dr. Weiss states that at one time he suspected that a foreign body taken through the mouth might be the cause of the mischief, but he gave up this view owing to the body usually being arrested near the cæcum and setting up perityphlitis. It is curious that one year elapsed before any trouble ensued, and two before the abscess formed. Poulet affirms that this tolerance by the rectum of foreign bodies is exceptional, as surgical interference is usually necessary, owing either to intestinal obstruction or spasmodic pains. Gérard has collected thirty-four cases of the introduction of foreign bodies into the rectum; in seventeen cases they remained *in situ*, the remainder traveled to some part of the large intestine. Those which entered with the pointed end first, and whose circumference was more than eighteen centimetres, seldom reached the sigmoid flexure, because they were stopped by the point catching in the mucous membrane or by the rectal bend at the sacro-vertebral angle. The hair-pin entered by its rounded end, and so would have a natural tendency to mount towards the sigmoid flexure, as the points catching in the mucous membrane would prevent its descent. The danger of peritonitis is great, and Weiss advises that if a foreign body is detected: (1) it should be removed per rectum; failing this (2) the surgeon, following the practice of Verneuil, should perform laparotomy and push the foreign body down to the rectum,

previously enlarged if necessary by linear rectotomy. If unsuccessful, (3) by enterotomy followed by suture of the intestine.

Meningitis after Ear Disease.

Before an English medical society Dr. Michie read notes of three cases of meningitis following disease of the middle ear. The first was that of a child 14 months old, who had occasionally suffered from purulent discharge from the right ear. After the discharge had lasted sixteen days, it suddenly stopped, and cerebral symptoms supervened. The child became careless of everything around, lay in bed with the head extended and the eyes staring, took nourishment only when pressed, and had disturbed nights. The breathing became cerebral, the temperature rose to 101° Fahr., and the pulse to 130. The abdomen became retracted, and tremors of the fingers and toes were noticed. Towards the end, retinal hemorrhages were seen with the ophthalmoscope, and convulsions occurred ten hours before death, which resulted in ten days after the occurrence of brain-symptoms. The treatment consisted in the administration of grey powder and bromide of potassium, and the application of iodoform ointment to the shaven scalp. The second case occurred in a lad, aged 13, who had suffered from purulent tympanitis of the right ear for six months. Severe pain suddenly set in in the right ear, and he became pale and unconscious for a few minutes; but, on recovering, he was able to walk home. During the next four days, the pain became intense, especially over the mastoid. The tonsils and pharynx were inflamed; the watch was heard only on contact, and the perforation in the membrane was covered with granulations. The pain diminished; the patient was well for two days, when, after injudicious exposure, the pain recurred with increased severity, with intermissions and violent exacerbations, rendering the patient delirious. During the intermissions, which gradually became shorter, he was calm and rational. A prolonged rigor, followed by deep coma, came on three hours before death, which took place three days after the second attack. The third patient was a woman, aged 20, who had suffered since childhood from purulent discharge from the left ear. In 1883, a polypus was removed from the left ear. In September, 1885, along with pharyngeal catarrh, severe pain set in in the left ear and mastoid region, accompanied by high fever, vomiting and rigors; it was only partially relieved by a discharge of fœtid pus. After a fortnight, there were marked prostration, and an œdematous condition of the eyelids of the affected side and lower half of the ocular conjunctiva, followed five days later by a herpetic eruption over the whole left side of the face. During the same time, the right side of the face became similarly affected. The herpes ran its usual course, disappearing in thirteen days. The tongue got dry and leathery, the intellect became confused, and there was marked hyperæsthesia and occasional delirium. In the fourth week the hyperæsthesia diminished, and the patient became comatose. The discs became hyperæmic, and retinal extravasations were noted. The coma gradually deepened, and death took place on the thirty-first day. Treatment consisted in frequent syringing with warm water, fomentations, and sedative applications externally, and bromide of potassium internally.

Purification of Water: its Biological and Chemical Basis.

The *Brit. Med. Jour.*, April 17, says:

In a paper thus entitled, which was read before the Institution of Civil Engineers on the 6th April, Dr. Percy F. Frankland describes his method for detecting the relative freedom from micro-organisms of different waters, or of the same water at different times, by Koch's process of cultivation upon films of nutritive gelatine. Perhaps the only weak point in Dr. Frankland's deductions, from the observed results obtained by his process, is that he asserts that the number of "colonies" of organisms produced upon the film are a direct indication of the actual number of organisms present in the original water, each "colony" being supposed by him to originate from a single organism. Now, it is clear that several organisms might be collected upon one spot of the film at the moment when the water was poured upon it; and from these, but one colony would result. However, there seems little doubt that the number of colonies must be an indication of the relative abundance of organisms in the water from which they are derived. Several very important practical results are arrived at, and emphasized in the paper. For instance, it has been found that even coarse-grained filtering materials, such as sand, are efficient in removing micro-organisms from water, although the channels which exist therein are too large to arrest mechanically the passage of these minute bodies. The same filtering agent, however, cannot be used for an in-

definite time, for the organisms diffuse out of it after awhile, and become once more distributed through the water. Dr. Frankland takes five of the London water-companies, and classifies them according to the excellence of their provision for water-purification in four particulars, namely:

1. Storage-capacity of unfiltered water.
2. Thickness of fine sand for filtration.
3. Rate of filtration; and,
4. Frequency of renewal of the filter-beds.

And he finds that the number of micro-organisms found in the water supplied by these companies is smaller in proportion to the perfection of their arrangements in these four points combined. It is to be hoped that the nature as well as the number of the organisms present in drinking-water may be studied more universally than hitherto, by the aid of Dr. Frankland's process, which seems to be simple and practicable.

Hysteria and its Relation to Diseases of the Uterine Appendages.

Dr. S. C. Gordon thus concluded a paper before the American Medical Association:

I. That these (so-called) hysterical symptoms occur almost exclusively in women. That whenever any of them do occur in men they are much less in degree, even if they do not differ in kind.

2. That it is fair to presume from the first propsition that it is due to disease of some organ or organs peculiar to women.

3. That they are not due to disease of the uterus alone, for when all apparent abnormalities of the uterus are corrected, the symptoms, very often, are not in the least relieved.

4. That all modes of treatment, other than operation, have failed to cure, and in most instances have not ameliorated, the symptoms, even where the disease was believed to exist in the uterine appendages.

5. That the large majority of all cases operated upon have been entirely cured of the symptoms for which the operation was made, and the remnant have been relieved and are continuing to improve.

6. That it is impossible, in a majority of cases, to determine by the touch, disease of these organs that will produce the symptoms alluded to.

7. That one can by these symptoms alone make a sufficiently satisfactory diagnosis to warrant the operation.

8. That if after correction of all well known and clearly diagnosticated uterine troubles, these symptoms are not relieved, we are justified and required, for the cure of our patient, to recommend this remedy.

9. That the operation does not in any case destroy the sexual desire, or in any way unsex the woman, except so far as it may prevent further child-bearing.

10. That in a majority of cases requiring the operation the woman is already sterile.

11. That in my own experience the specimens removed have been found so changed by inflammatory action as to be cirrhotic, or otherwise destroyed, either by softening or cystic degeneration of both ovaries and tubes, with very frequent stenosis of the latter.

12. That a fatal result from the operation is extremely rare, if it is carefully performed and closely and intelligently managed as to the after treatment. In the twenty-five cases operated upon there has been but one death.

Manicure.

The *New York Analyst* says: There are not nearly as many secrets in manicure as people imagine. A little ammonia or borax in the water you wash your hands with, and that water just lukewarm, will keep the skin clean and soft. A little oatmeal mixed with the water will whiten the hands. Many people use glycerine on their hands when they go to bed, wearing gloves to keep the bedding clean; but glycerine don't agree with every one. It makes some skins harsh and red. These people should rub their hands with dry oatmeal, and wear gloves in bed. The best preparation for the hands at night is white of egg, with a grain of alum dissolved in it. Manicures have a fancy name for it; but all can make it and spread it over their hands, and the job is done. They also make the Roman toilet paste. It is merely white of egg, barley flour, and honey. They say it was used by the Romans in olden time. Anyway, it is a first-rate thing; but it is a mean, sticky sort of stuff to use, and don't do the work any better than oatmeal. The roughest and hardest hands can be made soft and white in a month's time by doctoring them a little at bed-time, and all the tools you need are a nail-brush, a bottle of ammonia, a box of powdered borax, and a little fine, white sand to rub the stains off, or a cut of lemon, which will do even better, for the acid of the lemon will clean anything. Manicures use acids in the shop, but the lemon is quite as good, and isn't poisonous, while the acids are.

Shoulder-joint Friction and Incipient Phthisis.

Dr. Angel Money thus writes in the *Brit. Med. Jour.*:

My object in this brief communication is to draw attention to a certain physical sign that not unfrequently leads to error. As the first physical sign of incipient phthisis is frequently a mere adventitious sound heard over some part of the apex of the lung, and as the friction produced in the shoulder-joint by breathing often imitates very closely these pulmonary adventitious sounds, it is not difficult to understand how mistakes in diagnosis should occur.

I think that there are good grounds for believing that lives are sometimes rejected at insurance offices from want of knowledge on this point.

The sound produced at the shoulder-joint is almost always of a dry quality, rather creaking than crepitation; but its character varies considerably. It is difficult to prevent its occurrence in those subjects in whom it is heard; so that fixing the joint hardly aids one much in the diagnosis. But the sound is always loudest over the joint itself, and is better conducted along the bones than along the muscles, over which it is usually faintly heard; but in some instances it may even be audible over the pectoralis major below the clavicle. An important point in the diagnosis is the character of the breath-sound at the apex of the lung; when mere joint-friction is heard, there is of course no prolongation or increased loudness of the expiration. This friction-sound, simulating pulmonary adventitious sounds, was first pointed out to me, and, so far as is known, was first drawn attention to, by Dr. Gowers, in his class of clinical medicine at University College. It is of frequent occurrence, and especially, I think, in patients who have suffered from "rheumatism." I have not heard it often in children, and less often in women than men. There can be no doubt that the practical physician must have become acquainted with the sound, even though he may not have formulated his opinion thereon. If this note should lead to its wider recognition, my end will have been answered.

Hydrophobia in Russia.

In the *Russkaia Meditzina*, No. 8, 1886, p. 141, Dr. A. Bürtzeff, of Totma, Valogda Government, writes that, on November 22, 1885, seven adult men were bitten by a rabid wolf, which rapidly visited different parts of the town, and then escaped. All the patients were immediately attended to at the local hospital, their wounds being washed out with a strong solution of carbolic acid, and then energetically cauterized with caustic potash in substance; in addition, ligatures, lotion of caustic potash, and chloral hydrate in scruple doses internally, were used. In three of the patients, hydrophobia appeared on the thirty-fourth, thirty-sixth, and thirty-eighth days; the cases ending fatally in thirty-seven and a half, seventy-one, and sixty-five hours. Subcutaneous injection of curare did not give the slightest relief in any of the patients. According to Dr. Bürtzeff, the symptoms and course of the disease closely tallied with those described by Dr. Bristowe (see *Brit. Med. Jour.*, April 21, 1883, p. 760); that is, there were present intense pain in the wounds; general hyperæsthesia; violent dyspnœa of the muscles of deglutition and respiration; thirst, with inability of swallowing either solids or fluids; effective insanity, etc. In two of the patients, a tendency to bite everybody, and to gnaw everything within their reach, was observed. The remaining four patients bitten are still in good health. In conclusion, the author lodges a complaint against the freedom with which wolves, rabid and healthy alike, are allowed to run and ramble about the town, no measures to prevent this being taken by the authorities. Probably, the latter will be aroused when a sagacious wolf bites or devours one of their number. Till then, the wolves will remain unmolested, and privileged in their possession of freedom.

Drenching Infants.

Dr. R. J. Peare thus writes in the *Kansas City Medical Index* for April:

The artificial feeding of infants, which for various reasons not infrequently becomes necessary for short periods, is often perplexing. The child, with the greatest obstinacy, presses the tongue against the palate, and effectually obstructs the passage of the milk. When swallowing is induced under these circumstances most of the food is extruded from the mouth, and very little reaches the stomach. How much nourishment the child really receives becomes a matter of great uncertainty. But while every effort is being made to sustain it, and the impression exists that it is sufficiently fed, it on the contrary visibly emaciates. To overcome this trying difficulty, I have resorted in a few cases, greatly to my satisfaction, to drenching through the nasal passage. The milk is first warmed to blood heat, and then, with a spoon rather pointed, poured gently into the

nose, the child lying on its back during feeding. By this method the milk passes down behind the tongue, and is beyond the control of the child, except in so far as it might bring the soft palate into action, thereby closing the posterior nares; but this is not likely to occur. Contrary to what might be supposed, strangling does not arise from this method, the breathing not seeming much disturbed by it. Among its advantages, not the least is that the exact quantity of food taken may be known, for with careful management none of it need be spilled. These suggestions may prove serviceable to others.

Proper Diet for Children.

Technics gives this excellent advice from the pen of Dr. Arthur V. Meigs:

Children under two years of age are generally best fed on milk and milk foods, and the less this is departed from, as a rule, the better. Under this age they should never be taken to the table, for it only gives the child a fancy for articles of diet which, if it never saw, it would never want. In the great majority of cases, children have not much desire for animal food of any sort until the first dentition is over, unless the craving is fostered in them by their being given one thing and another to eat, and thus there is created what is almost an unnatural appetite. This, of course, is not intended to be an absolute rule, for many children want, and seem to need, after the first year, a meal once or twice a day of something besides bread and milk. But no mother should feel uneasy if her child takes almost nothing but milk and bread and butter until after it is two years of age.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——In a paper before the Clinical Society of Maryland, Dr. Wilmer Brinton, of Baltimore, describes several cases of puerperal eclampsia. His principal reliance was upon the lancet, and the results were satisfactory.

——The pathology of hemianopsia of central origin is ably discussed in an illustrated paper of some length by Dr. E. C. Seguin, of New York, reprinted from the *Journal of Mental and Nervous Disease*.

——The importance of improvement in museums of vertebrates, when such collections are destined for educational purposes, is strongly set forth by Dr. Burt G. Wilder in a reprint before us.

——A description of the preservation and use of the original Jennerian virus in the public vaccinations in the city of Providence, R. I., is an interesting extract from the annual report of Dr. Charles V. Chapin, of Providence. It argues against general compulsory vaccination of adults.

——A series of extracts from the Biennial Report of the Board of Health of Louisiana, Dr. Joseph Holt, President, form a pamphlet of 44 pages. The extracts refer to quarantine, protection against cholera and yellow fever, suggestions to transportation companies, etc.

BOOK NOTICES.

Dictionary of Practical Surgery, by Various Hospital Surgeons. Edited by Christopher Heath, F. R. C. S., etc. Two vols. in one, Pp. 970 and 884. Price, cloth, $7.50. Philadelphia: J. B. Lippincott & Co., 1886.

The articles in this extensive work have been prepared by various British surgeons, all within the last two years, and from the well-known names which are appended to the articles, it is evident that no pains have been spared to secure the best talent, and thus to render the treatise one of the first order of merit. In view of the great size of most treatises on surgery, there are decided advantages for some purposes in adopting the alphabetic arrangement, although it cannot be said to be either philosophical or scientific. It is simply more convenient, and in these busy days this makes amends for a great deal else.

The pages are in double columns, rather closely printed, and it has not been found practicable to insert any illustrations, which is to be regretted. All the topics which one could possibly connect with surgical science are to be found, and each is treated with considerable fullness. There is necessarily more or less repetition, this being inevitable in a book built on the alphabetic plan. But the editor has reduced this considerably by cross references. The paper is thin and strong, and thus the volume of nearly two thousand pages is by no means excessive in bulk. It is well calculated to attain the object desired, that is, to provide the busy practitioner with immediate information as to the diagnosis and treatment of surgical diseases and injuries.

THE

Medical and Surgical Reporter.

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OF

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A NEW FAT

Some time ago Prof. Liebreich, to whom weowe the introduction of hydrate of chloral into the pharmacopœias, discovered a new fat, lanolin, which, similar in its action and properties to vaseline, still seems to be far superior. At the February meeting of the Berlin Medical Society, Dr. Lassar, the eminent authority on skin diseases, reported on the effect of this new fat.

He first mentioned the various exanthemata, which may be induced in persons with a sensitive skin after the employment of the various fats now used in the preparation of salves, vaseline not excepted. Before he, therefore, began his investigations concerning the action of lanolin, he tried to convince himself that the individuals serving for his experiments showed an even behavior under the use of various fats, when rubbed into the skin. The results of his observations were as follows:

Lanolin, if slowly moved along the skin, totally disappears under the finger. That all of it is absorbed, is proved by the fact that the skin does not assume a shiny look, and that a piece of silk tissue paper receives no fat spot when applied to the skin immediately after the inunction with lanolin. An old popular remedy in pustular eruptions of the hairy covering of the scalp is: Hydrarg. sulphurat. rubr., gr. 16; sulphur. sublimat., 6 drachms; adip. suff. to make 2½ ounces. This if made with lanolin instead of lard acts like a charm; even if applied to the dead skin, the particles can be traced into the corium.

The pustular eruptions of childhood are often very stubborn. Lassar found a two per cent. salicyl.-lanolin so effective that it surprised him; in the 11 cases in which this was employed by him, a perfect cure was established within a few days. In the case of a girl with extensive impetigo contagiosa with thick scabs, a cure was established within ten days by the use of a lanolin paste: Acid. salicyl., 32 gr.; lanolin, 2 oz.; oxide of zinc. amylum, āā 6 drachms.

A carpenter, who had long been suffering from a weeping eczema of the lower extremities, and in whose case no remedy seemed to have any effect, recovered within two weeks by the use of lanolin alone. Still more effective was the treatment in a case of the gravest form of pityriasis versicolor, the patient having suffered for years with the most excruciating itching, and though treated at different skin clinics, never succeeded in having the disease even ameliorated. Three in-

unctions with the following established a radical cure:

℞.	Acid. salicyl.,	32 gr.
	Sulph. præcip.,	160 gr.
	Lanolin ad.,	4 oz.

In all other cases in which lanolin was tried, it proved not only a valuable adjunct to all remedies used in skin diseases, but it showed also its extraordinary power of being absorbed. In no single case did it cause irritation, and at the same time atmospheric influences seem not to change it.

The drug has already reached our country, and our specialists in skin diseases may have an opportunity to convince themselves of its great value, though the name of Lassar is enough to guarantee it. He presented the patients treated by it at the meeting of the Berlin Medical Society above mentioned.

EXPERIMENTS ON A DECAPITATED HEAD.

The French physicians, Drs. P. Reynard and P. Loge, had the opportunity to be present at a decapitation by the guillotine and to make experiments on the body from the moment of execution. They first observed a contracture of all the muscles of the face and of the body, suddenly beginning with the drop of the blade, and continuing for several minutes. During this time it was utterly impossible to flex the legs either in the hip- or in the knee-joints, or to open the eyelids and to retain them open. In this respect, Prof. Martin, who reports the observations of Drs. R. and L. in the *Centrbl. f. d. Med. Wiss.*, 1886, November 14, remarks, that the exact place where the head was separated from the body should have been noted, for he once was present with Prof. Rossbach at a decapitation where the division occurred between the fourth and fifth cervical vertebra. The trunk dropped down lifeless and with every muscle relaxed, simply obeying the law of gravity, while the head continued for one and a half minutes to make dyspnœa-like respiratory motions, just like a person who, when suffering from the most intense dyspnœa, would endeavor to breathe.

The first experiment, instituted by Drs. R. and L., thirty-two minutes after the drop of the fatal blade, consisted in electrical irritation of the vagus—never controlled by the observation of a differential hydromanometer which had been fastened in the trachea; at at each irritation the index showed plainly a movement proving a diminution in the volume of the lung; both pleural cavities were well expanded. Direct irritation of the lung-tissue had the same effect. When thirty-five minutes after the execution the abdominal cavity was opened, the intestines seemed in a state of rest; contact with the air made no impression on them. Both vagi were now irritated, and the whole intestinal canal, from the stomach (which was empty) to the transverse colon, at once began an active motion. The stomach was next opened; at every irritation of the vagi the mucous membrane folded itself, and was covered all over its whole surface with minute drops of gastric juice.

Though all reflex experiments were started immediately after the removal of the body from the guillotine, no reflex movements could be produced by the most powerful electrical irritations; irritation of the spinal medulla, after the opening of the canal, was also fruitless. The only reflex observed was a slight contraction of the pupils after their sudden exposure to strong light.

THE NEW YORK CORRESPONDENT OF THE LONDON LANCET.

Hidden away among a lot of other matter in the New York correspondence of the *Lancet* we read: "It should be understood abroad that there is no hostility of the profession in this country to the Congress; but, on the contrary, there is the most cordial feeling in its favor, and it will be well attended."

We do not know who wrote the above paragraph; but we endorse it heartily. The profession of the United States is now united, and, as a *unit*, cordially invites the distinguished, the lesser distinguished, and the ordinary members of the *Old World* to pay us a visit in 1887. They will all be cordially welcomed.

Notes and Comments.

Imperfect Symmetry.

Few things in nature appear more constant and exact than that symmetry of organic form which is shown in the likeness of the several members of each two or more corresponding and similarly useful parts. The example nearest to each of us is the symmetry of the two side-halves of his own body; it usually appears perfect. And, so far as it can be tested by chemical analysis, or by the much more delicate indication of symmetrical diseases, there is a symmetry of composition as well as of shape and visible structure. In substance, as in form and size, the two halves appear exactly alike. And yet,

as Sir James Paget points out in the January number of the *American Journal of the Medical Sciences*, it is probable that their symmetry is never quite perfect. Sir James thinks that any one who will carefully compare the two or more similar component parts of himself, or of any animal or plant, or any bilateral organ of either, will find, within the general likeness, some unlikeness of size or form, of texture or color, or of all these together. Certainly it is so in the two lateral halves of our own bodies. Just as between parents and offspring, the likeness is general and constant, but never perfect, so is it between the halves of each individual. Invariably nature varies.

The phenomena of symmetrical disease, to which attention was drawn many years ago by Dr. William Budd and Sir James Paget, are now carefully studied by many; but those of the modifications of disease associated with the defects of symmetry need study, too. Sir James states that he has constantly observed them during many years, but has made no exact records of them, and can, therefore, do little more than suggest some of the lines of study which may yield to others better results than he has gained. The study should include the defects of symmetry or similarity, not only of size and shape, but of composition and of rates and methods of development, degeneration, and disease. These are too often dismissed from study when they are called "exceptional cases," a mischievous phrase if it be deemed explanatory; for it is probable that an "exception" to one rule is only an example of another rule which is as yet unknown.

Is Disease of the Uterine Appendages as Frequent as it has been Represented?

After discussing this question in the *American Journal of Obstetrics*, Dr. Henry C. Coe, of England, thus answers it:

"In conclusion, the following deductions may be regarded as legitimate:

"1. Ovarian disease is *not* as common as it has been represented; the surgeons, and *not* the pathologists, being responsible for the prevalence of the contrary opinion.

"2. Because an ovary is partially diseased, it does not follow either that its functions have been materially impaired, or that its removal is imperative.

"3. The expressions 'cirrhosis' and 'cystic degeneration' commonly applied to the ovary, are mischievous terms, which are too often used in justification of *unjustifiable* operations.

"4. Actual disease of the tubes is far less frequent than is generally believed. Lesser degrees of inflammation, especially slight 'catarrhal salpingitis,' are seldom appreciable to the pathologist, still less to the surgeon.

"5. Many of the symptoms ascribed to disease of the uterine appendages are really due to *localized peritonitis*, and will *not* be removed by a removal of the appendages.

"6. The physiology of the ovaries and tubes is still imperfectly understood; their pathology must then remain *sub judice*, and operations for their removal, on the ground of limited disease alone, must be regarded as largely empirical. To which I would venture to add the prediction:

"7. The present enthusiasm in this country in favor of Tait's operation will not endure, because it will eventually be discovered that the number of *permanent* cures is entirely out of proportion to the number of operations."

Can a Person Affected with Cancer be Cured?

They can be, at an early stage, by total ablation of the growth. So says Dr. Macewen in the *Glasgow Med. Jour.* It is, however, desirable in answering this question to divide those affected with carcinoma into three groups:

1. Where the carcinoma is a distinctly localized limited affection, the lymphatic glands not being involved. In such cases the removal of the whole organ in which the carcinoma is situated will, with high probability, result in cure.

2. Where the carcinoma has involved the lymphatic vessels and glands; then the chances of cure are materially diminished, as it becomes doubtful whether the whole of the disease can be extirpated.

3. When the blood has become contaminated with carcinoma, it is then absolutely hopeless; the patient must inevitably succumb.*

The Treatment of Pruritus Ani.

The *N. Y. Med. Jour.* tells us that at a recent meeting of the Société de Thérapeutique (reported in the *Gaz. Hebdom. de Méd. et de Chir.*), M. Grellety read a note on pruritus ani not dependent on any anal or intestinal lesion, and not due to the irritating action of

*Out of thirty cases of carcinoma of the mamma, I have only been able in three to say at the end of the operations that I had got beyond the disease, but those three are alive up to the present time—one six years and two five years since the operations. In one case of cancer of the tongue six years have elapsed since the excision, and he is still free from the disease.

any vulvar, vaginal, or intestinal discharge. He thinks the condition depends on a sort of transitory congestion, perhaps partly due to some irritating quality of the fæces in fat or arthritic persons, and partly also to a nervous influence set in action by the emotions. He proposes, as preferable to other measures, sitz-baths and ascending ano-perineal douches, and washing the parts several times a day with a one-per-cent. solution of boric acid in tepid water, a simple enema or an ablution being taken after each stool. Finally, during the night, warm poultices or compresses wet with starch-water and covered with oil-silk should be used, followed in the morning with an enema of starch-water. In certain cases he had seen advantages from an ointment of four parts of oxide of zinc to twenty of vaseline or glycerole of starch, likewise from pledgets medicated first with belladonna, and then with cocaine (five parts to one hundred of cold cream). At the same time, the diet should be light and cooling, with the avoidance of alcoholic drinks, and the emotions should be kept under restraint.

The Disinfection of the Hands.

The *Med. News*, referring to this great desideratum, tells us that Kummel, of Hamburg, has performed an elaborate series of experiments with a view of ascertaining the best method of rendering the hands of the operator absolutely aseptic. He finds that this result is much more readily obtained, if the hands have previously been employed in the removal of bandages or in post-mortem sections. Under these circumstances the application of corrosive sublimate (1:1000) as recommended by Förster was found to be inefficient. The conditions which Kummel finds necessary for the disinfection of the hands are:

Five minutes' active and thorough washing with soap and brush in water as hot as can be borne. This is followed by a thorough brushing of the hands with freshly prepared officinal chlorine water, or with a five per cent. solution of carbolic acid, two minutes being given to this part of the process in either case. In practice, the forearm is also washed, and the need of prophylactic precautions, as to change of clothing, etc., is evident.

Permanganate of Potash in Carbuncle.

Dr. C. M. Fenn thus writes in the *Southern California Practioner*:

I have reason to believe that in my practice several cases of anthrax have been materially abridged in duration, if not aborted, by the use of this remedy. The method is simple, harmless, and worthy of trial.

As soon as the vesicles give way, exposing the characteristic cribriform openings, gently express a portion of the contents of the tumor and replace with a strong solution of potassium permanganate. This may be introduced twice a day with a grooved director or hypodermic syringe.

It is understood, of course, that this salt is readily decomposed by contact with organic matter, but meanwhile something has been done to diminish the tendency to sepsis and toward "resolving the inflammation."

As carbuncle is not merely a local lesion, the systemic condition of the patient should be attended to and pain mitigated.

How do Persons Affected with Cancer Die?

Dr. Macewen thus answers this question in the *Glasgow Med. Jour.*:

There are many ways in which this comes about. Some by excessive and long-continued discharges, some by poison set up by putrid matter emanating from cancer of the tongue and mouth getting into stomach or lungs, some from stricture of various parts of the intestinal tract, others from nervous exhaustion consequent upon the fear of the disease and the constant irritation and pain often accompanying it; but the majority succumb to the influence which it exerts on the internal organs by metastatic deposits, thus interfering with the proper performance of their functions. In one case of this disease in the stomach the person died through the mucous and other coats of the organ being converted into a mass of fibrous hyperplasia, rendering it unfit to perform its functions.

The Treatment of Club-foot.

After dilating on the various means of combating this deformity (*N. Y. Med. Jour.*, April 17), Dr. V. P. Gibney thus concludes:

"From the above remarks, I would not have the inference drawn that all cases of club-foot demand extreme measures; but I would have the conclusion drawn that the successful management of this deformity depends upon the close study of individual cases, a clear anatomical diagnosis, and a faithful adherence to whatever method is adopted, recognizing and fully appreciating the difficulty in securing at all times the hearty co-operation of the parents. I would have a conclusion drawn that that method should be adopted that depends the least upon this co-operation for success."

The Preparation of Terpene.

The *Therapeutic Gazette*, March 15, says: "We have already published reports as to the action of terpene as an expectorant. The following formula is given for its preparation (*Pharm. Post*, January 23, 1886): Rectified oil of turpentine 4 quarts, alcohol, (80°) three quarts, nitric acid 1 quart. This mixture is placed in a flat porcelain vessel, and allowed to stand for several days. The crystals, which by this time have formed, are dried by pressure between layers of filter-paper, and are again crystallized out of 95° alcohol, by which means the nitric acid, which is still clinging to the terpene, is separated. About twelve per cent. of the turpentine employed is obtained as terpene."

Therapeutics of Syphilis.

Before the fifth German Congress for Internal Medicine (*Med. Record*), Prof. Kaposi, of Vienna, said that his large experience had led him to look upon syphilis, in opposition to Bärensprung and other writers, as one of the most easily manageable and often curable of the infectious diseases. The better results obtained to-day are due to our improved methods of rational, energetic, and protracted treatment of syphilis by inunction with the officinal ung. hydrarg., or by hypodermatic injections of the various preparations of hydrarg. He himself had a preference for the inunction method, according to Sigmund's plan, and began treatment with that in almost all cases.

Ergot in the Treatment of Dysentery.

Dr. Du Rocher ("*Prog. Med.*," Mar. 6, 1886) relates the history of a severe case of dysentery in which, after four days of unsuccessful treatment with other remedies, ergot was ordered, forty-five grains a day, in six doses. During the first day's use of the ergot there were only two decidedly diarrhœal passages, containing a little mucus, but not a trace of blood; the next day there was only one; on the third day the patient was cured. The author is inclined to think that ergot will prove a valuable drug in the treatment of dysentery.

Electrolysis for Stricture.

During the past two years Dr. W. T. Belfield (*Med. Age*) has treated thirty-seven cases of stricture by electrolysis; and except for strictures located within an inch of the meatus, and for strictures of large calibre elsewhere, considers it preferable to dilatation and urethrotomy, for the following reasons:

1. It will pass through any stricture, however tight, rigid, long, or tortuous.
2. As a rule it causes no pain, bleeding, chill, nor urethral fever.
3. It is always devoid of danger.
4. Its effects are lasting.

The Prognosis of Cancer of the Stomach.

Dr. Dujardin-Beaumetz, at the meeting of the Société des Hôpitaux, discussed the difficulties surrounding the prognosis of cancer of the stomach. When the orifices are the seat of the disease, death supervenes rapidly by pure inanition; but when the walls are alone attacked, life is more prolonged. M. Hayem spoke on the uncertainty in the progress of cancer. Sometimes a very extended cancer is compatible with a comparatively long survival, while in other cases, when the disease is very limited, death takes place rapidly.

Correspondence.

Paris Letter.

Eds. Med. and Surg. Reporter:

We are just now at the period of concours. The concours for the agregation in medicine, which shortly takes place, presents a list of 52 competitors for two places, and some of these gentlemen were already internes or chefs de clinique, when I was a student here eight years ago; so that they have already spent twelve or fifteen years in preparation for the agregation. After becoming agrégés it is frequently ten or even twenty years before they become titular professors, so that it is little wonder we see so many grey-haired professors here.

The Academie des Sciences was the scene of a spontaneous ovation to the veteran chemist, Chevreul, at its last meeting. This savant has recently attained his hundredth year, and has been able until very recently to continue his scientific pursuits.

Among the recent works which have attracted considerable attention are several communications made to the Académie by M. Poulet, of Plancher-les-Mines, on the therapeutic properties of oxalic acid. He has found it a very rapid and efficacious emmenagogue. He adduces three cases, where the arrest of the menstrual flow was accompanied by grave febrile accidents with delirium, in which oxalic acid induced its return with entire cessation of the dangerous symptoms. He uses the following potion:

℞. Ac. oxalic, ʒss.
Syr. aurantii, ʒij.
Aquæ (tepid), ℥vjss. M.

This potion to be taken in tablespoonful doses hourly.

M. Poulet also claimed good results from administration of the same medicament in asthma.

That eminently conservative body, the Académie, on account of the extremely poisonous nature of the acid in question, appointed a commission to investigate the subject before publishing the memoirs of M. Poulet in the *Bulletins* of the Society.

M. Rougon subsequently made a report on the toxic properties of oxalic acid to the Société de Therapeutique.

He found that 3½ grams had proven fatal when taken, much diluted, in mistake for citric acid; this was in an adult of seventeen years. Fardieu also reports a case where two grams were fatal in a child of fifteen. Consequently M. Rougon comes to the conclusion that the administration of two grams of oxalic acid per diem should not be continued longer than two or three days.

At the last séance of the Soc. de Therapeutique, M. Constantin Paul read a memoir of Trousseau's on the employment of iodol in ocular therapeutics. Iodol is a greyish powder, containing 85 per cent. of iodine, possessing the properties of iodoform, without its disagreeable odor. It is generally applied diluted with vaseline (iodol ten grammes, vaseline ten grammes), or in solution in glycerine and alcohol, as it is not very soluble in water. It has been used with success in the treatment of chronic and granular conjunctivitis, affections of the lachrymal ducts, and torpid ulcerations of the cornea. M. Campardon remarked that iodol would appear to be particularly indicated when such troubles orignated in a strumous diathesis.

In some recent experiments, M. Pierre Vigier has demonstrated some facts in pharmacology which may prove interesting to the general practitioner. It is commonly known that iodide of potash, prescribed with calomel, will throw down a precipitate of protoiodide of mercury, but what is not known so well, is the fact that bromide of potash, prescribed in combination with calomel, or administered about the same time with it, gives rise to the formation of a similar compound. This compound might prove very injurious if, for instance, calomel powders and bromide of potash were administered at nearly the same time in the convulsive disorders of childhood.

M. Vigier also brings forward some interesting facts regarding explosive mixtures, etc.

The following prescription is often given for the preparation of artificial ozone:

℞. Manganese peroxyd.,
Potass. Permanganat.,
Ac. Oxalic Pulv., āā equal parts.

Mix with spatula or this powder will explode five minutes after it is prepared.

The proper course to pursue is to mix a small teaspoonful of each of the ingredients ordered on a plate containing two or three teaspoonfuls of water.

The following preparations were found by M. Vigier to be explosive:

A dentifrice composed of catechu and chlorate of potash.

A pilular mass containing permanganate of potash and ferrum redactum.

A gargle composed of chlorate of potash, glycerine, and perchloride of iron.

The following powder:

℞. Calcis hypophosphit., ʒiss.
Potass. chlorat., ʒj.
Ferr. lactat., gr. x. M.

The following solution:

℞. Calc. hypophosph., ʒiss.
Potass. chlorat., ʒiss.
Aquæ, ℥xij. M.

The following ointment:

℞. Iodine, gr. xij.
Hydrarg. ammoniat., gr. xv.
Aquæ, ʒss.
Adeps. ʒiss. M.

A mixture containing chlorate of potash, tannin, and chlorhydrate of morphine, and another containing four grammes of chromic acid dissolved in eight grammes of glycerine, also proved explosive.

We have considered it advantageous to report this communication of M. Vigier's in extenso, as many of the ingredients are in very common use and often prescribed in combination, without any thought regarding their explosive qualities.

He arrives at the following conclusions: Physicians should be extremely careful in prescribing the nitrates, chlorates, hypophosphites, and permanganate of potash. They should not be ordered in combination with glycerine or any easily-reduced organic substance.

M. Bedoin has put cocaine to a novel use, incorporating it in gelatine bougies for the treatment of the acute stage of gonorrhœa. He found that it relieved pain and mitigated the sufferings of chordee.

In the discussion which followed the presentation of M. Bedoin's memoir, M. Labbé asserted that he had used injections of corrosive sublimate, warm and cold, without effect. He had also experimented with kava-

kava, first used by Sanné, and had found it constantly inefficacious.

I noticed in a recent issue of the *New York Medical Record* a very laudatory article on kava-kava, which M. Labbé found so useless in his cases. M. Labbé finally had recourse to oil of sandal-wood, which was rapidly successful.

A rather novel treatment of diphtheria is that carried out by M. Delthil, a Parisian practitioner, who has become famous for his success in the cure of this disease. It consists largely in the use of spirits of turpentine; large flat dishes filled with it are placed in different parts of the room, so that its rapid evaporation may impregnate the atmosphere of the chamber. Sponges wet with it are placed at each side of the patient's head, and it is even used to swab the throat. M. Delthil claims from this treatment sixty recoveries out of sixty-three cases, where it was instituted and carried out from the beginning of the disease.

The old battle between the advocates of internal urethrotomy for stricture, and those in favor of divulsion, was fought again at a recent meeting of the Soc. de Chirurgie, M. LeDentu speaking in favor of divulsion, and Messrs. Marc Sée, Horteloup, Kirmisson and Terrier, in favor of urethrotomy. M. Kirmisson had four successful cases of urethrotomy and M. Terrier eleven, while the last-named gentleman's first case of divulsion succumbed within twenty-four hours. In a recent issue of the *Centralblatt für Chirurgie*, M. Haberkorn devotes considerable consideration to the apparently elective action of antiseptic substances administered internally.

Salicylic acid appears to have an elective action on articular affections; calomel and corrosive sublimate on the intestinal mucous membrane in typhoid diseases; finally, benzoate of soda on the infectious eruptive diseases—measles, scarlatina and erysipelas.

He has administered benzoate of soda, twenty grams daily, in erysipelas. He found that in most cases the temperature fell to nearly normal within forty-eight hours, that the general condition was much improved, and desquamation unusually rapid.

Paris, June 1. ****

"Social Questions."

Eds. Med. and Surg. Reporter:—

The *Woman's Journal*, of June 12, contains a letter from Lillie Devereux Blake, in which that writer states that the women of New York have reason to be proud of their legislative success of this year, inasmuch as the "contagious disease" act is defeated.

As this source of congratulation is not shared by all women, it has occurred to me, after reading the editorial in your issue of June 5, to offer you for publication some views of a different character.

Women in general prefer to ignore the element in sociology known as the "social evil." That the efforts of all societies for the suppression of such crimes are unsuccessful is not claimed; but it would be well to remind such interested bodies of what Goethe has said, that "Morality is not an end in life, but is merely a means to arrive at a higher culture." It is to the higher cultivation of the nation that we must direct our efforts, and the rest will take care of itself. Educate a man or a woman to know him or herself thoroughly, and the individual will make use of all things of life only for his higher advancement. Those things which would degrade the character will be cast aside, and those which are indifferent will take their true place.

There is no use shutting our eyes to the world around us; by doing so, we only postpone the hour for settlement. Licensing and registering *maisons de tolerance* will not increase the number of *habitues*, any more than foundling homes have increased the number of illegitimate births.

It would seem as if any measure to suppress specific diseases should be advocated especially by women, and given their support.

How much might not the influence of medical women avail to open another path of life to women of such houses; though we should not deceive ourselves as to the fact that many women actually seem to prefer this career to that of domestics or trades. A most important reason to advance for women physicians having charge of medical inspections, is that such supervision would be essentially medical, and uninfluenced from other motives.

The question of limiting child-bearing, referred to in your editorial, is also one that should be considered and accepted as a right of each woman to control. Those methods which are effective and not injurious should be imparted by women physicians to their patients, although the publication of such methods should be discountenanced as indiscreet.

Viewing these questions in their broadest light, a full discussion can only result in benefit. They should be brought to the sunlight, and all superstition, and prejudice, and ignorance dismissed.

The French system of *dot* is an admirable one, and if introduced, would solve the question of late marriages, and be a potent factor in dealing with some of the problems which stare us in the face.

If the woman has either a sum of money, or an equivalent in a trade or profession by which she can add her share to the support of the house, a system would be inaugurated that would be in every way conducive to happiness.

The limitation of families and a less exacting manner of housekeeping would secure for her the hours needed to give to her division of labor.

But I have already trespassed largely on your valuable space, and so subscribe myself,

A WOMAN.

NEWS AND MISCELLANY.

New Jersey State Medical Society.

The one hundred and twentieth annual meeting of the Medical Society of New Jersey was held at the Beach House, Sea Girt, N. J., Tuesday and Wednesday, June 8 and 9, 1886.

Dr. Jos. Parrish, the President, called the Society to order at 4:20 p. m., and the Rev. Dr. Brown made a prayer, and afterwards delivered an address of welcome to the delegates.

The committee on business reported as the subject for discussion for the next meeting, "What is the Personal Experience in the Use of Antipyrine? Does it Permanently Reduce the Temperature or Modify the Course of Disease?"

The treasurer reported a balance of $760.77 in the treasury.

After the usual committees had read their reports, the regular discussion was opened by Dr. Kipp, of Newark, the subject being Cocaine. The experience of the members of the Society was in accord with that of the profession at large, Its value as a local anæsthetic and its effect on the blood-vessels was well attested.

Dr. Parrish noted its use internally in melancholia.

Evening Session at 8:50 P. M.

Vice-president Kipp in the chair.

The President read his annual address entitled "The Geography of Malaria." He described the theories at present in vogue as to the cause of malaria, claiming that there is no evidence that sustains either the "marsh poison" or the bacterial theory. On the contrary, what evidence we have is negative. The bacterium has never been demonstrated, in spite of long and repeated microscopic search, and as to the existence of a poison evolved from decaying organic matter, the so-called marsh poison, the records of medicine are full of instances of cases of malarial diseases occurring in regions where marshes do not exist, as on high mountains, isolated and barren rocks, as Gibraltar, in sandy deserts, at sea, etc., etc., where the presence of anything approaching a marsh is impossible.

He attributed malaria to "atmospheric changes without the body and physiological effects within," alternations of heat and cold, sudden climatic changes, the effect of improper clothing, and the exposure of the body to cold after being excessively heated. Another fact points in the same direction—the close relation to dysentery, rheumatism, and hepatitis, conditions distinctly referred to chill.

After quoting many authorities on the location of malarial outbreaks and the relations to climatic changes, he said, "The symptoms that are attributed to malarial influences may be caused by the rapid abstraction of heat without the intervention of any poison." And he deduced from this proposition the following indications for treatment:

1. That the predisposing influence of excessive and continuous heat should be avoided; and,

2. That the greatest care should be observed to protect the body from cold.

Without these precautions quinine is of no value.

The periodicity of these diseases was attributed to "an intrinsic element of the constitution of the individual," and not to any peculiarity of a poison, this "element of periodicity" not being peculiar to this condition of malaria.

A vote of thanks to the President for his address called forth quite a discussion on the proposition put forward in it, it being the general opinion of the delegates that experience does not sustain such a theory.

THE STANDING COMMITTEE.

Dr. T. J. Smith then made their report. From this report it appears that the last year has been one marked for its healthfulness throughout the state, the death-rate being lower than for any year during the last five years. Fevers have been moderate and singularly amenable to treatment; the malarial diseases have particularly been on the decrease. The diseases of the alimentary and

respiratory organs have prevailed as usual, but with a lower death-rate; scarlet fever and diphtheria were not so prevalent as the preceding year.

The meteorological conditions of the year were particularly favorable; a cool summer, an autumn of even temperature, followed by a winter free from extreme cold, combined to favor healthfulness.

In the department of therapeutics the district reports contain many observations on the use of new remedies, of which the use of antipyrin and cocaine in their respective fields, corrosive sublimate in surgery, jaborandi and benzoic acid in albuminuria, and salicylate of potassium in rheumatism, are noted.

Dr. Wiley reports a case of hiccough of ten days standing cured by the one per cent. solution of nitroglycerin in one-drop doses every hour. Hydrobromate of hyoscin and terebene in chronic bronchitis were also favorably spoken of.

A quadruple pregnancy was reported from Union county. A primipara, weighing but ninety pounds, gave birth to four living children at the seventh month. Three of them lived fifteen months, and each weighed two and a half pounds. The placenta was single, with four sacs and four cords.

THE MEDICAL LAW.

Mercer County Society having prosecuted an unlicensed practitioner, he was convicted, but a petition was obtained from the community in which he lived, numerously signed, asking clemency of the court, under the protection of which the man is at present peacefully continuing his practice.

The necrology of the year includes the following names:

Drs. John Blanc, Samuel S. Clark, of Belvidere; R. W. Elmer, G. Terhune, of Passaic; C. A. Hart, of Plainfield; H. H. James, late of Union county; A. J. McHelway, of Williamstown; J. A. Armstrong, Charles Gill, of Mays' Landing; A. G. McPherson, H. D. Burlingham, of Plainfield; J. A. Ameeaux, H. B. Gamer, Robert Stahlur, of Newark; W. B. Grover, East Orange; J. Ashurst, of Burlington.

Wednesday, June 9, 9 A. M.

The reports of the corresponding secretary, the delegates to American Medical Society and the various state societies were received.

Drs. Bronson and Hazen, of Connecticut, presented the greetings of the Connecticut Medical Society.

Dr. H. Genet Saylor, the third Vice-president, read an essay entitled "Medical Education," in which he strongly urged the necessity for preliminary education and the need for more united action by the profession in the matter of compelling our medical colleges to raise the standard.

Dr. Benjamin, of Camden, was appointed essayist for the ensuing year.

Dr. W. K. Newton, of Paterson, read an essay entitled "The Relations of the Physician to the State." He drew a parallel between the physician of to-day and the one of the eighteenth century, quoting from McMaster's history of the United States, claiming that the older physician was a more important individual in the community, and while less learned in his books he was more familiar with the clinical history of disease, and particularly more familiar with the individuality of his patients. He urged also that the duty of the citizen is too much neglected by the doctor.

He then spoke of the exemptions allowed to physicians by law. The exemption from jury duty, the privilege of fast driving and of first crossing a ferry, and the priority of his bill for professional services after death, completes the list of favors granted by law. Per contra as duties, there is the duty of so operating and managing a case as not to be liable to suits of malpractice, the reporting of births and deaths. In this State this is not remunerated by money or by any special protection granted by the State, but is demanded in the interests of science.

The boards of health of this State have the power of compelling the notification of cases of contagious disease, for which a fee of twenty-five cents must be paid for each notice; the penalty of non-report being $100. As a witness, the duty of the physician simply extends to testimony as to facts. His opinion as an expert may not be demanded from him without his consent, and he may claim a fee before giving such testimony, from the party calling him. The doctor quoted several authorities on this point.

It is as a sanitarian, however, that the physician owes the greatest duty to the public. It is this new department of knowledge, known as sanitary science, where the special training of the physician is of particular value, and this is the field in which he may repay the debt he owes to society as a member of it.

In no specialty in medicine is there a broader knowledge of the sciences collateral to medicine required. The doctor deprecated the hasty promulgation to the world of the results of hasty generalizations or of theo-

retical dreamings as to the causes of disease. What is needed is more systematic study of the causes of disease by competent observers. Of even more importance than his public duties as member of health boards, etc., is his duty as a sanitarian in his private practice, when by daily words of advice he may point out the way of avoiding the preventible causes of disease.

Then followed a discussion upon the report of the Committee on Education published in the report of 1885.

The corresponding secretary read the communications on this subject sent in by the district societies.

The discussion was interesting and lively, but as usual inconclusive, and it was indefinitely postponed.

The committee on prize essay had no report to make.

Dr. Hunt gave notice of an amendment to the by-laws chap. ii. sec. 12.

Dr. G. H. Balleray, of Paterson, read an essay entitled "Abdominal Surgery." This paper consisted of a series of cases of operations on the uterine appendages. The cases presented many points of interest both in the diagnosis, the operations, and the after-treatment.

The report of the nominating committee having been received, the annual election of officers took place with the following result:

President—Dr. Chas. J. Kipp.

1st Vice-President—Dr. Jno. W. Ward.

2d Vice-President—Dr. H. G. Taylor.

3d Vice-President—Dr. B. A. Watson.

Corresponding Secretary—Dr. Wm. Elmer, jr.

Recording Secretary—Dr. Wm. Pierson.

Treasurer—Dr. W. W. L. Philips.

Standing Committee—Drs. T. J. Smith, E. J. Marsh, D. C. English.

The delegates to the various corresponding societies were then elected.

The committee reported that the next annual meeting would be held at Beech Haven, N. J., on the third Tuesday in June, 1887.

Dr. Benjamin offered the following resolution, which was carried:

"*Resolved*, That the Society can consistently recommend only those medical colleges that compel a preliminary examination and at least a three years' course."

Dr. Whittingham introduced the following resolution, which was carried. The discussion that followed brought out some very strong arguments by Mr. Watson regarding his position in the matter:

"Whereas, in the investigation of questions pertaining to life, health, and disease, experiments upon lower animals are absolutely necessary to determine the causes and results of diseases or injuries;

"*Resolved*, That this society not only countenances but approves of such experimental researches, and disapproves of the action of societies or persons who, on the ground of preventing cruelty to animals, would throw obstacles in the way of experiments having for their object the relief of human suffering."

Meeting adjourned.

Ohio State Medical Society.

Forty-first Annual Session at Akron, June 2, 3, 4, 1886.

First Day.

Dr. W. Morrow Beach, the President, called the meeting to order promptly at the hour, 2 P. M., with a fair representation of members present.

Rev. R. F. Ganter, D. D., led in prayer. Mayor L. D. Walters, of Akron, and Dr. E. W. Howard, of the local Medical Society, made addresses of welcome.

Secretary G. A. Collamore, of Toledo, reported 557 members, 11 deaths, and 40 lapses since the meeting at Dayton one year ago. Deaths: John Corson, Middletown; R. M. Gibson, Portsmouth; A. T. Keyt, Walnut Hills, Cincinnati; J. L. Moore, Moscow; E. L. King, Astabula; Wm. Saylor, Gratis; S. R. Voorhees, Mason; N. Dalton, Mineral Point, Wisconsin; S. P. Hunt, Richmond, Ind.; M. Jules Guerin, Paris, France.

Applications to be made auxiliary societies were made by the Muskingum Valley District Medical Society, Washington County Medical Society, and Piqua Medical Society.

Bills for printing Transactions $257.50, and for expenses of the committee for "pushing" the State Board of Examiners bill amounting to $125, and numerous other bills, total $673.10, were reported countersigned.

Vacancies caused by absentees were filled in the committees on finance and commissions.

Dr. W. H. H. Nash, of Columbus, reported from the committee on publications. Adopted.

Dr. D. A. Morse, Oxford, E. Williams, Cincinnati, Jonathan Morris, Ironton, reported as delegates to state and national societies.

Dr. H. Z. Gill reported verbally "A Case of Torticollis with Treatment."

Dr. A. Hurd, of Findlay, read a paper

on "The Close Relationship and Probable Identity between Scarlatina and Diphtheria, with Pseudo-membranous Croup Considered." A very interesting subject and paper. Discussed by Drs. Scott, Hiner, Bennett, Scovil, Gill, Williams, and Harmon.

Mrs. F. W. Leiter, of Mansfield, the President of the Society for Promoting Scientific Instruction concerning Intemperance, addressed the meeting in stirring terms. She was heartily applauded. Her speech was critioised by one of the members.

On motion of Dr. Harvey Reed, of Mansfield, a committee was appointed to report on the subject. President appointed R. H. Reed, W. J. Scott, and Alex. Dunlap.

Dr. Nat. P. Dandridge, of Cincinnati, read a paper on "The Present Aspect of the Treatment of Vesical Calculus."

Discussed by Drs. Hamilton, Forbes, and Russell.

The Secretary was instructed to acknowledge the receipt of a telegram of "Congratulation, fraternal greetings, and wishes for prosperity," by the Medical Society of Ontario, Dominion of Canada.

Adjourned till nine o'clock Thursday morning.

Second Day.

Morning Session.

After the reading and adoption of the minutes, Dr. McEbright, of Akron, announced that the extensive manufactories for which the city was noted were thrown open and a cordial invitation extended to the members to visit them.

The Committee on Admissions reported twenty-five new names to be voted on for membership. Elected.

The committee appointed last year at Dayton to seek the passage of a State Board of Examiners bill made their report. On motion of Dr. C. R. Stocton Reed, of Hamilton, they were continued.

Dr. R. B. Hall, from the Committee on Finance, reported: The committee beg leave to report that they have examined the report of the Treasurer and found it correct. Money in the hands of the Treasurer, $340.01. Received and filed.

Vacancies in the Committee on Ethics were filled.

The Secretary was instructed to respond to a telegram of congratulation and best wishes from the Ohio Pharmaceutical Association, in session at Springfield.

Dr. Dudley P. Allen, of Cleveland, read a paper on "A Selected Case of Laparotomy," and exhibited specimens.

Dr. W. B. Hamilton, of Columbus, read a paper on a case similar to that just read by Dr. Dudley.

Adjourned until 2 p. m.

Dr. B. M. Ricketts read a paper, subject, "Epithelioma, its Etiology, Diagnosis and Treatment." He opened with a reference to the extreme amount of suffering entailed upon the subject of cancer. He thought the authorities prone to elaborate and mystify rather than to simplify their thoughts. Owing to the voluminous character of their productions, they are to the general practitioner inaccessible. Bichat, Mueller, and Rokitansky first discovered their histological tissue development. According to Parker, 1-120th of the deaths of the world are from this disease. On the Nile, among the American Indians, Hindoos, Egyptians, and native negro population of Africa, it is absent. It is found most common on the water-courses of England and Wales. Epithelioma is the only form of cancer the origin of which has been satisfactorily associated with previous local disease, constant irritation being the most common cause. It was not till 1840 that Rokitansky placed our knowledge of this disease on a high footing, and epithelioma was known to be a distinct form. It is claimed that the upper lip has an immunity against this disease, but two cases have been reported by Hebra. The average time required to destroy life is 53 months, longer than any other form of cancer. The author gave a number of tables going to show that this variety comprises one-fourth of the cases of cancer, that it occurs oftener in men than in women, and that it is found oftenest in the face. The classification of the epithelioma was then discussed. First the superficial or flat, with which some think the rodent ulcer to be identical, then the deep-seated, then the papillomatous or warty cancer, the most common of them all.

The diseases liable to be confounded with epithelioma are lupus, syphilis, and rhinoscleroma, from which differential diagnosis is comparatively easy.

Treatment should be both local and constitutional. There is no question but that either form of the disease should be removed as early as diagnosed. The only difference is how to remove it. The superficial is the most easily cured, and is thought by some to be the only one in which caustics should be used. Mr. Ericson firmly believes that excision with the knife cures. Caustics, though brought into disrepute by charlatans, are undoubtedly of use. The essayist next discussed the actual cautery, the black paste

made of sulphuric acid and saffron, the chloride of zinc paste, caustic arrows, Fell's paste, arsenious acid, Mances' oil, ointment of pyrogallic acid, acetic acid, electrolysis. Escharotics, he said, should not be used unless there was a considerable amount of tissue underneath. Cauterants should be followed by warm poultices and carbolized oil dressing. He further discussed repair of the lost parts by flap operations, skin and sponge grafting. He recommended highly the local or subcutaneous use of cocaine to relieve pain, spoke of local anæsthesia from salt and ice, but feared sloughing as a result. Recommended, in closing, special attention to the general condition of the patient.

Discussed by Drs. Sisler, Merriman, R. H. Reed, J. T. Whittaker and Wm. Corlett.

Dr. H. Z. Gill, chairman of the Committee on the Collective Investigation of Disease, made the report. He introduced a number of carefully-prepared charts showing the relation between the temperature and death-rates, referring especially to Cleveland. During the year there were 518 deaths among children from cholera infantum. 418 occurred during July, August, and September; 375 of them during the two former months. Sixteen deaths are recorded July 31. Of these, eighteen were from cholera infantum. The relationship between scarlet fever and diphtheria, as shown by the chart, he thought rather more than accidental. The subject of typhoid fever was also discussed. Ill ventilation, crowding, as in sleeping-rooms, school-rooms, etc., he considered great evils. Ventilation dilutes until it destroys; dilution attenuates until it renders innocuous.

The reports of Drs. Starling Loveing and C. O. Probst, members of the committee, were also submitted.

Adjourned for dinner.

Afternoon Session.

Dr. C. A. L. Reed, of Hamilton, read a paper on "Some Cases of Abdominal Section." Three papers having been read on this subject now, it was taken up and a very lively discussion followed. This was taken part in by Drs. A. Dunlap, of Springfield; W. B. Hamilton, of Columbus; and H. J. Herrick, of Cleveland.

Election of officers being called for, resulted as follows: *President*—Thomas MacEbright, of Akron. *First Vice-President*—J. M. Weaver, Dayton. *Second Vice-President*—W. S. Battles, Shreve. *Third Vice-President*—X. C. Scott, Cleveland. *Fourth Vice-President*—Jesse Snodgrass, Kenton. *Secretary*—G. A. Collamore, Toledo. *Assistant Secretary*—E. C. Brush, Zanesville. *Treasurer*—T. W. Jones, of Columbus. It was decided to hold the next meeting of the society in Toledo.

The president did not deliver an address, but read a number of letters from those who could not attend from home and abroad.

Dr. E. Williams, of Cincinnati, read one of his characteristic humorous papers, full of wit and good hits at quacks and quackery. His subject was "Ocular Delusions." It was greeted with laughter and applause.

Dr. A. B. Treasher, of Cincinnati, read a paper on "Hypertrophic Nasal Catarrh," in which he thought the disease as a rule due to a strumous diathesis, in addition to the common irritative causes of chronic nasal catarrh.

There was only difficulty in diagnosis when the hypertrophic tissue has a tendency to become pedunculated, when it may simulate or really become a true polyp.

The prognosis is wholly governed by the treatment, and bad if no treatment is instituted. This should be two-fold: constitutional and local. The former should be both hygienic and medicinal, subject to the peculiarities of the case. The local treatment should be the radical removal of the thickened tissue. This should be done as a rule by the galvanic battery.

(*To be concluded.*)

The Cholera.

The Roman correspondent of the *Brit. Med. Jour.* thus writes to that journal (May 22):

"In the different parts of Italy in which cholera has, so far, shown itself, the number of cases during the week has been considerable. In the seven days terminating at noon on the 16th, there have been in Venice 48 cases and 36 deaths; in Bari, 124 cases and 52 deaths; and, in Ostuni, a smaller town of Apulia than Bari, 18 cases and 5 deaths. Brindisi seems to be nearly free from the epidemic, only 2 fresh cases, which proved fatal however, having been reported in the same period; but there are some other infected spots in the province, which quite justify the uneasiness with which the local outbreaks are regarded.

"According to the cholera returns for the 24 hours ending May 19, there were 10 cases and 8 deaths at Bari, and 7 cases and 2 deaths at Venice. Three cases and 4 deaths have occurred since May 17, in the province of Brindisi.

"The quarantine of seven days, for the

protection of the islands against vessels from the Adriatic, has been extended so as to include arrivals from all parts of Italy, an arrangement which has been received with great favor by the newspapers of Palermo, and other towns, which had filled their columns, day by day, with loud invectives against the government for not granting the restriction sooner. It was pointed out, in a former letter, that this step was inevitable, as the Ministry, not having any firm decision of its sanitary advisers to trust to, was certain to yield to the pressure of any ignorant and clamorous mob. It must have been sorely against the grain, we might suppose, that it did so, as the elections for the Chamber of Deputies are fixed for May 23, and it cannot be expected that many of the electors for the islands, living on the mainland at present, will be enthusiastic enough politicians to brave a seven days' quarantine for the purpose of recording their votes. The adversaries of the present administration do not hesitate to insinuate that the decision to grant the restrictions demanded was really taken with the object of propitiating the islanders, and thus gaining a vote or two for the ministerial candidates. With a few honorable exceptions, however, the newspapers express no condemnation of the weakness of the government, but show a complacent indifference, born of ignorance, as to the value or uselessness of all such measures."

Tyndall's Theory of Vaccination.

Professor Tyndall explains the philosophy of vaccination as follows: "When a tree or a bundle of wheat or barley straw is burned, a certain amount of mineral matter remains in the ashes—extremely small in comparison with the bulk of the tree or of the straw, but absolutely essential to its growth. In a soil lacking, or exhausted of, the necessary constituents, the tree cannot live, the crop cannot grow. Now, contagia are living things, which demand certain elements of life just as inexorably as trees or wheat or barley; and it is not difficult to see that a crop of a given parasite may have so far used up a constituent existing in small quantities in the body, but essential in the growth of the parasite, as to render the body unfit for the production of a second crop. The soil is exhausted, and until the lost constituent is restored, the body is protected from any further attack from the same disorder. Such an explanation of non-recurrent diseases naturally presents itself to a thorough believer in the germ theory, and such was the solution which, in reply to a question, I ventured to offer nearly fifteen years ago to an eminent physician. To exhaust a soil, however, a parasite less vigorous and destructive than the really virulent one may suffice; and if, after having, by means of a feebler organism, exhausted the soil without fatal result, the most highly virulent parasite be introduced into the system, it will prove powerless. This, in the language of the germ theory, is the whole secret of vaccination."

Reception to Dr. Holmes.

There was a large gathering at the St. George's Club, in London, on the evening of May 24, to welcome Dr. Oliver Wendell Holmes. Among those present were: United States Minister Phelps, Commissioner Van Wagner, Consul-general Waller, Vice-consul-general Penfield, James Russell Lowell, R. B. Haldane, M. P.; Charles Russell, M. P.; Charles Palmer, M. P.; John B. White, M. P.; Consul Bret Harte; the Dukes of Argyll, Westminster, and Manchester; Lord Napier; Count Karoly, the Austrian Ambassador; Sir Arthur Sullivan, Sir John Millais, Henry Irving, John L. Toole, and Thomas Power O'Connor, M. P.

Medical Exhibition in Berlin.

An exhibition is to be held in September in Berlin, at which it is intended to present a picture of the progress made in recent years in all departments of medical research. The sections will include physiology, pathology, anatomy, and general pathology, pharmacology, dermatology, and syphilology, surgery, gynæcology, ophthalmology, psychiatry, neurology, laryngology, together with military and sanitary affairs. The secretary of the exhibition is Dr. Lassar, 19 Karlstrasse, Berlin.

Medical Missions.

Mr. T. Fisher Unwin is about to publish a work entitled "Medical Missions: Their Place and Power." It is written by the Rev. John Lowe, the Secretary of the Edinburgh Medical Missionary Society, and will contain an introduction by Sir William Muir. It will also be further embellished with a medallion portrait of Dr. John Abercrombie, the founder of the above society.

Photographic Diagnosis.

Henry de Parville, in *Le Gagne-Petit*, tells of a case in which the sensitive plate for a photograph showed some very peculiar dark specks. When the sitting was made the sub-

ject had peculiar sensations of the skin, but nothing was visible. Two days after the sensitive plate announced that something was wrong, the woman was taken sick with an eruptive fever.

Seats for the Store-girls.

The Health Department of Chicago has, we learn from the daily papers, brought a suit agrinst a dry goods firm in that city, for not providing seats for their women clerks. There is considerable interest in the case, as it is the first prosecution under an ordinance passed about two years ago.

Items.

—The *Medical World* is authority for the statement that "a dentist in Michigan has the following sign over his door: 'Teeth extracted without pain. Laffing gas, 10 cents; a ha, ha! The charge is only made for the gas — the teeth are extracted without 'payin'."

—S. A. Popoff states that by treating the hot alcoholic extract of cloudberries (*Rubus chamœmoms*), after decolorization with animal charcoal, with distilled water, an acid is precipitated in light, nearly colorless flakes. The acid possesses the diuretic properties of the berries, is only sparingly soluble in water, but readily in alcohol, and forms soluble crystalline salts with alkalies. The berries do not contain an alkaloid.

—During an epidemic of small-pox in a town in Italy Dr. D'Ortensio observed that the course of the variola was modified by an inter-current attack of malarial fever. A patient upon whom the variolous papules were well developed was seized with a typical malarial paroxysm. The eruption almost immediately disappeared, but upon the cure of the fever by quinine the papules again made their appearance, and the small-pox ran its regular course.

—An English barber, while cutting the hair of a gentleman, remarked:

"I believe the cholera is in the *hair*."

"Then," observed the customer, "you ought to be very careful of what brushes you use."

"Oh, sir," replied the barber laughing, "I did not mean the *air* of the *cd*, but the *hair* of the *hatmosphere*."

—The *Therapeutic Gazette* expresses its appreciation of drugs by an anecdote concerning the late Dr. George B. Wood. This eminent therapeutist was accustomed to say that when any physician came to him and professed lack of faith in the efficacy of medicines, he always replied that this lack of faith must rest upon the physician not having used drugs properly, because the results to be achieved by the proper use of remedial measures are so apparent that they can be seen at once.

—Young Man—"Do you want a drug clerk?"

Druggist—"I do; have you studied any?"

Young Man—"Ah, yes. I am well up in the business."

Druggist—"Can you tell the difference between morphine and quinine?"

Young Man—"Ah, yes; easily."

Druggist—"How?"

Young Man—"By watching the purchaser and seeing if he dies."

—"Since Grant died," said Gen. George A. Sheridan in a lecture recently, "I have had a kindlier feeling for death than ever before. Somehow I believe that the grim slayer, moved by admiration for the soldier who was making such a splendid fight against him, and awed by the depth and majesty of the love that moved his pen across the weary pages, held back the final shaft till the old hero's work was done and his soul could pass out tranquil and untroubled by thought of danger to his loved ones."

OBITUARY NOTICE.

George T. Catlett, M. D.

Dr. George T. Catlett, physician to the insane asylum at St. Joseph, Mo., died on the 18th of May. Dr. Catlett's death was quite unexpected, and will be received with surprise by the profession of Missouri, many of whom had been in attendance with him at the meeting of the American Medical Association at St. Louis, a few days prior to his death. He was the last president of the Missouri State Medical Association, was well known throughout the West, and very highly respected.

QUERIES AND REPLIES.

Sweating Hands.

In reply to Dr. Vanderpoel for a remedy for sweating hands, if he will use a saturated solution of tartaric acid four or five times a day, letting it dry on the hands each time, I think he will *relieve* his case. It may be applied in powder, if the patient prefer. N. W. L., M. D.

Baltimore, Md.

MARRIAGES.

DODD—CHAMBERS.—June 9, 1886, by Rev. J. F. Jones, at the residence of the bride's parents, in Washington Co., Pa., W. S. Dodd, M. D., to Miss Sarah Chambers.

STAMPS—MAXWELL.—June 2, 1886, by Rev. Mr. Worley, John A. Stamps, M. D., of Wallaceburg, Arkansas, and Miss Minnie Maxwell, of Gainesville, Texas.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1530.] PHILADELPHIA, JUNE 26, 1886. [Vol. LIV.—No. 26.

Original Department.

Communications.

MISCARRIAGE COMPLICATED BY FIBROID TUMOR OF THE UTERUS.

BY WALTER H. PARCELS, M. D.,

Of Lewistown, Pa.

In the latter part of December, 1885, I was called to see Mrs. B., æt. 41, weighing 220 pounds, the mother of five children, the youngest being about ten years of age. I had been her family physician during the past seven or eight years. Her general health had been reasonably good, though for the last two years the catamenia had been somewhat irregular in point of time and the flow scanty as a rule. Once only had it been too profuse. She had at different times suffered with fullness and giddiness in the head, which had always been relieved by cathartics or venesection. At the visit referred to I found her suffering with her old head trouble and excessive vomiting and constipation. I learned upon inquiry that she had not been unwell for two months or more. The vomiting had commenced two or three days before. There was severe burning pain in the region of the stomach. The vomited matter was of a glairy nature, and was mixed with more or less bile and blood. I diagnosed ulceration of the stomach. Gave bismuth, pepsin, etc., and opened the bowels with calomel. The day following she was no better, the vomited matter bearing a striking resemblance to coffee grounds. The pain and soreness in the stomach were worse. I applied a blister to the epigastrium, and continued the bismuth and pepsin, and gave lime-water and milk and no other ingesta. Improvement began at once, though the vomiting continued at longer intervals for a week more. At the end of two weeks she was up and around, feeling quite well, so I dismissed the case. Two days later I was summoned hastily and found her flooding. I found that she had miscarried. The fœtus probably had reached the end of the third month. It occurred to me that I had not been successful in removing *all* of the placenta. At my evening visit I removed two or three more pieces of considerable size. She seemed to suffer with continuous bearing-down pains, which I diagnosed "after-pains." The day following the "after-pains" continued, but I could not reach any more pieces of placenta. I then gave morphia. When the effects of the morphia had subsided the pains returned. It was quite clear to me that the placenta must be all away, judging from the aggregate of the pieces which I had "fished" out. This state of affairs continued about five or six days, during which I was obliged to use morphia. Repeated digital examinations gave only negative results. On account of the excessive amount of fat, I was scarcely able to reach with the finger beyond the cervix uteri. At the end of this time I was determined to explore the cavity of the uterus at all hazards. The os was dilated about the size of a silver quarter. Forcing my hand up boldly, I found a hard smooth body, which, after a tedious effort, I recognized to be a fibroid tumor attached to the fundus of the uterus. This, then, was the object which the uterus had been making such commendable heroic efforts to expel. I resolved to remove the tumor at once.

Calling Dr. Sheaffer to my aid we etherized the patient, and with a pair of volsella forceps attached to the cervix, we pulled down the uterus and made a most careful examination of the tumor. If anybody thinks this an easy case to diagnose, then I say he has never had an experience with a patient weighing 220 pounds. We decided that the tumor was *slightly* smaller at the point of attachment. With another pair of volsella forceps we grasped the tumor and attempted to twist it off. The forceps tore loose, but it would not come away. We repeated this operation many times, always with the same result. We had no ecraseur, and there was none nearer than the city. We concluded to use the ecraseur a few days later. The following morning the patient was doing well. The hemorrhage during and subsequent to the operation was insignificant. In the afternoon the husband surprised me by bringing to my office something wrapped in a paper, which, upon examination, proved to be *the fibroid tumor itself*. It had come away itself during an expulsive pain. We had acknowledged defeat when the victory was really ours. The tumor was about the size of a hen's egg. Patient did well for the next five or six days, when she was attacked with pleuro-pneumonia, the lower lobe of each lung being the seat of the disease. I am inclined to the belief that this trouble was the result of absorption of septic material from the uterine cavity, though it *may* have been only a coincidence. She recovered in about three weeks more. She has regained her usual health and strength, and the catamenia are now regular.

Medical Societies.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

(*Continued from page* 780.)

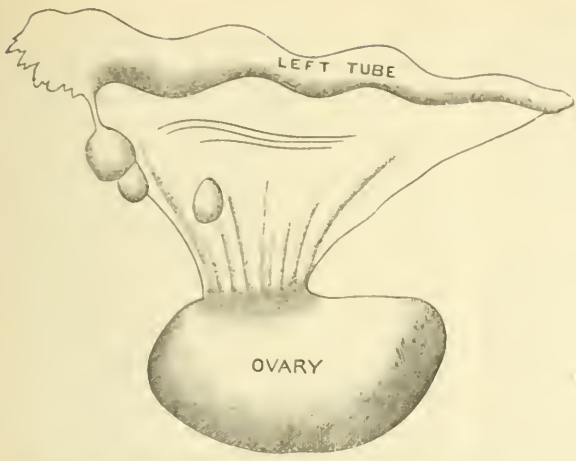
Dr. H. Kelly exhibited the

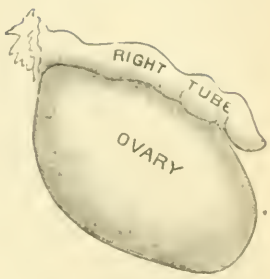
Ovaries and Tubes from a Case of Chronic Ovaritis, Salpingitis and Pelvic Peritonitis; also the Right Ovary and Tube from a Case of Cellulitic Contraction of Right Broad Ligament, with Disappearance of the Meso-salpinx and Coherence of Ovary and Tube,

Of which the following is the history: H. P., married, age 32, quartiparous, has always been irregular in her menstrual function, the flow generally appearing from ten days to two weeks later than expected, and being scant. Her last confinement was eleven months ago. Labor was slow, but no instruments were used. The child died in ten months. Ten days after delivery she had an attack of "typhoid fever" (*sic*), and since then she has never been well. During the fever, which lasted many weeks, she had constant severe pain in the right ovarian region, and had repeated chills and flushes of heat. She has at present severe pain in the right ovarian region and constant headache, is unable to work or exert herself in any way. She has not now menstruated for two months, although regular before. She has a leucorrhœa, which is intermittent in character. Bimanual examination reveals an enlargement on the right side, extending from the middle of the hypogastrium two and a half inches to the right, downwards to the pubis, and upward almost half-way to the umbilicus. It is most prominent above, very tender, and semi-fluctuant; every movement of the mass carries the cervix with it. The cervix points to the left, and the right fornix is very shallow. The mass has no firm attachment to the pelvis, but is easily movable. It seems to spring from the right cornu-uteri.

February.—Pain and sensitiveness great. The right fornix obliterated, and the uterus drawn bodily to the right side by a shrinkage in the mass. There is a mass which is as hard as a bone on the left side, like a finger, high up behind the vagina, pointing down in its axis.

March.—After faithful and prolonged treatment, consisting for the most part of rest with counter-irritation in the vagina and on the abdomen, and hot douche and glycerine plug, I made an exploratory incision at my private hospital, on March 27, in the presence of Drs. R. P. Harris, Chas. Herman Thomas, P. G. Clark, Marie B. Werner, Boyle of Kansas, Bull of Missouri, Baldy, and I. W. Mecaskey, to whose courtesy I was indebted for the case, and assisted by Dr. Jos. Hoffman. The right cornu-uteri was found elevated and matted with a mass of mesentery, in which it was completely encapsulated. This was slowly detached layer by layer, and the vermiform appendix separated for an extent of two inches. The tip of the appendix gave rise to troublesome bleeding, finally checked by the cautery. An enlarged ovary with a withered tube intimately adherent to its periphery, was then raised with great difficulty; a block-walled cyst, about one and a half centimetres in diameter, burst, and a quantity of grumous matter escaped into the peritoneum. The





ovary and tube were removed with great difficulty, and a part of the hilum was left in the grasp of the ligature. This was carefully burned. The illustration gives a correct indication of the structural changes in the right ovary, tube, and ligament. The left ovary and tube, which were free and sound, I also removed, as I was anxious to stop all determination of blood to the uterus. The figure shows well the contrast between the two. The operation was protracted, lasting one and three-quarter hours. The patient died on the seventh day, of one of those remarkable insidious attacks of peritonitis. She appeared to be doing well until the seventh day, when I found her with a wild, frightened look, and a pulse of 200. She had no pain at all. I broke up the adhesions in the lower part of the wound, which looked well, but I could not reach anything within the wound, and she died in two hours. Dr. R. P. Harris was present at the autopsy a few hours later. The recti had a deep red, unhealthy appearance, and a few spots of pus lay in the floor of the wound, opened down to the peritoneum. The peritoneum was firmly glued together, and my effort in the morning had not penetrated it; for as soon as the adhesions loosened, a large quantity, at least a pint, of brown pus rushed out, and I found the whole posterior part of the pelvis shut off from the general peritoneum by firm agglutination of the viscera above, and full of the same material. My chief anxiety was to find the vermiform appendix, and see if I could blame it for any share in the result. It was found with difficulty, and was covered with a thick finger of lymph. The sepsis came from the matter which escaped from the ovary. I say this, for I have never yet seen sepsis in any clean case. Then in looking back for unnoticed symptoms for future guidance in such cases, several points deserved closer attention than they received. 1. She complained more than usual of pain in the first three days. 2. The pulse remained about 112, instead of dropping below 100, as usual. 3. She wandered a little occasionally, insisting once that she saw a man in the room. She was more nervous about herself than any of my other cases had ever been, often insisting on sending for me in the night. These signs taken together are certainly significant in the absence of pulse and temperature indications.

Dr. R. P. Harris saw both the patients from whom these specimens were removed. The ovary in the latter case presented a very peculiar appearance; it was cartilaginous, with small cysts. The material escaping from these cysts caused septic peritonitis. The first patient was wonderfully changed by the operation. She was free from pain for the first time in twenty years, and could scarcely be kept quiet, so great was her joy at her release.

A Unique Case of Extra-uterine Pregnancy. Complete Removal of the Sac and Contents. Recovery.

By Howard A. Kelly, with a critical examination of the cases of faradic feticide, and remarks upon its dangers, by Dr. R. P. Harris.

Mrs. J. B., 22 years of age, married three years, of medium size, well-built, but rather pale and worn looking; has been twice pregnant, the first being a premature still-birth, the second a cross-birth necessitating turning by the feet. Since the last pregnancy she menstruated seven times. In July she menstruated for the last time for four months, when a flow came on (in November), at which time she passed a piece of flesh, called by the doctor a "false conception." Previ-

ously to this she had noticed a swelling in the right ovarian region which gave her severe pain. This pain was constant until the flow came on, when it was relieved. In December, three weeks after this flow, she thought she felt life and believed she was pregnant. She then had colostrum and a dull pain in the breast, and the nipples were coated with a waxy secretion.

Examination.—A tense, smooth, elongate, ovoid sac lay in front of the uterus (which reclined in the hollow of the sacrum), and rising out of the pelvis, pointing over the pubis, reached half-way up to the umbilicus as she reclined on her back. The tumor was very tender on pressure, and presented a remarkable smoothness and uniformity of its surface. It had a tense fluctuant feeling, and was distinctly movable as distinct from but closely connected with the right side of the uterus. She menstruated regularly in January, February, and March, the flow being lighter in color and much more profuse, lasting two or three days longer than her normal menstruation. On March 13 she was menstruating freely, and the note states: "The uterus lies, small in size, in the sacral hollow, and in raising the finger from the cervix to the anterior vaginal wall, an elongate, ovoid, tense cyst is felt on the right side; it is about three and a half inches long by two and a half wide. The cyst lies in the plane of the superior strait. The anterior extremity of the ovoid lies at the pubis, and its posterior attached extremity at the right cornu uteri. A well-defined sulcus exists between tumor and uterus, and the two are connected by a short but distinct pedicle. The tumor is very smooth, and of a rubber ball elasticity. It is movable over an excupsus of one or two inches, but too tender to manipulate further."

These notes were made a week before the operation, which was upon March 20. I then wrote to Dr. R. P. Harris that I expected to operate upon an extra-uterine cyst, and upon March 20, assisted by Dr. Jos. Hoffmann, and in the presence of Drs. R. P. Harris, Chas. H. Thomas, Marie Werner, Wm. Stuart, Baldy, Chas. M. Wilson, Jos. Gibbs, R. Keely, Paris G. Clark, McConnell, and others, the sac and its contents were removed. The belly walls were fat. The incision was about three and a half inches in length, through the linea alba, beginning about one inch above the pubis. The sac wobbled about so in the pelvis, that it was hard to bring its globular form up under the line of incision. Is felt at first like an enlarged uterus, but the uterus lay retroposed, anteflexed, reclining in the sacral hollow. The tumor was raised and brought out of the pelvis by passing two fingers in front of and under it, hooking it up and revolving it on the axis of its attachment at the broad ligament; it was then delivered through the linear incision by pressing the walls outward and towards the patient's back until it slipped out. It was then transfixed below its base and tied, and with the ovary and the whole of the right fallopian tube, was removed intact. The cyst was reddish-blue in color, and developed in the free margin of the right fallopian tube, its longest diameter crossing the axis of the tube at right angles. Pure water was used for the sponges, and the instruments were kept in a dry pan. No antiseptic of any sort was employed. Everything was thoroughly clean and prepared beforehand, and no antiseptic was needed. The whole operation, from beginning to complete closure, lasted forty minutes. Silkworm-gut sutures, about four to the inch, were used to close the wound, and with a little iodoform powder and dry absorbent cotton, the dressing was complete. The sac was about three inches long by two and a half wide, smooth and slightly rugose in its long diameter. Dr. Charles Herman Thomas incised it at its free extremity, cutting through the placenta into the amniotic sac, which did not contain a drop of fluid. The hands and then the head of the brownish exsanguine fœtus protruded, its cranial bones well developed. There was not the slightest fœtidity. The whole fœtus was well formed and perfectly preserved. It was a male, measuring $5\frac{3}{4}$ inches in length; the cord was 5 inches long, twisted from left to right. The recovery was as rapid and perfect as after any simple abdominal operation. An objection which naturally presents itself, and one which has been urged, is this: Here was an extra-uterine cyst containing a mummifying fœtus in just the condition we try to obtain by faradic feticide. Why interfere with it at all? My reasons were several.

First. My patient was constantly suffering from a painful tumor.

Second. She had deteriorated greatly in health, and in place of her usual fresh and rosy complexion, was looking sallow and worn, and was very despondent.

Third. The facility of the operation was manifest, and my bi-manual examination revealed all the peculiarities of the case before making the section.

Fourth. The very real danger of peritonitis and the possibility of the later discharge of the fetal parts by protracted suppuration.

And, further, I was acting in accordance with the practice of such eminent authorities as Lawson Tait and Olshausen, who counsel early interference in all pelvic tumors where the probabilities of success are good.

It must be remembered in any critique of the case that it presents features utterly unlike any other abdominal pregnancy ever recorded as operated upon. Dr. Harris's remarks will show that the crisis is not always ways past when the fœtus is killed by electricity.

Dr. R. P. Harris said the case reported by Dr. Kelly had as clear a history of an extrauterine pregnancy as we ever find in the *very early period* of ectopic gestation, *when* it cannot be claimed that a positive diagnosis can be made. We can, however, very closely approximate it, as was done prior to this operation. The woman had been twice normally pregnant; she ceased to menstruate on July 16, 1885, and there was no recurrence until November 17, a period of four months. She considered herself pregnant; and as the menstrual flow of November lasted a week, was excessive, and she passed, as she termed it, "two pieces of flesh;" she thought she had aborted. Having seen her in the operation, and upon several occasions since, I learned from her that her menstrual periods usually lasted about three or three and a half days, but had increased to a week, or thereabouts, after the return in November.

The development of the breasts; the presence of colostrum in them; the discharge of the decidua; the detection of the spherical tumor connected to the right cornu uteri; the decrease of this in size after the decidual expulsion; and the prolongation of the menstrual periods, all pointed to the existence of a right fallopian pregnancy and a dead fœtus. When the tumor was brought into view in the operation, it was seen to be of a reddish-blue color, which is common to fœtal cysts, and about three inches in diameter. When opened after removal, the placenta was found at the top, and the cyst empty of amniotic fluid, which had been removed by absorption. The fœtus was a male, 5½ inches in length; and to judge by its size, degree of cranial ossification and mark of sex, it must have died near the end of the fourth month. Such a fœtus, at the time of its death, must have occupied a cyst as large as a cocoanut. The loss of fluid in the cyst made it sufficiently flaccid to admit of its being drawn upon so as to form a pedicle for transfixion and ligation. Fortunately for the woman the cyst retained its integrity, the fœtus perished, and there was no peritonitis to produce adhesions; the operation was therefore as simple as an early ovariotomy, and no more dangerous.

There can be no question in my mind that under all the peculiar circumstances and advantages of this case, it was proper to remove the fœtal cyst for the purposes of relieving the pain felt in it, and of checking the menstrual loss. The question might be asked, Why operate in such a case more than in one where fœtal death has been produced by the faradic current? I answer, that under the same peculiar sufferings and advantages the exsection might be called for. The after history of the cases of faradic fœticide has yet to be written. Thus far there has been no death, immediate or remote, but there have been attacks of peritonitis, and there may be other troubles from the dead fœtus after a long period. Very little has been recorded of the ill-effects produced by ectopic fœtuses, which have died in the second, third, and fourth months of tubal or abdominal gestation. We know that a fœtus of the fourth month has been passed whole from the rectum, and that one still smaller has been vomited, but death has rarely taken place within an unruptured cyst, in the second, third, and fourth months, and we therefore do not know by the past what may be likely to happen in some of the cases subjected to faradization. Thus far the method has much to recommend it, by its safety of application, and by the present health of its subjects. Fœtal death being followed by absorption of the amniotic fluid, there is no longer any danger of the cyst rupturing from tension, and the woman's life is saved.

The first to destroy a fœtus by electromagnetism in the United States was our fellow member, Dr. Joshua G. Allen, who has now operated three times with success, and all of the women are still living. Case 1, 1869, and case 2, 1870, were illegitimately impregnated, and both have since married. Case 1 has remained childless. She continued well for two or three years, and then went to the Jefferson College Hospital, where she was supposed to have rheumatism; but as the pain was in the lower part of the abdomen on the side corresponding with the seat of the fœtal cyst, Dr. Allen attributes the attack of pain to the presence of the foreign body; the age of the fœtus was computed at three months. In case 2, the age was believed to be eight weeks, and the woman did well for a year or two, when she had an attack of peritonitis, lasting about three weeks. She subsequently married; bore a female child,

now ten or eleven years old; had a second attack of peritonitis about a year later, and four or five years later a third. Although severe, Dr. Allen did not regard the attacks as dangerous to life.

Dr. J. C. Reeve's patient has had a probation of six years, and has had no after trouble to note.

Dr. C. L. Billington writes me that his patient has improved in health, and that although the fœtus was computed to have a three months' growth, "there was no tumor perceptible five or six months afterward."

Dr. Lusk's second operation was followed by a peritonitis which confined the patient to bed for two months. She is now near her maturity of pregnancy, and has had no trouble during gestation from the presence of the tubal sac.

Dr. Bache McE. Emmet's case never showed the slightest effect from the presence of the ectopic fœtus up to the last report, about a year ago.

Dr. Garrigues examined his patient two years after the operation, which was performed upon a fœtus of "barely two months," and the "tumor to the right of the uterus had entirely disappeared." She had no longer any orgasm in sexual intercourse.

Dr. P. F. Mundé reports that at the end of two years his patient remains perfectly well.

In her menstruation, which was in progress when I last saw the patient of Dr. Kelly, the loss was restored to its normal moderation, and she was free from pain.

Dr. Baer spoke of a case of extra-uterine fetation which had gone to full term, and in which laparotomy was performed thirteen months after the death of the fœtus. The mother had shown great loss of vitality, and the tumor felt loose in the abdominal cavity and promised to be easy of removal; but when the abdomen was opened, adhesions were found so numerous and strong that removal would not be safe. The opening in the sac was stitched to the abdominal wound. The temperature did not rise, and there was full recovery. This was an instance of tubal pregnancy carried to full term.

Dr. Parish said we would find, in the large majority of these cases, that at an early period adhesions would be slight and removal easy. Operation after rupture of the cyst is not complicated by adhesions, except those formed by the placenta, which are so vascular as to defy separation and constitute the great danger. Prior to the fourth month before such adhesions are formed, it is safe and easy to separate. It is a favorable time to operate after the death of the fœtus, because the maternal tissues lose the extreme vulnerability that exists during the life of the child.

Dr. Longaker had been surprised at the absence of peritonitis after so much pain and tenderness.

Dr. Kelly remarked that the pain had always been non-febrile, there had been no elevation of temperature or pulse.

There had, in this case, been no sense of contraction in handling the tumor, as has been noticed in hydro-salpinx.

L. Tait had heard the uterine souffle in one case at his first examination, but could not find it again. Dr. Kelly has a case of extra-uterine fœtation on hand now, and is waiting for the death of the fœtus, when he will operate. Ohlshausen has formulated the rule that "any abdominal tumor as large as the fist should be removed."

W. H. H. Githens, *Secretary.*

Editorial Department.

Periscope.

Dislocation of the Humerus, with Fracture of the Great Tuberosity.

The President of the Academy of Medicine in Ireland described this case.

Mr. E. Hamilton said the case was interesting, as showing a departure from the general rule of the small portion of the tuberosity being involved in these fractures. In other joints, when a fracture occurred, they saw scales of bone broken off instead of the ligaments and muscles giving way.

Professor Bennett said the specimen exhibited was of very great importance from its rarity, and from the fact of its being completely dissected. Until recently, it had been a difficulty to his mind as to whether or not fractures of the great tuberosity should be divided into two groups: (1) fractures that occurred from direct injury to the tuberosity with subsequent subluxation of the humerus, and (2) complete dislocations, with tearing of the attachments of the muscles. The case now adduced showed that there were dislocations completed by the tearing

of the muscles, and cases of primary fracture of the tuberosity. Dr. Little's case certainly justified the recognition of a second group of cases in which the tuberosity was torn off, and not broken off by direct comminution. The evidence now proved that the dictum that there was only a ligamentous union should not be accepted, but that treatment should be directed towards obtaining osseous union, if possible. He had a case under treatment which was not a dislocation in the true sense, but a fracture of the great tuberosity with a subluxation inwards. The patient was an old woman, and yet a very complete union took place. In the records of this injury, published in France and America, Mr. Adams's case was omitted, and Professor Smith's teaching, that only ligamentous union occurred, was recognized. Tearing of the tuberosities was, no doubt, of very rare occurrence.

The President, in reply, said he was struck by Professor Bennett's remark that, in the neighborhood of the joint, portions of bone resembling scales were often found broken off instead of the ligaments. It had struck him, in several cases, that the capsule of the joint had not been ruptured, and he had often known surprise to be expressed at that, but the breaking off of the bone saved the ligaments from rupture.

Untoward Effects of Belladonna.

Dr. James G. Kiernan thus writes in the *Western Druggist:*

In a certain class of cases blame is not unfrequently incurred by both physicians and pharmacists from the unexpected results of prescriptions containing belladonna. It has been my fortune to witness belladonna poisoning in seven instances, in which the drug was administered to aid the effects of laxatives and cathartics. In the first instance, a menstruating constipated woman, was given 1-20 of a grain of the extract of belladonna, and three hours thereafter manifested all the toxic effects of the drug. This case I referred at the time to some defect in dispensing the drug. In a second case the use of a still smaller dose had precisely the same effect, but, as the extract used had been kept a long time, the toxic effects were referred to this cause. In a third case the same results followed the reduction of the quantity of the extract used to one-thirtieth of a grain. I, in consequence, abandoned the use of the extract of belladonna; but in three cases, one a lady physician who administered the drug herself, I saw the same effects follow upon the use of three drops of the tincture. In a fourth case I was able to trace the poisoning by three drops of belladonna tincture to a peculiar condition of the woman to whom it was administered—when she was constipated and menstruating, three drops of the drug would produce the physiological effects which twenty drops would not under ordinary circumstances. As all the other six cases had been constipated and menstruating, it was obvious that their physical condition predisposed them to the effects of the drug. It is well to record such facts, because there is no saying when, under the present furore for making fortunes by litigation, they may not become of value from a pharmaceutico-legal standpoint.

Reviews and Book Notices.

Book Notices.

Medicine of the Future. By Austin Flint, Sr., M. D., LL. D. New York: D. Appleton & Co.

The late Dr. Flint had been appointed by the British Medical Association to deliver the Address on Medicine at its meeting in the current year. His death prevented the execution of this design, but the complete manuscript was found among his papers, and is printed in the tasteful volume before us. It is able and scholarly, and fully worthy of his maturest power. Its perusal cannot fail to renew the regret that the American profession has lost so noble an expounder and defender of the highest aims and principles of medical science.

Diseases of the Stomach and Intestines. By Prof. Dujardin-Beaumetz. Translated by E. P. Hurd, M. D. New York: Wm. Wood & Co.

The author of this volume is well known as an eminent teacher of practical medicine. His pages are replete with suggestions, and also display that erudition and extensive reading in medical history which is or ought to be agreeable to the learned world. The instructions are presented in the form of lectures, and cover the ground very completely. The translator has done his work faithfully, and the publisher has supplied illustrations as needed, and one chromo-lithograph setting forth to the eye the composition of the principal elements. The volume is one of the series of Wood's Library of Standard Medical Authors.

THE

Medical and Surgical Reporter.

A WEEKLY JOURNAL,

ISSUED EVERY SATURDAY.

D. G. BRINTON, M. D.,
JOSEPH F. EDWARDS, M. D., } EDITORS.

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THE

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OF

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A STEP IN THE RIGHT DIRECTION.

We have received from Dr. H. Loewenthal, President, 127 East 84th street, New York city, the published announcement of the "New York Society for the Prevention of Contagious Diseases." This society has been quite recently incorporated under the laws of the State of New York, and announces its objects to be as follows:

"1. To endeavor to prevent the dissemination of syphilis and other contagious venereal diseases in the city of New York.

"2. To oppose all measures having for their object *the State regulation of vice;* and, by establishing *sanitary surveillance* without *legalization*, do away with any excuse for such *regulation.*

"3. To establish an INFIRMARY for the reception and gratuitous medical and surgical care of such persons as may be afflicted with venereal disease."

The eminent utility of such a scheme cannot be doubted by any one who makes himself acquainted with the social life of our great cities, and will judge of the questions, with an impartial mind, thus brought forward. The pamphlet contains the official announcement by the President, Dr. H. Loewenthal; a portion of an address of Dr. John Alsdorf (245 West 51st street, Secretary of the Society) delivered before the Legislative Committee on Public Health at Albany last February, and a report on the best means of preventing the spread of venereal diseases, by Dr. Albert Gihon, Medical Director U. S. Army. These articles set forth clearly and succinctly the purposes of the Society, and the needs which exist for its organization.

As its methods are such as to avoid the objections most generally urged against systems for the limiting of venereal contagion, we hope and trust that the Society will be received with favor both by the medical world and the public at large, and that affiliated societies will be established in the other great cities of our republic.

Among the directors we note with pleasure the names of such representative men as Dr. T. Gaillard Thomas, Dr. Alfred L. Loomis, Judge Charles Donohue, of the Supreme Court, etc. Those who would acquaint themselves with the details of the plan of action proposed should write to the President or Secretary, whose addresses we have given, and receive a copy of the Announcement. It will be found to contain many suggestions and much information on the workings of such organizations.

Notes and Comments.

Disease of Skin and Disorders of Other Organs.

The grand totality, so to speak, of the human organism, the dependence of one part upon another and upon all others, is well understood. That indigestion may cause and maintain an acne, removable only when the cause has been vanquished, is well known to all. But Dr. L. Duncan Bulkley (*Virginia Medical Monthly*, May,) goes further, and recognizes that many obstinate skin diseases are due to disorders of other organs, and he concludes that he will act most wisely who, in endeavoring to remedy the former, will take a broad view of disease, and who will not merely regard the particular lesion under treatment, but will consider the individual presenting the same. And he will succeed best in the treatment of diseases of the skin who is a thoroughly educated physician, ready to recognize and appreciate the relations between disease of the skin and disorders of other organs.

Urethan.

With the desire to collect all evidence in reference to this new drug, we note that before a recent meeting of the Carlisle Medical Society Dr. Maedougall read a note on its use. He had used it in several cases with good results. In one case of advanced aortic and mitral disease, with dropsy and great restlessness, three to five grains gave good results. In a lady with a mild attack of delirium tremens, urethran in fifteen-grain doses produced sleep. He had used it in another case, in which a gentleman had maniacal attacks following the continuous use of bromidia for two months in doses of a drachm every night. The bromidia was stopped and fifteen grains of urethan substituted, with the result that the gentleman was perfectly well the next morning.

The Non-Surgical Treatment of Anteflexion.

Dr. P. H. Ingalls thus summarizes it in the *New York Med. Jour.*, March 27 :

1. The general health of the patient should receive as much attention as the local condition.

2. In every case all cellulitis should receive the first attention.

3. Some cases of anteflexion need no local treatment.

4. Gradual dilatation often effects a cure.

5. Forcible and extensive dilatation is preferable to the cutting operation.

Leucorrhœa and Purulent Ophthalmia.

In an institution in New York city wherein a violent epidemic of purulent ophthalmia recently prevailed, Dr. W. M. Leszynskey satisfied himself (*New York Med. Jour.*, March 27) that the disease was caused by the carrying on the fingers of the discharge from a non-specific leucorrhœa. That the disease occurred in four boys was explained by the fact that the original cases were not isolated, and that wash-rags and towels were used indiscriminately. Rigid quarantine subdued the epidemic.

Treatment of Diabetes Mellitus.

From time to time we have noted the favorable results from the use of arsenite of bromine in this disease, and now we have to record additional evidence of its value as reported in the *Jour. Am. Med. Ass.*, May 8, by Dr. N. S. Davis, Jr. During the past year he has used it in a considerable number of cases, and they have unifurmly progressed favorably. An anti-diabetic diet was, of course, prescribed, and the drug was usually given in three-drop doses thrice daily. The dose was sometimes as high as five drops.

News and Miscellany.

Ohio State Medical Society.

(*Concluded from page* 798.)

Second Day.

Morning Session.

Dr. James T. Whittaker, of Cincinnati, read a paper on the subject, "The Cardiac Complication of Bright's Disease."

The essayist commenced by comparing the relation of the heart and kidneys in the machinery of man to that of a force- or feeding-pump and the escape or waste-water pipe. Disease of one was, therefore, followed sooner or later by disease of the other. In this relation the disease might begin first in the heart and be followed by acute or chronic nephritis; secondly, in both heart and kidneys simultaneously, under the operation of the same cause, as in alcoholism, syphilis, gout, arterio-capillary sclerosis, etc.; and lastly in the kidneys to be followed by pericarditis, much more rarely by endocarditis, but always by hypertrophy of the left ventricle. This hypertrophy, which we now know to be compensatory, hence to be forced and sustained in every way, accompanies every case

of chronic nephritis, except in a few cases of extreme debility where new tissue cannot be supplied. It is not limited to renal cirrhosis, but is found equally in chronic parenchymatous nephritis; in fact, there is no chronic nephritis without it. It is a valuable sign, in that it shows itself early, in the course of from two to four weeks after the reception of the disease in the kidneys, at which time it may be detected chemically, as well as demonstrated upon autopsy. The various causes assigned for its production were next discussed, and the symptoms, increased tension of the pulse, dislocation of the apex to the left, increased dullness and accentuation of the aortic tone, were dwelt upon in its recognition. The symptoms are all the more valuable in that they may all exist in a marked degree in the entire absence of subjective signs on the part of the heart. In the absence of a valve lesion to account for them, they excite the suspicion of the practitioner at once as to the existence of Bright's disease. So long as this compensation is exact there is no dropsy and mostly no uræmia, but so soon as it becomes disturbed with an excess or failure gross symptoms supervene. Failure is eventually inevitable. It shows itself in the pulse, which becomes weak and quick; next in the lungs, with signs of dyspnœa, bronchitis, asthma, and œdema; lastly, in the general system, with anasarca and hydrops of the serous sacs. The paper concluded with the treatment of dilated heart, and urged the importance of gauging the stage of Bright's disease by the condition of the heart.

Drs. Wm. B. Davis, of Cincinnati, and H. G. Sharpe, of London, took the ground that albumen might appear in the urine without kidney changes. This was controverted by Dr. Whittaker.

Dr. R. Harvey Reed, of Mansfield, read a paper, subject, "The Importance of Early Operations in Surgical Injuries." He did not mean rash carelessness, but the sooner a man's limb is off after it is determined upon the better.

Dr. A. Dunlap, of Springfield, had been in the habit of operating immediately. He fully endorsed the paper. The A. C. E. was his favorite anæsthetic.

Dr. J. M. Weaver, of Dayton, thought the question when to operate a serious one. It should have our best judgment. The true ground he believed to be the middle, as is the case usually where there are two extremes presented. He doubted if it was good surgery to make the immediate operation when you have a severe accident, as in railroad injury. You had better not operate if there is danger of the patient dying on the table. You had better wait. Maybe that feeble flickering life might revive if not subjected just then to another shock.

Dr. E. H. Hyatt, of Delaware, begged leave to take exceptions to the statement in the paper that the day had gone by when authors advised waiting for reaction. He thought every case to be a rule unto itself. After shock we have a weak heart. Then will you put a knife to that patient, and add shock to shock? You should know the degree of the shock before operating. If it is not intense, if the patient is suffering from hemorrhage, then operate. What danger is there in waiting if the patient is not bleeding? He favored the use of ether. It is a stimulant, and not so dangeous to the heart. He would not use chloroform, hence not A. C. E., for it contains chloroform. Would not give alcohol. Artificial heat is the best treatment. He wished to enter his protest against the sweeping protest to operate in every case, no matter what the condition of the patient.

Dr. H. Z. Gill, of Cleveland, understood the rule to be early operation when the case will admit. He thought this settled.

Dr. T. G. Scott, of Cleveland, favored giving Bourbon whisky.

Dr. R. B. Hall, of Chillicothe, thought the degree of shock should determine whether the operation should proceed or not. He favored dry heat and whisky.

Dr. N. Gay, of Columbus, thought that ether could be used to diagnose shock. If the patient went down under ether he should not be operated upon.

Dr. J. W. Hamilton, of Columbus, favored the primary operation below the knee and shoulder-joint. Above these points, wait. He thought it reasonable to suppose that ether might stimulate reaction, and chloroform retard.

Dr. J. Harmon, of Warren, thought that chloroform, as well as ether, has a stimulating effect. The apparent depressant effect with chloroform is due to the more rapid anæsthesia. If you push ether to the same anæsthetic effect you will have the same depression. Chloroform, as given in obstetrics, stimulates.

Dr. N. Gay, of Columbus, read on "The Treatment of Malignant Carbuncle." He gave the history, treatment, and results in two cases. Favorite treatment, carbolic acid and olive oil, equal parts.

Dr. Hamilton, of Columbus, thought carbolic acid a two-edged sword. He reported

a case where a woman with a felon had applied carbolic acid externally. The finger died and had to be amputated.

Dr. Weaver, of Dayton, reported a case where a young woman came to him with her finger perfectly dead, caused by an application of carbolic acid. It had been applied accidentally, and immediately wiped off. Gangrene set in in two or three days.

Dr. Underwood reported the case of a girl æt. 10 who burnt her finger. Her mother having heard that carbolic acid was good for burns, applied it. The finger remained wrapped up till morning, when it was found dead; the doctor called and the finger amputated.

A lengthy experience meeting followed, carbolic acid being the subject, and drifting into its use for hemorrhoids.

Dr. W. C. Jacobs read a paper on "Phosphor-Necrosis." One of the largest match factories in the United States is in Akron, and consequently the opportunity of observing this disease is quite frequent. He described the process of match-making in detail. About one-seventieth grain phosphorus is contained in each match head. In the dipping and packing rooms is where the danger of phosphor-necrosis is greatest. Here they are handled more, and in damp weather fumes are given off. The effects of phosphorus are local. In my ten cases, all started from unsound teeth. Gums kept from the teeth by tartar is also a cause. It is generally thought that the patient must have been exposed for a long time to the fumes of the phosphorus. Essayist knew one girl who was exposed only two years. The physician rarely sees it in the initial stage. Generally the patient comes a few days after having a painful carious tooth extracted. He wishes to know why he still has pain.

Treatment.—Tr. of myrrh is good. Deep incisions have not been so successful in the essayist's hands. He is a firm believer in the early operation.

Prevention.—First, allow none to work in the dipping and packing departments who have not sound teeth. Second, good ventilation. Third, operators not allowed to eat dinner in their work-rooms, and compelled to keep their hands clean. Fourth, keep a solution of the alkaline carbonates near as a mouth-wash.

Dr. F. Garrison, of Mt. Vernon, showed a dicephalous monster.

Dr. Sherry, of Tippecanoe, exhibited a case of mastoid trouble with vomiting and brain symptoms.

Dr. H. J. Herrick, of Cleveland, taking as his subject "Dietetics in Idiopathic Fevers," presented points which he thought to have been neglected in the treatment of fevers. He referred to dietetics. Too much food is often given. Food not assimilated is a veritable poison. It is my custom to prescribe definitely the food and drink my patients receive. I can bring on malarial fever by means of food. He discussed dietetics with typhoid and bilious fever. Milk, he thought, was sometimes prescribed too freely by physicians in typhoid fever. Give more good pure water.

Dr. J. W. Shively, of Kent, read a paper "The Effect of Food in Health and Disease." He referred to what food had accomplished in the Colorado beetle by increasing its numbers so greatly. Also how fleet it had made the race-horse, how it had elongated the intestine in the domesticated pig over the wild boar. He discussed food and diet in the treatment of dyspepsia, diarrhœa, scurvy, torpidity of the liver, and corpulency. The value of food and diet have been known for a long time. They have not been spoken of highly enough. The value of drugs has been over-estimated. We lack the moral courage to say, You need no drugs, go and do so-and-so and be whole. We pander to the desire for drugs. We are afraid to give our advice and charge for it, but must give some miserable drugs. The doctor with his drug store attachment is the most popular.

Dr. Wm. Corlett, of Cleveland, read a paper on "Diseases of the Skin occurring in the Subjects of Gout." He reported three interesting cases. Of these and other lithæmic eruptions which came under the essayist's notice, the following are the most noteworthy features: First, they were scaly; second, the color was reddish and generally syphilide; third, there was a tendency to a symmetrical distribution; fourth, they were met with in adults, usually after 45, except when inherited; fifth, they were accompanied by other evidences of lithæmia; sixth, they were prone to return. The alkaline baths, preparations of tar and ammoniated mercury, comprise the means most in vogue and best suited to this end.

The papers of Drs. Herrick, Shively, and Corlett were then discussed together.

Dr. Charles A. L. Reed, of Hamilton, presented reports of "Eight Cases of Abdominal Section," taken from his cases for last year. The report embraced only those cases undertaken for the removal of the uterine appendages, to the exclusion of those done for cystomata, myomata, and explorative purposes:

Case 1. Widow, æt. 28, had had a post-partal pelvic abscess ten years prior; dysmenorrhœa since. She had been exposed to gonorrhœa, but denied having had it. There was enlargement of the right fallopian tube, and fixation of the ovary low down in the pelvis. The tube was removed without rupture, and so was the ovary, with which it was continuous. A small cyst under the ovary was, however, ruptured, and its purulent contents discharged. In spite of best antiseptic precautions and drainage the case died from septicæmia. Drs. Cook and Strecker.

Case 2. Unmarried, æt. 30. Pyo-salpingitis that originated within the last eight months. Both tubes and ovaries were removed. Prompt recovery. Dr. George O. Cummins.

Case 3. Mrs. T. V. Pyo-salpingitis of gonorrhœal origin and of two years' duration. All the appendages removed. Dismissed on sixteenth day well. Dr. I. Reed.

Case 4. Mrs. W. G., æt. 37. Had never experienced a painless menstruation. Pyo-salpingitis had been diagnosed two years before operation, and one year before operation, one tube was successfully aspirated through the vagina, but speedily refilled. Both tubes were removed in November, 1885. They were extremely adherent and were removed with difficulty, but fortunately without rupture. Peritonitis developed on sixth day, accompanied with symptoms of obstruction. The abdomen was reopened and lymph-bands were broken up. Patient died on eighth day. Drs. Millikin and Skinner.

Case 5. Ovaralgia and hystero-epilepsy. Was treated by conservative measures for four years, but grew worse. Oöphorectomy was done September 21. Dismissed on twelfth day. Hystero-epilepsy cured. Drs. Millikin and Skinner.

Case 6. Ovaralgia and dysmenorrhœa. Conservative treatment for three years. Oöphorectomy. Recovery. Patient has gained thirty-five pounds in weight since the operation. Dr. G. C. Skinner.

Case 7. Hernia of the ovary. Extirpation of extruded organ. Recovery. Dr. Cummins.

Case 8. Irreducible displacement of the ovary into Douglass's *cul-de-sac*. Oöphorectomy. Recovery. Dr. W. F. Taylor.

The views urged by Dr. Reed were:

1. That tapping is dangerous in purulent disease of the Fallopian tubes.

2. The radical operation should be undertaken at once in cases of pyo-salpingitis, as delay fosters adhesions.

3. The breaking up of adhesions in non-purulent cases is comparatively free from danger.

Dr. A. W. Ridenour, of Massillon, read a dicephalic paper. First subject, "Report on Trephining the Spine." Second, "The Radical Cure for Hernia." This, in the words of the author, was more of an experience paper than an elaborate scientific affair.

Dr. E. S. McKee, of Cincinnati, read a paper, title "Consanguinity in Marriage." The tenor of the paper was, consanguineous marriages, other things being equal, have no ill-effect upon the offspring.

Dr. L. Slusser, of Canton, read from the subject, "Relation of the Physician to the Public." He did not see why a physician was not as fit for public office as any other class or calling. He referred to the prominence medical men took in the boards of this State during and previous to the time of Governor Chase. Now they are almost entirely absent from these boards. He thought we had disfranchised ourselves by persistently refusing office. The doctor should have a careful watch over the public health. He should constitute himself sanitary inspector of his patients' surroundings. In China the less sickness there is in a certain district the more pay the doctors of that district receive. He referred to the State Board of Health. It is not all we could wish, yet it is an entering wedge, and we should support the Board.

Dr. H. Z. Gill presented a rsolution of encouragement to the State Board of Health. Passed.

Dr. Wm. B. Davis, of Cincinnati, offered amendments to the constitution to the effect that the officers be elected by a committee of one from each county represented, and that the meeting be divided up into sections of medicine and surgery.

107 names were registered, against 109 last year.

Adjourned to meet in Toledo, the third Wednesday in June, 1886.

A King who Believes in Antiseptics.

The King of Servia, according to the journals, has issued the following: "Whereas it is irrefutably proved by science that the so-called antiseptic treatment of wounds yields more beneficial results than all other methods, we are pleased to order that henceforward the said antiseptic plan of treatment be solely employed in all the hospitals of our kingdom, and that corrosive sublimate and iodoform be used until our further disposition."

INDEX.

Abattoir, methods of slaughtering animals of, 584, 590.
Abdomen; visceral injuries of, 369; pistol-shot wound of, 418, 739.
Abdominal; gestation, 118; muscles, spasmodic contraction of, 473; cavity, death from hemorrhage into, 624; galvanization, 630.
Abnormal mobility of tongue, 159, 211.
Abnormalities of aorta, 686.
Abortion; habitual, 305; imperfect, 625.
Abortive treatment of syphilis, 281.
Abscess; of cellular tissue, 39; pelvic treatment of, 71; pneumonic, 110; mammary, prevention of, 153; of the kidney, 218; renal, 411; acute fæcal, 432; simulating uterine fibroid, 537; of nasal septum, 616; of pancreas, 632.
Abscesses; pelvic, treatment of, 336; of spermatic cord, 472.
Absence; congenital, of lung, 155; of one testicle, 474.
Accidents, railroad, nervous diseases after, 565.
Acetate of lead, injurious influences of, 398.
Acid; anisic, an antipyretic, 90; carbolic, injection of, 219; nitric, poisoning, 247; indigestion, 571; disinfecting, 407; freckles, 697; osmium, in neuralgia, 438; boric, in cystitis, 476; lactic, in pathogenic tissues, 495.
Acne, bromide of arsenic in, 473.
Acorn chocolate for diarrhœas, 91.
Aconite poisoning, 583.
Acute; febrile glycosuria, 90; pemphigus, 570; inflammation of occipito-atlantal joints, 178; catarrhal nephritis, 222, 230; endocarditis, 201; rheumatism, treatment of, 282, 760; catarrhal laryngitis, 365; dementia, case of, 388; tonsillitis, treatment of, 411; fæcal abscess, 442; primary suppurative nephritis, 493.
Adenoma, 298.
Address at commencement, 515.
Adherent fallopian tube, ovary with, 457.
Adhesive properties of plaster, to increase, 448.
Administration; of hypnone, 187; chloroform, 464.
Adonidine, 374.
Adulteration; of food products, 28, 607; of olive oil, 346; of lard, 382.
Affections; of eye and spinal curvature, connection between, 119; of rectum, 403.
Ague, brass founder's, 507.
Air-baths, compressed, treatment with, 411.
Albuminuria, 676, 711, 717; treated by fuchsine, 83; cyclic, 537; diet in, 697; due to scarlet fever, 726.
Alcoholic hallucinations, 43.
Alcoholism, 631.
Alimentation, Germain Sée in, 47.
Altitudes, quinine in high, 93.
Alum gargles upon teeth, effects of, 697.
Amblyopia, hemorrhagic, cured by dilatation, 17.
Amblyopia and monoplegia, 539.
Ambrosia artemisiæfolia, hæmostatic properties of, 88.
Amenorrhœa, 568; santonin in, 188.
American Pasteur Institute, 95.
Ammonia in anthrax and carbuncle, 185.
Amputation of arm, 418; of breast, 523; of uterus, 651; of uterus, ovariotomy with, 685.
Amusing the insane, 445.
Anæsthesia; Esmarch's bandage in, 690; of hand, 690.
Anæsthetic; new local, 500; nitrous oxide an, 761.
Anæsthetics, 340; deaths from, 479.
Anæsthetization, prolonged, 71.
Anomalous lung, 206.
Anemia, 199.
Aneurism, 481; double popliteal, 154; dissecting of aorta, 377; occurring in stump, 466; traumatic inguinal, 535, 690.
Animals as medical practitioners, 241; slaughtering, methods of, 584, 590; respiratory changes in, 669.
Anisic acid an antipyretic, 90.
Ani, fistula in, 297.
Anodyne, cutaneous, 58.
Anteflexion, non-medical treatment of, 809.
Antetragus, congenital tumors of, 176.
Anthrax, ammonia in, 185.
Antidote to cocaine poisoning, 790.
Antidotes for poisons, 557.
Antipyrin, 183; influence of, 147, 195; in tuberculosis, 246; unpleasant effects of, 246; in pneumonia, 371; in malarial fevers, 568.
Antipyretic treatment, 402.
Antisepsis in the German army, 87.
Antiseptic incision, 409; mouth wash, 443; surgery, 511; amputation of breast, 523; in obstetrics, 547; vaginal injections, 673, 679.
Antiseptics in midwifery, 223.
Anus; fissure of, 404; imperforate, 618; artificial, 716.
Aorta; dissecting aneurism of, 377; abnormalities of, 686.
Aparine, galium, in psoriasis, 476.
Apartments, disinfection of, 155.
Aphonia from morphia, 476.
Apparatus for applying heat and cold, 411.
Apparent hydrophobia, 542.
Appendix vermiformis, melon seed in, 471.
Application of iodoform in diphtheria, 537.
Applicators, uterine, 267.
Arm; amputation of, 418; paralysis of, 684.
Anus, pruritus of, 540.
Arsenic habit, 383; bromide in acne, 473.
Arsenical wall papers in malarious regions, 383.
Arterial ligation a prophylactic measure, 112.
Arteries after ligature, changes in, 171; coronary, 495; iliac, ligature of, 535; ligature of, 690.

Artero-capillary; fibrosis, 221; capillary fibroid kidney, 538.
Artery, vertebral, wound of, 50.
Arthritis; rheumatoid, 44; of knee, 72; from peripheral nerve lesions, 283; chronic rheumatic, 663.
Artificial eggs, 446; honey, how to distinguish, 447; cocaine, 543; respiration, 622, 663; eruptions of the skin, 722.
Ascites; thrombosis of portal vein with, 9; permanent drainage in, 398.
Asiatic cholera, 189.
Aspiration in distention of gall-bladder, 506.
Assimilation in febrile patients, 147.
Association of Physicians and Pathologists, 319.
Ataxia, locomotor, weighted shoes in, 312.
Atlantic City in spring, 542.
Atresia, traumatic, of cervix uteri, 522.
Atrophoderma pigmentosum, 243.
Atropine, influence of, 310.
Attack on Pasteur, 127.
Auditory meatus, external, 67.
Angioma, congenital, 56.
Angiomata, cure of, 761.
Aural polypi; treatment of, 219; catarrhal inflation of the eustachian tube in, 295.
Auscultation; discovery, 127; diagnosis by, 163.
Ante-mortem heart clots, 175.
Automatism; epileptic, 402; phenomena, 489.
Autopsies on drunkards, 207.
Azoturia, 313.

Babies, respiratory croaking of, 344.
Bacilli, tubercle, 245.
Bacteria, gas-forming, 531.
Bacterio-therapeutics, attempt at, 373.
Bacteriology of certain eye diseases, 82.
Bacteriotherapy, 697.
Balata, 383.
Barometer a guide to health, 186.
Bastardy case, 28.
Baths: cold saline, on fevers, 18; hot, in nephritis, 26; in typhoid fever, 179; salt water, 186; gonorrhœal infection from, 414.
Battey's operation, pathological specimens from, 459.
Bee-stings, remedy for, 413.
Beef extracts, nutritive value of, 580, 614.
Beer, lager, 383.
Berlin University, medical faculty of, 250.
Belladonna: rash, 188; in cholera infantum, 283; effects of, 785, 807.
Benzoate of sodium in cholera infantum, 694.
Bichloride of mercury and urea for syphilis, 345.
Blackwater fever, treatment of, 88.
Biniodide of mercury, an antiseptic, 547, 679.
Bladder; multiple myoma of, 175; exstrophy of, 388; digital exploration of, 301, 429; gall-, distention of, 506; stone sacculated in the, 751.
Blind, increase of, 281.
Blindness, sudden, during labor, 572.
Blood; letting extraordinary, 249; poisoning, pyæmia or, 292; vessels, influence of cocaine on, 310; vessels, influence of antipyrin, 495; effect of removal of spleen on, 628.
Bloody urine in pregancy, 168.
Boat-racing injurious? 597.
Bodies, foreign, in vitreous, 427.
Body, foreign, in eye, 304.
Boric acid in cystitis, 476.
Boston water supply, 64.
Bowel, mortified, recognition of, 400.
Boy, gastrostomy in, 215.
Brain; compression of, 280; bullet in, 347; removal of, 554; tumor, case of, 587.
Brandy, flavoring principles of, 574.
Brass-founder's ague, 507.
Breath, gangrenous, relief of, 444.
Breast; cancer of, 50; carcinoma of, 396; antiseptic amputation of, 523.
Breasts, supernumerary, 505.
Breech presentation, complicated by large scrotum, 346.
Bright's disease, 232, 265; delirium of, 95; deafness in, 275; jaborandi, 282; urine in, 476; why so fatal, 730.
Bromide of arsenic in acne, 473.
Bronchial diseases, treatment of, 227.
Bronchitis; chronic treatment of, 147; treatment of, 377; fœtid, 570.
Bronchus, extraction of foreign body from, 57.
Bubo, chancrous, 179.
Bullet; extractor, improved, 167; in her brain, 347.
Burials, tax on, 318,
Burn, 297; by electric lamp, 338.
Burn-Bræ hospital for mental diseases, 542.
Burns of face, 339.
Bursal tumors, 474.
Buttock, erysipelas from injury to, 417.

Caffeine, influence of, 310.
Calcareous degeneration of fibroid tumor of, 334.
Calcium, chloride of, 474.
Calomel in pneumonia, 371.
Calculus; vesical, case of, 112; renal, 659.
Camphor intoxication, 177.
Cancer; of breast, 50; of cervix, 167; influence of diet on, 238; of œsophagus, 268; prophylaxis of, 349; mammary, 479; of lung, 658; of uterus, 658.
Cancer; uterine, treatment of, 695; of stomach, prognosis of, 791.
Cancerous inheritance, theory of, 18.
Carbolic acid; injection of, 219; disinfecting, 407; in indigestion, 571; in freckles, 697.
Carbuncle; ammonia in, 185; treatment of, 188; cured by gonorrhœa, 696.
Carcinoma; primary, 208; of breast, 396.
Cardiac disease, high altitudes on, 668.
Caries of tibia, 329.
Case; of empyema, 12; of pemphigus, 19; of poisoning by datura stramonium, 25; an instructive, 25; of vesical calculus, 112; of hermaphrodite, 114; of superfœtation, 142; of syphilitic phthisis, 147; of intermittent fever, 176; of quintuple labor, 178; of dystocia, 198; of perityphlitis, 165, 205; of intestinal malformation, 210; of empyema, 218; of persistent menstruation, 283; of intussusception, 359; of intubation of larynx, 365; of reflex vaso-motor neurosis, 370; remarkable, 383; of acute dementia, 388; of wiring fractured patella, 421, 425; of obscurity in detecting foreign bodies, 433; of lead poisoning, 439; of perforation of vermiform appendix, 442; of diabetes insipidus, 442; of chylous urine, 442; of prolapse of rectum, 443; of dystrophy of thumb joints, 443; of laceration of cervix uteri, 455; of ossification of the choroid, 460; of scarlet fever and measles, 468; presenting cataleptoid

symptoms, 489; of necrosis of vomer, 418; of tuberculosis of skin, 506; of pons oblongata transitiva, 523; of rigor in epileptic, 531; of reproduction of femur, 538; of multiple myomata, 539; of general paresis, 554; of ruptured ovarian cyst, 554; of antidotes for poisons, 557; of gunshot wound, 559; of brain tumor, 587; of stramonium poisoning, 594; of insanity, 609; of median nerve suturing, 618; of mitral stenosis, 621; of vesico-vaginal fistula, 622; of imperfect abortion, 625; of protracted labor, 626; of traumatic nephrosis, 629; of narrowing of small intestines, 631; of removal of lower jaw, 649; of tubal pregnancy, 657; of renal calculus, 659; of trichinosis, 686; of median nerve suturing, 697; of artificial anus, 716; of intercurrent hepatitis, 719; of post-partum hemorrhage, 745; of infection in utero, 761.
Catalepsy, 206; hystero-, 108.
Cataleptoid systems, case presenting, 489.
Cataract extractions, 461.
Catarrh; hepatic, 107; aural, in young children, 295; nasal headaches with, 489; chronic nasal, 727.
Catarrhal phthisis, treatment of, 147; acute nephritis, 230; acute laryngitis, 365; icterus, treatment of, 470; fever simulating typhoid, 642; metritis, iodoform in, 727.
Catgut suture of patella, 600.
Catheter, a prostatic, 91; syphilis, transmitted by, 539.
Cavities, internal, dry dressing for, 339.
Cause of reflex nervous phenomena, 375; of pleurisy, 467.
Causes and treatment of quinsy, 465; of consumption, 667.
Cellular tissue, abscess of, 39.
Cerebral tumors, difficulties of diagnosis in, 240; substance, fracture of skull with loss of, 252; hemorrhage, sudden fatal, 257; embolus, 267; manifestations in mumps, 340; syphilis, 561, 571, 632.
Cerebellar softening, 662.
Cerebri, hernia, treatment of, 593.
Cerebro-spinal fever, epidemic of, 376.
Cervical canal of womb, dilatation of, 91; spinal cord, 588.
Cervix uteri, wound of, 154; cancer of, 167; hypertrophic elongation of, 168; uteri, laceration of, 455; uteri, traumatic atresia of, 522; laceration of, 630.
Chancrous bubo, 179.
Charlatan's advance agent, 446.
Chemical garden, 574; basis of water, 783.
Chicken-pox, eruption following, 563.
Chilian remedy for cystitis, 25; treatment of lienteric diarrhœa in, 119; optic neuritis in, 155; prevention of myopia in, 312; peculiarities of malaria in, 475; headache in, 501; nursery for, 638; diseases of, 667; insomnia in, 694; morphine in eclampsia of, 697; deaf, treatment of, 737; proper diet for, 786.
Childhood; infectious vulvo-vaginitis of, 279; scrofula in early, 504.
Chlorate of potassium, poisoning by, 305.
Chloroform or ether after cocaine, 92; a cheaper, 448; administration of, 464.
Chloral on digestion, influence of, 152.
Chloride of gold and sodium in pertussis, 120; stannous, disinfectant value of, 447; of calcium, 474.
Chocolate, acorn, for diarrhœas, 91.
Cholera, 572; infantum, belladonna in, 283; benzoate of sodium in, 694; treatment of, 378; Asiatic, 189; in Barcelona, 211; again, 598; in Italy, 734; in Gibraltar in 1885, 735; epidemic, 735.
Cholesterine in retina, 507.
Chorea minor from naso pharyngeal reflex, 509.
Chronic bronchitis; treatment of, 147; ulcers, 156; cirrhotic kidney, 230; ulceration of face, 250; dysentery, 268; simple ulcers, 311; meningitis, 394; kidney disease, diagnosis of, 437; ulcers, treatment of, 463; Bright's disease, urine in, 476; endocarditis, 493; nephritis, nitro-glycerine in, 569; tetanus, symptoms of, 559; rheumatic arthritis, 663; nephritis, milk diet in, 728; diarrhœa, remedy for, 743; cystitis, 773.
Chylous urine, 442.
Chylothorax, 280.
Cider and rheumatism, 319.
Circumcision, 236.
Circumstantial evidence, 253.
Cirrhosis ? of liver in a child, 54.
Clavicle, fractured, method of treating, 567.
Cleanliness, 446.
Cleaning powder for windows, 447.
Clinical; lecturers, 22; diabetes, 642; thermometers, 602.
Club-foot; management of, 222; treatment of, 792.
Cocaine; habit, 13; salicylate in neuralgia, 26; in whooping-cough, 91; ether or chloroform after, 92; on the central nervous system, effects of, 132, 140; and hay-fever, 135; effects of, 150; in vaginismus, 248; about, 282; influence of, 310; spray, cause of laryngeal spasm, 376; in gastralgia, 379; in affections of eyes, 411; treatment of morphine habit with, 439; decline in, 446; discovery of, 478; in neuralgia, 508; artificial, 543; in vaginal operations, 572; tests for, 601; in hay-fever, 729; in retention of urine, 752.
Coffee; eating habit, 412; a disinfectant, 409; and pruritus, 725.
Coincidence, diagnosis by, 473.
Coition; death from, 108; vulvo-rectal fistula from, 776.
Cold; saline baths on fevers, 18; apparatus for applying, 411; prophylactic measures against, 475.
Colles's fracture, 755.
Colloid degeneration of skin, 498.
Colon, narrowing of, 762.
Colorless tincture of iodine, 694.
Coma, diabetic, 91.
Comminuted fracture of head of tibia, 343.
Commissions or inquisitions in lunacy, 65.
Concealing taste of quinine, 278.
Conception while uterus contained a placenta, 247.
Confinements; shortest interval between, 192; short interval between, 316.
Congenital; angioma, 56; absence of lung, 155; tumors of the antetragus, 176; malformation of eyes, 209; deformities and maternal impressions, 248; absence of left kidney, 335; dislocation of hip-joint, 513; malformation of hands, 535; deficiency of tubes, 712; strictures of rectum, 720.
Conjunctivitis, 139.

Consciousness, loss of, 257.
Constipation, habitual, treatment of, 113.
Consultation, novel, 317.
"Consummatus est," 22.
Consumption, causes of, 667.
Complete rupture of kidney, 601.
Complicated labor, 624.
Compound fracture of patella, 506.
Compressed air-bath, Meniere's disease treated by, 411.
Compression of the brain, 280.
Compulsory vaccination, 29.
Contagious; period of syphilis, limitation of, 223; ophthalmia in public institutions, 237.
Contraction; of lung, displacement of heart due to, 199, 205; spasmodic, of abdominal muscles, 473.
Contractions of external auditory meatus, 67.
Contracture, Kernig's, of lexion, 566.
Contributions to practical surgery, 240.
Control of hemorrhage, 306.
Convergent strabismus, treatment of, 314.
Convulsions, infantile, 760.
Coughing, unusual cause of, 632.
Cord; umbilical, ligating the, 157; ligating the, 347; tying the, 603.
Cornea, foreign bodies upon, 450.
Corpus, galvanized, 414.
Correction, 254, 285.
Corrosive sublimate; disinfection with, 155; sublimate, danger from, 475; sublimate in diphtheria, 688.
Cranium, human, civilization of, 701.
Craniotomy, 422.
Cremation, 638; in France, 574.
Croaking, respiratory, of babies, 344.
Croup; membranous, 73, 283, 452; spasmodic, complicating measles, 148; diphtheritic, 336.
Croupous pneumonia of lung, 568; and hypostatic pneumonia, 596.
Curative potency of prolonged sleep, 218.
Cure of stammering, 95.
Curvature, lateral, of spine, 72; spinal, 570.
Cutaneous anodyne, 58.
Cyst; retention, 335; ovarian, ruptured, 554.
Cystic degeneration of kidneys, 174; kidney, 206; albuminuria, 537.
Cystitis; Chilian remedy for, 25; boric acid in, 476; chronic, 773.
Cysts; perinephritic, 174; surgical, treatment of, 310.
Cysto-sarcoma, pregnancy mistaken for, 313.
Cystotomy, kolpo-, 617.

Daltonism amongst railway officials, 511.
Damages for dead body, 253.
Darwin's doctrine of evolution, 304.
Datura stramonium, poisoning by, 25.
Deaf mutes, 120; increase of, 251; children to parents of, 737.
Deafness in Bright's disease, 275.
Death from attempted coition, 108; from round worms, 187; by hemorrhage, 408, 624; from dyspnœa, 441; from perityphlitis, 471; by hanging, diagnosis of, 508; from croupous pneumonia, 568.
Deaths from anæsthetics, 479.
Debove's "cramming" or "forced feeding" system, 701.
Decapitated head, how long does it retain sensibility, 213; experiments on, 789.
Decline in cocaine, 446.
Decoction of lemons in intermittent fever, 599.
Defibrinated blood, injection hypodermically of, 26.
Deformed penis, 537.
Deformities, congenital and maternal impressions, 248.
Degenerated kidney, 557.
Degeneration, cystic, of kidneys, 174; of ovaries, 333; colloid, of skin, 498.
Delegates, a word to, 405.
Delirium of Bright's disease, 95.
Delusions from intestinal accumulations, 687.
Dementia, acute, case of, 388.
Dental irritation, lagophthalmos due to, 19.
Dentists, bogus, 286.
Dentition in infantile pathology, 502.
Deobstruent, glandular, chloride of calcium as, 474.
Desquamative prostatitis with hyaline casts, 276.
Destruction of microbes by heat, 696.
Determination of sex of fœtus, 187.
Diabetes, 52; lagopthalmos in, 27; sudden origin of, 88; insidious onset of, 89; cure in, 90; mellitus, 207, 563; insipidus, 442; clinical, 642; on gestation, 728; insipidus, valerian in, 762; mellitus, treatment of, 809.
Diabetic coma, 91.
Diagnosis; in ulcer, 80; of pregnancy, 136; by auscultation, 163; of cerebral tumor, difficulties of, 240; of gonorrhœa in females, 314; of twins, 429; in chronic kidney disease, 437; by coincidence, 473; of neurasthenia, 521; of spinal tumors, 552; of small-pox, 559; of fibro-cystic tumor, 651; of cancer of uterus, 658; of pregnancy, 678; tuning fork in, 686; by hanging, 698; of lead-poisoning, 761.
Diagnostic signs of pregnancy, 74.
Diaphragmatic pleurisy, 399.
Diarrhœa; acorn chocolate for, 91; lienteric in children, treatment of, 119; white of egg in, 728; chronic, remedy for, 743.
Diet on cancer, influence of, 238; in albuminuria, 697; for children, 786.
Differentiation, pneumatic, 461.
Digestion, influence of chloral on, 152; of food on, 351; and dyspepsia, 526.
Digestive tract, gas-forming bacteria of, 531; ferments, therapeutic use of, 562.
Digital exploration of bladder, 391, 429.
Dilatation of sphincter ani, 17; of cervical canal of womb, 91.
Diphtheria, 476; complicating syphilis, 79; new remedy in, 151; cured by tolu varnish, 185; treatment of, 221; new treatment of, 471; and pigeon-keeping, 479; manure heaps and, 507; iodoform in, 537; not sewer-gas disease, 656; corrosive sulimate in, 688.
Diphtheritic paresis, 203; croup, 336; inflammation, 626.
Dipsomania, strychnine in, 727.
Disinfectants, 656; value of stannous chloride, 447; coffee as, 469; iodol, 567.
Disinfecting influence of carbolic acid, 407.
Disinfection of hands, 56, 478, 791; of rags, 126; of apartments, 155; by salt-water stove, 286; new method, 374.
Dislocation of ungual phalanx of thumb, 186; partial of head of radius, 214; of humerus, 343, 785; congenital of hip-joint, 513; of shoulder-joint, 500.

Discovery; of auscultation, 127; of cocaine, 478.
Disease; finger nails in, 41; Bright's, delirium of, 95; of umbilicus in new-born, 184; a new, 186; mastoid, 206; Bright's, 232, 265; Bright's, deafness in, 275; Bright's, jaborandi in, 282; kidney, 305; finger nails in, 395; Meniere's treatment of, 411; chronic kidney, diagnosis of, 437; chronic Bright's, urine in, 476; a strange, 511; syphilitic, 588; tubercular, of spinal cord, 619; cardiac, high altitudes on, 668; Hodgkin's, 721; Bright's, why so fatal, 730; hair roots as indicators of, 754; Pott's, of spine, 769; ear, meningitis after, 783; of skin, 809.
Diseased kidneys, death from, 497.
Diseases; eye, bacteriology of, 82; of the respiratory organs, 117; of eye, relationship of, 345; infectious, medical risks from, 349; of skin, lanolin in, 419; of heart and kidneys, habitual abortion in connection with, 475; skin, resorcin in, 591; nervous, after railroad accidents, 565; of children, 667.
Displaced spleen and pregnancy, 242.
Displacement; of heart, 199, 205; uterine, cause of, 527.
Disposal of sewage, 325, 353.
Dissecting aneurism of aorta, 377.
Distention of gall bladder, 506.
Distocia, discussion on, 427.
Diuretics, Russian, 626.
Doctor: Bond and Benj. Franklin, 62; Graves, case of, 95; peculiar danger, 158; surplus of, 213; E. O. Shakespeare, 287; Ramsey's revolver, 383; Nebinger's estate, 638; Flint's successor, 703.
Dod's spray, management of, 63.
Double; popliteal aneurism, 154; battledoor placenta, 429.
Dover's solution, 347.
Drainage; of pelvic abscesses, 71; permanent, in ascites, 398.
Douching infants, 786.
Dressing: new, for wounds, 57; dry, for internal cavities, 339; dry, 440.
Drinking; largely, philosophy of, 78; water, lead poisoning from, 273.
Dropsy, peritoneal, 709, 742.
Druggists warned, 255.
Drugs, explosive, 509.
Drunkards, autopsies on, 207.
Dry dressings, 440; for internal cavities, 339.
Duct, Steno's, occlusion of, 397.
Ductus arteriosus, changes in, 171.
Dumb, increase of, 281.
Dust; inhalation of, 182; of London, 509.
Datura stramonium, poisoning by, 241.
Dysentery; chronic, 268; ergot in, 793.
Dyspepsia; atonic, sour milk in, 55; yellow oxide of mercury in, 89; and digestion, 526; papain in, 752.
Dyspnœa; hysterical, 109; death from, 441.
Dystrophy of thumb-joints, 443.
Dystocia; case of, 198; cause of, 303.

Ear; hygiene of, 223; lesions of, 686; removal of foreign bodies from, 697; disease, meningitis after, 783.
Eclampsia of children, morphine in, 697.
Eczema, 675.
Eczematous eruption, 238.

Editorials:
The New Year, 21.
The Practical Value of Estimating the Amount of Urea Daily, 22.
Clinical Lecturers, 22.
"Consummatus Est," 22.
The Medical Record, 23.
Mushroom Poisoning, 23.
Diabetes, 52.
Finger-nails in Disease, 54.
The International Medical Congress, 85.
The School-book Temperance Crusade in Pennsylvania, 86.
Technic of Thermometers, 87.
Antisepsis in the German Army, 87.
The Micro organisms of Syphilis, 116.
Influence of Meteorological Changes on Diseases of the Respiratory Organs, 117.
The Speech of the Eyes, 117.
The Medical Record and the Congress, 149.
Disagreeable Effects of Cocaine, 150.
Clinical Teachers, 151.
The Inhalation of Dust, 182.
Thallin, Antipyrin, and Kairin, 183.
The Preparation of Sanitary Legislation, 183.
How Long Does the Head of a Decapitated Person Retain Sensibility? 213.
The Surplus Doctors, 214.
Tubercle Bacilli, 245.
Antipyrin in Tuberculosis, 246.
Concealing the Taste of Quinine, 278.
Ætiology of Infectious Vulvo-vaginitis of Childhood, 279.
The Manufacture of Acetate of Lead and the Injurious Influences upon the Workingmen Connected with it, 308.
Living in Newly-built Houses, 309.
Sulphur in Gas, 309.
Resorcin in Gonorrhœa, 341.
Illegal Practitioners of Medicine in Philadelphia, 342.
Attempt at Bacterio-therapeutics, 373.
New Method of Disinfection, 374.
Adonidine, 374.
The International Congress, 375.
National Sanitary Convention, 375.
A Word to Delegates to the American Medical Association, 405.
What are Your Students Doing? 407.
The National Board of Health, 407.
A Method of Diagnosis in Chronic Kidney Disease, 437.
Emboli in Pregnancy, 437.
The Prevention of Poisonous Infection, 438.
Coffee as a Disinfectant, 469.
Catarrhal Icterus Treated by the "Krull's Injection," 470.
A Martyr of Science, 470.
Resorcin in Skin Diseases, 501.
Headache in Children Attending School, 501.
The Rights of the American Medical Association, 533.
Illegal Practice, 533.
State Sanitary Convention, 534.
The Right to Express Your Opinion, 534.
Nervous Diseases after Railroad Accidents, 565.
The Effects of Insufficient Food and Starvation, 566.
Kernig's Flexion Contracture, 566.
The New Disinfectant, Iodol, 567.
Is boat Racing Injurious? 597.

Cholera Again, 598.
Professor Forbes of "The Jefferson," 598.
State Sanitary Convention, 598.
The Effect of the Removal of the Spleen on the Blood, 628.
Tuberculosis of the Buccal Mucous Membrane, 629.
The International Congress, 629.
The American Medical Association, 661.
Cerebellar Softening, 662.
An Unusual Sequela of Ovariotomy, 692.
Benzoate of Sodium in Cholera Infantum, 694.
Insomnia in Children, 694.
Colorless Tincture of Iodine, 694.
Sulphate of Sodium, 724.
Metallo-therapeutics, 725.
Coffee and Pruritus, 725.
Medical Aspects of Social Questions, 725.
The International Congress, 757.
The Report of the Philadelphia Delegates, 758.
The Yucca Angustifolia or Soap-weed, 758.
Sanitary Convention, 759.
A New Fat, 788.
Experiments on a Decapitated Head, 788.
A Step in the Right Direction, 808.
Effusion, pleurisy for, 441.
Eggs, artificial, 446.
Electric lamp, stunning and burn by, 338.
Electrolysis; in treatment of marks, 435; in gynecology, 667: impermeable stricture treated by, 749; for stricture, 793.
Elongation, hypertrophic, of cervix, 168.
Emboli in pregnancy, 437.
Embolus, cerebral, 267.
Embryotomy, dystocia necessitating, 303.
Emmett's button-hole operation, 774.
Emission of semen, means of diagnosis, 224, 348, 508, 698.
Emphysema, 107; arresting tuberculosis, 641.
Empyema; case of, 12, 218; when not to operate in, 314; treatment of, 379.
Encapsulated; sarcoma of thigh, 650; pelvic peritonitis, 685.
Encephalocele, meningo-, 249.
Endocarditis; acute, 201: ulcerative, 221; treatment of, 410; primitive, in soldiers, 444; chronic, 493; mycotic, 561.
Endometritis, senile, 321.
English jury, vagaries of, 542.
Enlarged prostate, cocaine in treatment of, 752.
Enlargement of ovary, 74.
Enteric fever, salt-water baths in, 186.
Enterocele, vaginal and vulvar, 7.
Enuresis, treatment of, 346.
Epidemic; in Martinsburg, W. Va., 58; in Norwich, Ohio, 124; in Farmland, Ind., 217; in court, 254; of cerebro-spinal fever, 376; of small-pox, 446; cholera, 735.
Epilepsy, 268; ovarian, 280; new symptom in 311; traumatic, trephining in, 432; cured by removal of nasal polypi, 464; menstrual, 712.
Epileptic fits, sequelæ, 282; automatism, 402; prolonged rigor in, 531.
Epithelioma of uterus, 11; of tongue, 449.
Ergot in dysentery, 793.
Eruption, eczematous, 238; in scarlet fever, 410; following chicken-pox and measles, 563.
Eruptions due to certain medicines, 114; artificial, of skin, 722.
Erysipelas, pilocarpine in, 202; from injury to buttock, 417.
Erythema nodosum, 630.
Escharotic, a painless, 153.
Esmarch's bandage, use of, 690.
Ether or chloroform after cocaine, 92.
Ethics, surgical, 177.
Ethylate of sodium in nævus, 285.
Etiology of scrofula, 504.
Etiquette, professional, 351.
Eucalyptus a topical agent, 753.
Eustachian tube, inflation of, 295; catheter, syphilis transmitted by, 539.
Evidence, circumstantial, 253.
Evisceration of eyeball, 11.
Evolution, Darwin's doctrine of, 304.
Excision of hip-joint, 514; of pylorus, 694.
Extensions, new method, 329.
Extirpation of ovaries, 440.
Extraction of foreign body from bronchus, 57.
Extractions, cataract, 461.
Extracts, beef, nutritive value of, 580, 614.
Extraordinary blood-letting, 249.
Experimental inquiry, 580, 614.
Experiments on a decapitated head, 789.
Expert testimony, 703.
Exploration, digital, of bladder, 391, 429.
Explosive drugs, 509.
Explosives, effects of, 445.
Exstrophy of bladder, 388.
Eyeball; evisceration of, 11; transplantation of, 221; foreign body in, 562; diseases, bacteriology of, 82; relationship of, 345; removal of iron from, 222; foreign body in, 304; transplantation of, 472; iritis, serosa to 729.
Eyes; speech of, 117; congenital malformation of, 209; pemphigus of, 409; use of cocaine in affections of, 411; opacities before, 450.

Face, chronic ulceration of, 250; cause of burns of, 339.
Facial paralysis, 187.
Fæces, impaction of, 41.
Faith, healing by, 438, 702.
Fall, paralysis from a, 12.
Fallopian tube; gelatinoid thickening of, 362; hæmatoma of ovary with, 457.
Farmers, insanity among, 573.
Fasting girl of Lacrosse, 543.
Fatal case of pemphigus, 19.
Febrile; acute, glycosuria, 90; patients, influence of antipyrin, 147; disorder, 238; acute pemphigus, 570.
Fecundity, remarkable Italian, 31, 474.
Feeding; infant, 220; by the rectum, 313.
Fehling's solution, modification of, 497.
Female; diagnosis of gonorrhœa in, 314; physicians in insane asylums, 749.
Femur; fracture of, 72, 386, 387; periosteal sarcoma of, 335; reproduction of, 538; necrosis of, 769.
Ferments, digestive, therapeutic use of, 562.
Fever, 696; cold saline baths on, 18; thermic cases of, 49; Blackwater treatment of, 88; hay, cocaine and, 135; intermittent case, 176; enteric, salt-water baths in, 186; typhoid, amplications of, 88; non-conformity in, 262; menstruation during, 276; quinine in, 348; ulcers in, 497; senator on, 379; concurrence of, 645; swamp in Africa, 318; scarlet, eruption in, 410; and measles, 468, 726; cerebro-spinal, epidemic of, 376; urethral, 503; catarrhal, 642; puerperal, 673, 761; typho-malarial, 705.

Fevers, malarial, antipyrin in, 568.
Fibro-myomas uterine, 744; cystic tumor, diagnosis of, 651.
Fibroid of uterus, 9; intramural tumor, 197, 203; tumor of uters, 324; degeneration of, 334; uterine, diagnosis of, 537; kidney arterio-capillary, 538; polypus of uterus, 777; miscarriage complicated by, 801.
Fibroids of uterus, 39, 168; intra-mural, 170.
Fibroma of right vocal cord, 335.
Fibrous tumor of uterus, 111.
Finger nails in disease, 41, 395.
Fingers, supernumerary, 316.
First stage of labor, treatment of, 270.
Fish, poisoning pilocarpine in, 404.
Fissure of anus, 404.
Fistula vesico-vaginal, 332.
Fistula, 299; necrosis of, 175; in ano, 297; vesico-vaginal, 527, 622; vulvo rectal, 776.
Flatulency, 169.
Flavoring principles of brandy, 574.
Flea, larva of, 55.
Flexion, Kernig's contracture, 566.
Flexures, myxœdema with, 601.
Fœtal psychology, 487.
Fœt'd, bronchitis, 570.
Fœtus; life of, influence of temperature on, 94; determination of sex of, 187.
Follicular, degeneration of ovaries, 333.
Food; products, adulteration of, 28; on digestion, influence of, 351; prejudices concerning, 477; insufficient, effects of, 566; adulteration of, 607; preservatives, 734.
Foramen, patent ovale, 107.
Force-pump, treatment of intestinal obstruction by, 378.
Forced feeding, system of, 701.
Forceps, dressing, 715.
Foreign; body from bronchus, extraction of, 57; in eye, 304; vitreous; 427; obscurity, the detection of, 433; upon cornea, 450; in orbit, 494; in eyeball, 562; œsophagotomy for, 633; removal of, 697; in nose, 718.
Formulæ, useful, 412.
Fracture; of femur, 72, 386, 387; green-stick, 298, 396; of skull, 103, 109, 252, 330, 630; Colle's, treatment of, 152, 755; comminuted, of head of tibia, 343; of humerus, 385; of larynx, 408; compound, of patella, 506; with treatment, 579; of the great tuberosity, 785.
Fractured; patella, wiring of, 421, 425; clavicle, treatment of, 567.
Fractures, non-union of, 219.
Fragment, necrosis of, 506.
Francisceine, 572.
Fraudulent medicines, 447.
Freckles, carbolic acid in, 697.
Friction, shoulder-joint, 705.
Fruit trees, planting of, 413.
Fuchsine, albuminuria treated by, 83.

Galium aparine in psoriasis, 476.
Gall; stones, passage of, 361; retained, 719; bladder, distention of, 506.
Galvanization, pelveo-abdominal, 630.
Galvanized corpses, 414.
Gangrene of lung, 568.
Gangrenous breath, relief of, 444.
Gargles, alum, upon teeth, 697.
Gas forming bacteria, 521.
Gastralgia, cocaine in, 379.
Gastric ulcer, 55.
Gastrostomy, 146; and jejunostomy, 48; in a boy, 215.
Gelatinoid thickening of fallopian tube, 362.
Germ, malarial, of Laveran, 427.
Germain Sée on alimentation, 47.
German army, antisepsis in the 87.
Germicidally, gonorrhœa treated by, 337.
Gestation; abdominal, 118; influence of diabetes on, 728.
Genital irritation, cause of reflex nervous phenomena, 375.
Genito-urinary surgery, 430.
Gland, submaxillary, retention cyst of, 335.
Glaucoma, hemorrhagic, treatment of, 696.
Glandular deobstruent, chloride of calcium as, 474.
Glass, broken, retention of in vagina, 24.
Gliomata, structure of, 586.
Glycerine; nitro-, in chronic nephritis, 569; iodo-, injection of, 567.
Glycosuria, acute febrile, 90.
Goitre, 600.
Gonorrhœa; in female, diagnosis of, 314; treated germicidally, 337; resorcin in, 341; old, power of infection, 443; in family, 511; carbuncle cured by, 696.
Gonorrhœal; rheumatism, 89; infection from baths, 414; ophthalmia, 718.
Graduates, misfortune to, 512.
Green-stick fracture, 298, 396.
Growing tooth in nose, 472.
Growth; pedunculated, of Labium, 494; tumor, Malthus' law, 571.
Guaranine, physiological effects of, 248.
Gum, senegal, substitute for, 444.
Gun-shot wound, 236, 559, 685.
Gynecology; modern, panacea of, 539; electrolysis in, 667.

Habit; the arsenic, 383; coffee-eating, 412; morphine, treatment of 439.
Habitual; constipation, treatment of, 113; abortion and kidney disease, 305; abortion in diseases of heart and kidneys, 475.
Hæmatoma of ovary, 457.
Hæmoptysis, treatment of catarrhal phthisis of, 147.
Hæmorrhagic glaucoma, treatment of, 696.
Hæmostatic properties of ambrosia artemisia folia, 88.
Hair; roots indicators of bodily or mental diseases, 754; pin in sigmoid flexure, 782.
Hallucinations; unilateral, 6, 13; alcoholic, 43.
Hammersly will contest, 254.
Hand; injury of, 331; anæsthesia, 690.
Handedness, right and left, 81.
Hands; disinfection of, 56, 790; congenital malformation of, 535.
Hanging, emission of semen, means of, 348, 508, 698.
Hard on Chicago, 479.
Hay fever, cocaine in, 135, 729.
Head; of a decapitated person, 213; of tibia, comminuted fracture of, 343; suicide by butting, 633.
Headache; with nasal catarrh, 489; school children, 501.
Healing; by faith, 438, 702; of wounds, 545, 577.

Health; the barometer a guide to, 186; suggestion to, 239; National Board of, 407.
Hearing, loud sounds on, 538.
Hernia, treatment of, 760.
Heart; tonic, a new, 155; clots, ante-mortem, 175; displacement of, 199, 205; ventricle, perforating ulcer opening into, 408; disease, habitual abortion of, 475; influence of kairin on, 495.
Heat; apparatus for, 411; destruction of microbes by, 696.
Hematosalpinx, 713.
Hemichorea, and hemiplegia, 719.
Hemicrania, 155; operation for, 630.
Hemiglossitis, 631.
Hemiplegia; syphilitic, 216; rare symptoms in, 348; total trigeminal paralysis with, 681.
Hemorrhage; from rupture, 115; from wound of cervix uteri, 154; post-partum, strychnia in, 249; cerebral, sudden fatal, 257; control of, 306; death by, 408, 624; meningeal, 618; post-partum, 745.
Hemorrhagic amblyopia cured by dilatation, 17.
Hemorrhoidal tumors, treating of, 432.
Hemorrhoids in pregnancy, treatment, 223.
Catarrh, 107; origin of urea, 569.
Hepatitis; chronic, yellow oxide of mercury in dyspepsia due to, 89; intercurrent, 719.
Hereditary; syphilis, 417, 435; tremors, 729.
Hemanæsthesia, hysterical, 23.
Hermaphrodite, case of, 114.
Hernia; partially descended, 335; strangulated, operation for, 400; trusses in, 410; abscess of spermatic cord simulating, 472; radical cure for, 558; cerebri, treatment of, 593; inguinal, radical cure of, 617.
Herniotomy, 582.
Herpes of pharynx, 250.
Heresies, obstetrical, 2.
Hip joint: congenital, dislocation of, 513; chronic rheumatic arthritis of, 663.
Hodgkin's disease, 721.
Home treatment of inebriates, 771.
Honey; poisonous, 448; artificial, how to distinguish, 447.
Hospital Reports—
Children's Hospital of Philadelphia.—
Clinic of Dr. J. Ashhurst, 72.
Jefferson Medical College Hospital.—
Clinic of Dr. J. T. Parvin, 11, 73, 168, 267.
Clinic of Dr. W. Thomson, 139.
Clinic of Dr. R. Bartholow, 202, 268, 360.
Pennsylvania Hospital.—
Clinic of Dr. M. Longstreth, 41, 393.
Clinic of Dr. T. G. Morton, 43.
Clinic of Dr. J. M. Da Costa, 43, 199.
Clinic of Dr. J. H. Hutchinson, 107, 230, 265.
Clinic of Dr. J. H. Packard, 329.
Philadelphia Hospital.—
Clinic of Dr. W. H. Parish, 39, 74, 167.
Clinic of Dr. J. W. White, 40.
Clinic of Dr. H. C. Wood, 104.
Clinic of Dr. T. Parvin, 136, 422.
Clinic of Dr. L. W. Steinbach, 295.
University of Pennsylvania.—
Clinic of Dr. W. Goodell, 9.
Clinic of Dr. W. Pepper, 9.
Clinic of Dr. D. H. Agnew, 297, 396.
Clinic of Dr. J. Ashhurst, 298.
Hot baths in nephritis, 26.
Household utensils, lead-poisoning by, 372.
Houses, living in newly-built, 309.
Humerus; dislocation of, 343; fracture of, 385; necrosis of, 769; dislocation of, 785.
Human; milk, new test, 119; triplets, 633; cranium, civilization of, 701.
Humerus, dislocation of the, 806.
Huxley on science and medical teaching, 157.
Hyaline casts, desquamative prostatitis with, 276.
Hydro-; add pyo-salpinx, 333; salpinx, 362.
Hydrocele, 295; treatment of, 221; radical cure of, 409.
Hydrocephalus, 107.
Hydrogen, sulphuretted, poisoning by, 274.
Hydrophobia, 380; and Pasteur's remedies, 156; in Paris, 445; apparent, 542; Pasteur on, 689; in Austria, 729; in Russia, 786.
Hydrosalpynx, with congenital deficiency of tubes, 712.
Hygiene of the ear, 223.
Hygienic Institute in Berlin, 28.
Hyperpyrexia, post-mortem, 314.
Hypertrophic elongation of cervix, 168.
Hypertrophy; of neck of uterus, 11; of the prostate, 412; of pons, oblongata transition, 523.
Hypnone, administration of, 187.
Hypnotic, a new, 346.
Hypodermic; injections of salicylate of cocaine in neuralgia, 26; injection of oil, 54.
Hypodermically; injection of defibrinated blood, 26; strychniæ, 443; of morphine, 697.
Hypostatic pneumonia, croupous and, 596.
Hysterectomy, vaginal, 778.
Hysteria, 44; treatment of, 29; in soldiers, 569; its relation to diseases, 784.
Hysterical; hemianæsthesia, 23; dyspnœa, 109.
Hystero-catalepsy, 108.

Ice in sick-room, 415.
Ichthyol, its uses, 27.
Icterus, catarrhal, treatment of, 470.
Idiosyncrasy, quinine, 371.
Illegal; practitioners of medicine, 342; practice, 533.
Ileum, stricture of, 56.
Iliac arteries, ligature of, 535.
Illinois State Board of Health and regulation of medical practice, 63.
Illusions, melancholia with, 202.
Impaction of fæces, 41.
Imperfect; development of testicle, 474; abortion, 625; symmetry, 790.
Imperforate anus, 618.
Impregnation, unconscious, 753.
Impressions; maternal, 248; mental, labor influenced by, 763.
Improved bullet extractor, 167.
Incarceration of melon seed, 471.
Incision; antiseptic, radical cure of hydrocele, by, 409; in ovariotomy, size of, 538.
Incontinence, nocturnal, of urine, 571.
Increase; of blind, deaf, and dumb, 281; of inebriety, 477; of life, 478.
Indigestion, carbolic acid in, 571.
Indirect cerebral syphilis, 571.
Inebriates, home treatment of, 771.
Inebriety, increase of, 477.
Infancy; phimosis, 401; urticaria in, 754.
Infantile; paralysis, 72, 759; pathology, dentition in, 502; menstruation, 511; convulsions, 760.
Infant; feeding, 220; fracture of femur in, 387.

Infants; plea for weighing, 440; drenching, 786.
Infantum; cholera, belladonna in, 283; treatment of, 378.
Infarctions of kidneys, 175.
Inflammation; acute, of occipito-atlantal joints, 178; diphtheritic, 626.
Inflation of the Eustachian tube, 295.
Infection; gonorrhœal, from baths, 414; poisonous, prevention of, 438; of old gonorrhœa, 443; of tuberculosis, 444; in utero, 761.
Infectious; vulvo-vaginitis of childhood, 279; diseases, medical risks from, 349.
Influence; of temperature on life of fœtus, 94; of antipyrin, 147; of chloral on digestion, 152; of diet on cancer, 238; of operations on tuberculosis, 434; of kairin, 495.
Information from Pasteur, 255.
Inguinal; traumatic aneurism, 535; hernia, radical cure of, 617; aneurism, 690.
Inheritance, cancerous, theory of, 18.
Inhalation of dust, 182.
Inhalations in pulmonary tuberculosis, 570.
Injection; of defibrinated blood hypodermically, 26; of oil, hypodermic, 54; of carbolic acid, 219; in catarrhal icterus, 470; of iodo-glycerine, paralysis following, 567; of oil of turpentine, 761.
Injections; hypodermic, of salicylate of cocaine in neuralgia, 26; into the lungs, 287; of osmium acid in neuralgia, 438; vaginal antiseptic, 678, 679.
Injuries; visceral, of abdomen; 369; recent, suture of nerves of, 475.
Injurious? is boat-racing, 597.
Injuriousness of natural gas as fuel, 479.
Injury; sarcoma after, 15; of hand from machinery, 331; to buttock, erysipelas from, 417.
Inoculation; of tubercle, 443; preventive, 318; of yellow fever, 665.
Insane; medico-legal questions of, 33; amusing the, 445; asylums, female physicians in, 749; surgical affections in, 791.
Insanity, 104; cases, testimony in, 29; lectures on, 33, 65, 609; puerperal, 535; among New England farmers, 573.
Insidious onset of diabetes, 89.
Insipidus diabetes, 442.
Insomnia in children, 694.
Instructive case, 25.
Instruments, Staufer's, 318.
Insufficient food, effects of, 566.
Internal cavities, dry dressing for, 339.
International Medical Congress, 85, 94, 125, 149, 254, 375, 629, 701, 757, 766.
Intercurrent hepatitis, 719.
Intermittent fever; case of, 176; decoction of lemons in, 599.
Interstitial myocarditis, 493.
Intestinal; malformation, 210; obstruction, treatment of, 378, 663; accumulation, delusions from, 687.
Intestines, small, narrowing of, 631.
Intertrigo, treatment of, 184.
Intolerance of quinine and morphine, 599.
Intoxication, camphor, 177.
Intramural fibroids, 170.
Intubation of larynx, 365.
Intussusception, case of, 359; of upper part of jejunum, 466.
Invention, an important, 287.
Inversion; of temperature curve, 602; of uterus, 726.
Inverted toe-nail, 297, 476.
Iodine, colorless, tincture of, 694.
Iodo-glycerine, injection of, 567.
Iodoform; in diphtheria, 537; in chronic catarrhal metritis, 727.
Iodol, 24.
Iridectomy, 139.
Iris living in vitreous chamber, 235.
Iritis; syphilitic, 40; serosa to eye, 729.
Irritation; dental, lagophthalmus due to, 19; genital, cause of reflex nervous phenomena, 375.
Ivy-poisoning, treatment of, 762.

Jaboraudi in Bright's disease, 282.
Jaw; lower, necrosis of, 536; removal of, 649.
Jejunostomy, 145; gastrostomy and, 48.
Jejunum-intussusception of upper part of, 466.
Joint, shoulder, dislocation of, 500.
Joints; rheumatic affections of, 219; sprained, 505.
Justice's first charge, 415.

Kairin, 183; influence of, 495.
Kernig's flexion contracture, 566.
Kharkoff, optic neuritis in, 89.
Kidney; sarcoma of, 77; cystic, 206; abscess of, 218; chronic cirrhotic, 230; disease, 305; left, congenital absence of, 335; disease, chronic diagnosis of, 437; rupture of, 507; fibroid-arterio capillary, 538; degenerated, 557; complete rupture of, 601.
Kidneys; cystic degeneration of, 174; infarctions of, 175; disease, habitual abortion of, 475; diseased, death from, 497.
King, a, who believes in antiseptics, 812.
Knee, arthritis of, 72.
Kolpo-cystotomy, 617.
Krull's injection in catarrhal icterus, 470.

Labor; quintuple, case of, 178; complicated by placenta prævia, 197, 203; treatment of, 270; sudden blindness during, 572; complicated, 624; protracted, 626; mitral stenosis in, 696; influenced by mental impressions, 763.
Labium, pedunculated growth of, 494.
Lacerated perineum of neck of uterus, 11.
Laceration; of perineum, 431; of cervix uteri, 455, 630.
Lactated food, 768.
Lactic acid, in pathogenic tissues, 496.
Ladies' tipple, 158.
Lager beer, 383.
Lagophthalmus; due to dental irritation, 19; in diabetes, 27.
Lanolin, 314, 557; new ointment, basis, 215; its use in skin diseases, 419; in ophthalmic practice, 454.
Laparotomy; in penetrating wounds, 369; of uterus, 651; treatment of intestinal obstruction by 663; for pistol-shot of abdomen, 739.
Lard, adulteration of, 382.
Larva of flea, 55.
Laryngeal surgery; results of, 48; recurrent, lesion of, 249; spasm from cocaine spray, 376; phthisis, pregnancy complicated with, 428.
Laryngitis, acute catarrhal, 365.
Larynx; intubation of, 365; fracture of, 408.
Latent pneumonia, 119.
Lateral curvature of spine, 72.

Laveran, malarial germ of, 427.
Lead poisoning, 97, 412, 439; from drinking water, 273; by household utensils, 372; diagnosis of, 761; tremor, 508.
Lecturers, clinical, 22.
Left and right-handedness, 81.
Legislation, sanitary, 183.
Lesions of the ear, 686.
Lemons in intermittent fever, 599.
Lens, ossification of, 460.
Leprosy in Japan, 223.
Lesion of the recurrent laryngeal, 249; pulmonary terpine in, 434; of the perineum, 665.
Leucorrhœa and purulent ophthalmia, 809.
Leucorrhoeal discharges from roller skating, 281.
Lewinin, new anæsthetic, 500.
Libraries, two large, 447.
Lienteric diarrhœa in children, treatment of, 119.
Life, increase of, 478; seat of, 756.
Ligaments, round, shortening of, 413; congenital deficiency of, 712.
Ligating the umbilical cord, 157; the cord, 347.
Ligature of arteries, 690; changes in, 171; of iliac arteries, 535.
Lightning, gas sulphur in, 318.
Limbs, saving condemned, 529.
Limitation of contagious period of syphilis, 223.
Lip reading, 351, 737.
Lithæmia, treatment of, 313.
Lithotomy, 40; supra pubic operation of, 249.
Liver in young child, cirrhosis of, 54; sarcoma of, 174; cystic degeneration of, 174; metastasis to, 458; rupture of, 507.
Living in newly-built houses, 309.
Local paralyses, 42.
Locomotor ataxia, weighted shoes in, 312.
Longevity, remarkable instance of, 158.
London dust, 509.
Loss of consciousness, 257.
Lunacy, commissions or inquisitions in, 65.
Lung, congenital absence of, 155; contraction of, 199, 205; croupous pneumonia and gangrene of, 568; cancer of, 658.
Lungs, injections into, 287; treatment of tuberculosis of, 314: metastasis to, 458.
Lymphadenosis, 112.

Machinery, injury of hand from, 331.
Mackenzie's forceps, removal of fibroma by, 335.
Madrid, ovariotomy in, 119.
Magnet, removal of foreign body by, 562.
Magnetism, micro-organisms and, 575.
Malaria, unusual effects of, 242; in children, peculiarities of, 475.
Malarial, germ of laveran, 427; fevers, antipyrin in, 568; fever, 705.
Malarious regions, arsenical wall-papers in, 383.
Malformation, intestinal, 210; congenital, of eyes, 209; of hands, 505.
Malpraxis, treatment and suit for, 579.
Malignant nasal polypus, treatment of, 16; pustule, recobery from, 113.
Malthus' law and tumor-growth, 571.
Man, proper weight of, 415.
Mamma, supernumerary, 336.
Mammary abscess, prevention of, 153; cancer, 479.
Management of stray dogs, 63; of mental depression, 221.
Manicure, 784.
Manual training in United States, 447.
Manure heaps and diphtheria, 507.
Martyr of science, 470.
Massage of the thoracic organs, 154; sciatica cured by, 729.
Mastoid disease, 206.
Masturbation, treatment of, 760.
Maternal impressions, 248.
Measles; vaccination for, 119; spasmodic croup complicating, 148; and scarlet fever, 468; at Prussian court, 542; eruption following, 563; concurrence of, 645.
Meatus, auditory, external, 67; vascular tumor of, 267.
Median nerve, suturing, 618; nerve suturing, 697.
Medical staff in Germany, 30; practice, regulation of, 63; Congress, international, 85; teaching, Huxley on, 157; battery, a new, 159; prize questions, 190; testimony, 222; practitioners, animals as, 241; faculty of the Berlin University, 250; risks from infectious diseases, 349; exhibition in Berlin, 479; aspects of social questions, 725.
Medical Societies.
American Medical Association, 350, 533, 540, 606, 633, 664.
American Climatical Association, 667.
American Laryngological Association, 732.
American Public Health Association, 127.
American Surgical Association, 671.
Association of American Physicians, 733.
Baltimore Academy of Medicine, 11, 235, 398, 494, 522.
Baltimore Obstetrical Society, 203, 427, 650, 744.
British Medical Association, 127, 607.
Chicago Medical Society, 44, 110, 140, 365, 459, 526, 554, 621, 649, 749, 780
Cincinnati Academy of Medicine, 108, 142, 232.
Clinical Society of Maryland, 205, 425, 617, 684, 716.
Indiana State Medical Society, 767.
Lehigh Valley Medical Association, 735.
Mississippi Valley Medical Association, 109.
New Jersey Medical Society, 699.
New York Academy of Medicine, 237, 398, 493.
New York Medical Association, 558, 767.
New York Neurological Society, 13, 523, 618, 681.
New York Pathological Society, 174, 335, 493.
New York State Medical Society, 218.
Obstetrical Society of Philadelphia, 270, 299, 332, 362, 679, 712, 774, 802.
Ohio State Medical Society, 698, 795, 809.
Pennsylvania State Medical Society, 763.
Pathological Society of Philadelphia, 75, 171, 206, 268.
Philadelphia Clinical Society, 143, 205, 397, 616.
Philadelphia Neurological Society, 489, 552, 584.
Medicine; illegal practitioners of, 342; women in, 702.
Medicines; eruptions due to certain, 114; fraudulent, 447; for internal and external use, 735.
Medico-chirurgical college commencement, 515.
Medico-legal matters, 28, 33, 454, 675.
Megrim, new symptoms in, 411.
Melancholia, with illusions, 202.
Mellitus, diabetes, 207, 563.
Melon seed in appendix vermiformis, 471.
Membrane, buccal mucous, tuberculosis of, 629.
Membranes, premature rupture of, 299.
Membranous croup, treatment of, 73, 283, 452.
Meningeal manifestations in mumps, 340; hemorrhage, 618.

Meniere's disease treated by compressed air-bath, 411.
Meningo-encephalocele, 249.
Meningitis chronic, 394; tubercular, 586, 591; after ear disease, 783.
Menses retained at early age, 380.
Menstrual epilepsy, 712.
Menstruation, effect of double ovariotomy on, 216; during typhoid fever, 276; persistent case of, 283; infantile, 511; hemorrhage during, 624; influence of diabetes on, 728.
Mental depression, 221; diseases, Burn-Brae hospital for, 542; disease, hair roots as indicators of, 754; impressions, labor influenced by, 763.
Mercury, yellow oxide of, 89; bichloride, for syphilis, 345; biniodide of, an antiseptic, 547, 679.
Mercurialismus, 362.
Metallo-therapeutics, 725.
Metastasis to liver and lungs, 458.
Meteorological changes, influence of, 117.
Method new, evisceration of eye-ball by, 11.
Methods of oleomargine manufacture, 350.
Metritis, 171; chronic catarrhal, 727.
Midwifery, antiseptics in, 223.
Micro-organisms of syphilis, 116; and magnetism, 575.
Microbes by heat, destruction of, 696.
Milk, sour, in atonic dyspepsia, 55; human, new test for, 119; supply of cities, 190; diet in chronic nephritis, 728.
Miscarriage complicated by fibroid tumor of the uterus, 801.
Mission-Hospital, Hangchow, 190.
Mitral regurgitation and aortic obstruction, 231; stenosis, 621; stenosis in labor, 696.
Mobility, abnormal, of tongue, 159, 211.
Modification of Fehling's solution, 497.
Monstrosity, a, 58.
Morphia, aphonia from, 476.
Morphine habit, treatment of, 439; intolerance of, 599; hypodermically in eclampsia of children, 697; subcutaneous use of, 760.
Monoplegia, amblyopia and, 539.
Mortality in New York, 510.
Mortified bowel, recognition of, 400.
Mouth-wash, antiseptic, 443.
Movable joint, 506.
Mumps, meningeal manifestations in, 340.
Murmurs, auscultation of pericardial friction, 163.
Muscles, abdominal, spasmodic contraction of, 473.
Mushroom poisoning, 23.
Mute, the deaf, 120.
Mycotic endocarditis, 561.
Myocarditis interstitial, 493.
Myoma, multiple of stomach and bladder, 175.
Myomata, multiple, case of, 539.
Myopia, with intense squint, 494.
Myopia, prevention of, 312.
Myxo-sarcoma of testicle, 335.
Myxoedema with flexures, 601.

Naples, sanitation of, 350.
Narrowing; of small intestines, 631; of colon, 762.
Nasal; polypus, malignant treatment of, 16; passages, relationship of diseases to, 345; polypi, removal of, 464; catarrh, with headaches, 489; affections, reflex symptoms in, 493; septum abscess of, 616; catarrh, treatment of, 727.
Naso-; pharynx, ability to project into, 211; pharyngeal reflex, 539.
National Board of Health, 407.
Natural gas as fuel, 479.
Naval Medical Society, 285.
Necrosis; of os-calcis, 43; of fibula, 175; of vomer, 418; of fragment, 506; of lower jaw, 536; of humerus, 769.
Nephritis; hot baths in, 26; acute, 222; catarrhal, 230; scarlatinal, 461; suppurative, acute primary, 493; chronic, nitro-glycerine in, 569; chronic, milk diet in, 728.
Nephrosis, traumatic, 629.
Nephrotomy, 411.
Nerve; sciatic, stretching of, 38, 109; stretching in treatment of sciatica, 57; lesions, peripheral, arthritis from, 283; suturing, 697.
Nerves in recent injuries, suture in, 475.
Nervous; system, effects of cocaine on, 132, 140; reflex, phenomena, 375; diseases after railroad accidents, 565.
Neuralgia, 2; salicylate of cocaine in, 26; oil of sassafras for, 156; injections of osmium acid in, 438; cocaine in treatment of, 508; sassafras oil in, 698.
Neurasthenia, 520, 550.
Neurectomy, 695.
Neuritis, 1; optic, in Kharkoff, 89; optic, in children, 155.
Neurogliomatous hypertrophy, 523.
Neuropathic œdema, 344.
Neuroses, vaso-motor, 370, 682.
New-born child; resuscitation of, 154; disease of umbilicus in, 184.
New; year, the, 21; dressing for wounds, 57; heart tonic, 155; method of baths in typhoid fever, 179; disease, 186; method of extensions, 329; hypnotic, 346; method of disinfection, 374; treatment of diphtheria, 471; disinfectant, iodol, 567; fat, 788.
Night sweats, treatment of, 728.
Nipples, supernumerary, 505.
Nitrate of silver in affections of eyes, 411.
Nitric acid poisoning, 247.
Nitro-glycerine in chronic nephritis, 569.
Nitrous oxide an anæsthetic, 761.
Noble act, 702.
Nocturnal incontinence of urine, 571.
Nodosum erythema, 630.
Non-conformity to type in fever, 262.
Non-union of fractures, 219.
Nose; pimples on, 445; tooth growing in, 472; foreign body in, 718.
Novel consultation, 317.
Nursery for children, 638.
Nutritive value of beef extracts, 580, 614.
Nymphomania, 322.

Obituary Notices; Dr. J. H. Worthington, 32; Austin Flint, Sr., M. D., 384; Dr. Andrew Nebinger, 544; Prof. A. Bouchardt, 576; Heister H. Muhlenberg, M. D., 608; Reynell Coates, M. D., 608; W. O. Baldwin, M. D., 736; George T. Catlett, M. D., 800.
Obscurity in the detection of foreign body, 433.
Obstetrical heresies, 2.
Obstetrics, biniodide of mercury in, 547.
Obstinate vomiting cured by stomach-tube, 243.
Obstruction; aortic, and mitral regurgitation, 231; intestinal, treatment of, 378.

Occipito-atlantal joints, acute inflammation of, 178.
Occlusion of Steno's duct, 397.
Œdema; unilateral, 249; neuropathic, 344.
Œsophagotomy for foreign bodies, 633.
Œsophagus; cancer of, 268; diverticula of, 685.
Oil: hypodermic injection of, 54; of sassafras for neuralgia, 156; poisonous effect of, 345.
Ointment, basis, a new, 215.
Oleomargarine, 255, 542; manufacture, methods of, 350.
Olive oil, adulteration of, 346.
Onomatomania, 49.
Opacities before the eyes, 450.
Operate in empyema, when not to, 314.
Operation; for nasal polypus, 16; for pruritus vulvæ, 145; Porro's, in Japan, 159; for perityphlitis, 165, 205; for convergent squint, 219; supra-pubic, of lithotomy, 249; the royal, 444; for epithelioma of tongue, 449; for hemicrania, 630; Emmett's button-hole, 774.
Operations; for strangulated hernia, 400; on tuberculosis, influence of, 434; vaginal, cocaine in, 572.
Ophthalmia; contagious in public institutions 237; gonorrhœal, 718.
Ophthalmic; practice, lanolin in, 454; surgery, perfection of, 471.
Ophthalmology, address on, 664.
Opinion, the right to express your, 534.
Optic neuritis; in Kharkoff, 89; in children, 155.
Orbit; rare tumor of, 118; removal of splinter from, 488, 494.
Os calcis, necrosis of, 43.
Organisms; micro-, of syphilis, 116; and magnetism, 575.
Osmium acid in neuralgia, 438.
Ossification of choroid, 460.
Osteo-; arthritis, spinal sclerosis and, 601; plastic resection, 781.
Otology, progress, 120.
Ovale, patent foramen, 107.
Ovary; enlargement of, 74; hæmatoma of, 457.
Ovarian; tumor, 73, 716, 780; with twisted pedicle, 459; epilepsy, 280; displacement, 370; cyst, ruptured, 554; dropsy, 709, 742.
Ovaries; follicular degeneration, 333; extirpation of, 440; and tubes, 802.
Ovariotomy; in Madrid, 119; on menstruation, effects of, 216; size of incision in, 538; sponges in, 570; with amputation of uterus, 685; sequela of, 692.
Ozæna, remedy for, 153.

Packer's tar soap, 95.
Packing and hot baths in nephritis, 26.
Painless escharotic, 153.
Painful swallowing, treatment of, 56.
Panacea of modern gynecology, 539.
Pancreas; treatment of cysts of, 310; abscess of, 632.
Papain or payayotin, 220; in dyspepsia, 752.
Papilloma of hilum, 362.
Paraffin-oil, poisoning by, 534.
Paralysis; result of fall, 12; local, 42; uræmic, in the aged, 54; infantile, 77, 759; facial, 187; or spasm? 249; following injection of iodoglycerine, 567; of arm from injury, 684; Paris letter, 123, 791.
Parasite, pseudo of man, 55.
Parents of deaf children, 737.
Paresis, diphtheritic, 203; case of, 554.
Partially descended testicle, 335.
Parturient canal, diphtheritic inflammation of, 626.
Parturition, influence of diabetes on, 728.
Passage of gall stones, 361.
Passion, the sexual, 169.
Pasteur, 126, 127; American Institute, 95; remedies and hydrophobia, 156; information from, 255; on hydrophobia, 689.
Pastry, vaseline, 127.
Pathetic picture, 125.
Patella; fractured, wiring of, 421, 425; compound fracture of, 506; catgut suture of, 600.
Pathogenic tissues, lactic acid in, 495.
Pathological specimens, 107; from Battey's operation, 459.
Pathology; infantile dentition in, 502; of arteriocapillary fibroid kidney, 538.
Peculiarities of malaria in children, 475.
Pedunculated growth of labium, 494.
Pelvic abscesses; treatment of, 71, 336; simulating uterine fibroid, 537; tumor complicating pregnancy, 595.
Pemphigus; fatal case of, 19; of eyes, 409; acute febrile, 570.
Pennsylvania Hospital; history of, 32; banquet, 61; popularity of, 93.
Penetrating wounds, laparotomy in, 369.
Penis; deformed, 537; retraction of, 762.
Perfection of ophthalmic surgery, 471.
Perforating ulcer of stomach, 408; of foot, 506.
Perforation, occurrence of, 311; of vermiform appendix, 442; of appendix vermiformis, 689.
Pericardial friction murmurs, 163.
Pericarditis; salicylate of sodium in, 314; and pertussis, 504.
Perihepatitis of portal vein, 9.
Perineorraphy, 717.
Perinephritic cysts, 174.
Perineum; ruptured, 9; lacerated, 11; laceration of, 431; lesions of, 665.
Periosteal sarcoma of femur, 335.
Peripheral nerve lesions, arthritis from, 283.
Peritoneal dropsy, 709, 742.
Peritonitis; diffuse, 442; encapsulated pelvic, 685.
Permanganate; of potassa, 568; of potash in carbuncle, 792.
Permanent drainage in ascites, 398.
Pertussis; chloride of gold and sodium in, 120; pleurisy in, 187; and pericarditis, 504.
Perityphlitis, case of, 165, 205; cause of, 471.
Pessimist patient, 191.
Pessaries, use of, 527.
Pharmaceutical preparations, 318.
Pharyngeal, naso, reflex, 539.
Pharynx, herpes of, 250.
Phenomena, reflex nervous, 375.
Philadelphia delegates, the report of, 758.
Philosophy of drinking largely, 78.
Phimosis in infancy, 401.
Phosphorus, necrosis from use of, 536.
Phthisis to syphilis, relation of, 87; catarrhal treatment of, 147; syphilitic, case of, 147; pulmonalis, 360; laryngeal, pregnancy complicated with, 428; protection from, 507; in mill hands, 671; incipient, 785.
Physical signs of pneumonic consolidation, 175.
Physician's; clinical record, 23; peril of, 253; and pathologists, association of, 319; difficulties of,

414; women, abroad, 574; female, in insane asylums, 749.
Physiological effects of guaranine, 248.
Pichi, 571; Chilian remedy for cystitis, 25.
Pigeon-keeping, diphtheria, 479.
Pigeons, carrier, rapidity of flight, 159.
Pigmentosum atrophoderma, 243.
Pilocarpine in erysipelas, 202; in fish-poisoning, 404; in pneumonia, 410.
Pimples on nose, 445.
Pistol-shot wound of abdomen, 418; of abdomen, laparotomy for, 739.
Placenta prævia, labor complicated by, 197, 203; conception while uterus contained a, 247; double battledoor, 429.
Planting of fruit trees, 413.
Pleurisy in pertussis, 187; with anomalous symptoms, 257; diaphragmatic, 399; with effusion, 441; cause of, 467.
Pleuro pneumonia, to suppress, 287.
Pneumatic cabinet for pulmonary diseases, 227; differentiation, 461; cabinet, application of, 669, 670.
Pneumonia to syphilis, relation of, 87; latent, 119, antipyrin and calomel compared in, 371; pilocarpin in, 410; treatment of, 530; croupous, of lung, 568; croupous and hypostatic, 596; seasonal, prevalence of, 721.
Pneumonic abscess, 110; consolidation, physical signs of, 175.
Pneumothorax, peculiar case of, 599.
Poison in Georgia, 159.
Poisons, antidotes for, 557.
Poisoned by tea, 474.
Poisoning; mushroom, 23; by datura stramonium, 25; by seed of datura stramonium, 241; lead, 97, 412, 439; nitrite acid, 247; from drinking water, 273; by sulphuretted hydrogen, 274; from quinine, 282; pyæmia, or blood-, 292; by chlorate of potassium, 305; by household utensils, 372; fish, pilocarpine in, 404; rhus, 413, 603; rhus, treatment of, 508; by paraffin oil, 534; aconite, 583; by stramoninm, 594; lead, diagnosis of, 761; ivy, treatment of, 762; cocaine, antidote to, 790.
Poisonous effect of oil of sassafras, 345; infection, prevention of, 438; honey, 447.
Policing the high seas, 733.
Polypi, aural, treatment of, 219; nasal, removal of, 464.
Polypus, fibroid of uterus, 777.
Polygonum aviculare, 512.
Popliteal aneurism, 154.
Popular prejudices concerning food, 477.
Portal vein, perihepatitis of, 9.
Porro's operation in Japan, 159.
Port-wine marks, treatment of, 435.
Post mortem hyperpyrexia, 314.
Post-partum hemorrhage, 745; strychnia in, 249.
Potassa, permanganate of, 568.
Potash, permanganate, in carbuncle, 792.
Potassium, chlorate, poisoning by, 305.
Pott's disease of spine, 769.
Powder, cleaning, for windows, 447.
Practice in Utah, 478; illegal, 533.
Practical value of estimating amount of urea daily, 22.
Practitioners, medical, animals as, 241.
Precautions in removal of urine, 505.
Pregnancy, diagnostic signs of, 74; diagnosis of, 136; vomiting of, 156; bloody urine in, 168; treatment of hemorrhoids in, 223; displaced spleen and, 242; mistaken for cysto-sarcoma, 313; complicated with laryngeal phthisis, 428; emboli in, 437; pelvic tumor complicating, 595; tubal, 657; early diagnosis of, 678; perforation of vermiformis during, 689; vomiting during, 759; extra uterine, 803.
Premature rupture of membranes, 299.
Preparation of terpene, 792.
Presentation, breech, complicated by large scrotum, 346; an unique, 428.
Preventive inoculation by Russian priest, 318.
Prevention of mammary abscess, 153; of myopia in school children, 312; of poisonous infection, 438.
Primitive endocarditis in soldiers, 444.
Probable floating spleen, 360.
Profession in Russia, 351.
Professional etiquette, 351.
Professor Von Bergmann, 31; Verneuil, on surgical ethics, 177; of Anatomy in the Jefferson, 541; Forbes, 598.
Progress of otology, 120.
Prophylactic measure, arterial ligation as, 112; against cold, 475.
Prophylaxis of cancer, 349.
Prolapse of rectum, 432, 443.
Prolapsus uteri, 73.
Prostate, hypertrophy, 412; cocaine in treatment of, 752.
Prostatic catheter, 91.
Prostatitis, desquamative, with hyaline casts, 276.
Protection of streams, 325, 353; from phthisis, 507.
Protracted labor, 626.
Provisional regulations, 59.
Pruritus, 188; vulvæ, operation for, 145; of anus, 540; and coffee, 725; ani, treatment of, 789.
Pseudo-parasite of man, 55.
Psoriasis, 232; galium aparine in, 476.
Psychology, fœtal, 487.
Puberty, early, 316.
Purpura, senile, 298.
Puerperal; sepsis, 40, 424; insanity, 535; fever, 673, 761.
Pulmonalis, phthisis, 360.
Pulmonary; capacity, 218; diseases, treatment of, 227; lesions, terpene in, 434; tuberculosis, inhalations in, 570.
Purification of water, 783.
Pustule, malignant, recovery from, 113.
Pyæmia or blood-poisoning, 292.
Pylorus, excision of, 694.
Pyosalpinx, 362, 458, 714.
Pyonephrosis, 175.
Pyridin, 686.

Quackery and punishment in Holland, 287.
Quarantine inspection, 415.
Quinine; in high altitudes, 93; poisoning from, 282; in typhoid fever, 348; idiosyncrasy, 371; intolerance of, 599.
Quinsy; of rheumatism, 215; as rheumatism, 365; treatment of, 465.
Quintuple labor, case of, 178.

Rabies and snake-bites, 319.
Race, sacrum an index of, 156.
Radical; cure of hydrocele, 409; of inguinal hernia, 617.

Radius, partial dislocation of head of, 244.
Rags, disinfection of, 126, 478.
Railroad accidents, nervous diseases after, 565.
Rash, belladonna, 188.
Raynod's disease? 398.
Recovery; of speech, 27; from malignant pustule, 113; from abortion, 625.
Rectum; stricture of, 296; feeding by, 313; affections of, 403; treating prolapse of, 432; prolapse of, 443; congenital stricture of, 720.
Reflex; vaso-motor neurosis, 370; nervous phenomena, 375; symptoms in nasal affections, 493.
Regulations, provisional. 59.
Regurgitation, mitral, and aortic obstruction, 231.
Remarkable; Italian fecundity, 31; instance of longevity, 158; toleration of foreign body in eye, 304; fecundity, 474.
Remedy; for cystitis, 125; new, in diphtheria, 151; for ozæna, 153; for bee-stings, 413; for chronic diarrhœa, 743.
Removal; of iron from eye, 222; of nasal polypi, 464; of splinter from orbit, 488, 494; of residual urine, 505; of spleen, 628; of lower jaw, 649; of foreign bodies, 697; of ovarian tumor, 780.
Renal; abscess, 411; calculus, 659.
Replacement of tendon, 632.
Reproduction of femur, 538.
Resection; of ribs for tumor of chest-wall, 57; osteo-plastic, 781.
Residual urine, removal of, 505.
Resorcin; in gonorrhœa, 341; in skin diseases, 501.
Respiration, artificial, 622, 663.
Respiratory; organs, meteorological changes on diseases of, 117; croaking of babies, 344; changes in animals, 669.
Resuscitating new-born child, Schultz's method of, 154.
Retention; of broken glass in vagina, 24; cyst of submaxillary gland, 335; of urine, cocaine in, 752.
Retina, cholesterine in. 507.
Retirement of Sir Joseph Hooker and Professor Huxley, 61.
Retraction of penis, 762.
Retroversion of uterus, 289.
Reviews and Book Notices—
Adams—The Genuine Works of Hippocrates, 756.
Ashhurst—The International Encyclopœdia of Surgery, 756.
Bell—Climatology and Mineral Waters, 84.
Biddle—Materia Medica and Therapeutics, 436.
Biggs—The Methods of Bacteriological Investigation, 723.
Blandford—Insanity and Its Treatment, 756.
Bramwell—Diseases of the Spinal Cord, 756.
Buck—A Reference Hand-book of Medical Sciences, 51, 564.
Coit—The Elements of Chemical Arithmetic, 756.
Cooke—Tablets of Anatomy, 181.
Corning—Local Anæsthesia in General Medicine and Surgery, 277.
Delahaye—Manuel de Technique des Autopsies, 84.
Dobell—On Asthma, 627.
Dujardin-Beaumetz—Diseases of Stomach and Intestines, 807.
Eichhorst—Hand-book of Practical Medicine, 756.
Fagge—The Principles and Practice of Medicine, 84, 244.
Flint—A Manual of Auscultation and Percussion, 212; Medicine of the Future, 807.
Forchheimer—Guide to the Examination of the Urine, 277.
Galabin—A Manual of Midwifery, 691.
Gowers—Diagnosis and Diseases of the Brain and Spinal Cord, 84.
Hamilton—The Principles and Practice of Surgery, 691.
Hand-book for the Instruction of Attendants, 660.
Hardaway—Essentials of Vaccination, 148.
Heath—Dictionary of Practical Surgery, 787.
Hill—The Students' Manual of Venereal Diseases, 627.
Hughes—A Compend of the Practice of Medicine, 84.
Hurd—Diseases of the Lungs of a Non-Tuberculous Nature, 84.
Illinois State Board of Health Report, 723.
Lydston—Lectures on Syphilis, 181.
Maryland Medical and Chirurgical Faculty Transactions, 244.
Millard—A Treatise on Bright's Disease of the Kidney, 244.
Morris—Surgical Diseases of the Kidney, 660.
Morris—How we Treat Wounds To-day, 181.
Morrow—Venereal Memoranda, 84.
Nebraska State Medical Society Proceedings, 723.
Otis—Practical Clinical Lessons on Syphilis and Genito-Urinary Diseases, 532.
Palmer—The Temperance Teachings of Science, 307.
Pepper—A System of Practical Medicine by American Authors, 468.
Pick—Fractures and Dislocations, 212.
Piffard—Cutaneous Memoranda, 84.
Pomeroy—The Diagnosis and Treatment of Diseases of the Ear, 277.
Ranney—Practical Suggestions Respecting the Varieties of Electric Currents, and Selection and Care of Electrical Apparatus, 115.
Roberts—The Field and Limitation of the Operative Surgery of the Human Brain, 115.
Roberts—Lectures on Dietetics and Dyspepsia, 660.
Ross—A Hand-book on the Diseases of the Nervous System, 181.
Simpson—Organic Materia Medica and Therapeutics, 148.
Sims—Clinical Notes on Uterine Surgery, 20.
Smith—A Treatise on the Diseases of Infancy and Childhood, 181.
Starr—Diseases of the Digestive Organs in Infancy and Childhood, 691.
Stewart—A Compend of Pharmacy, 627.
Stickler—The Adirondacks as a Health Resort, 436.
The Year Book of Treatment of 1885, 436.
Thompson—On the Supra-pubic Operation of Opening the Bladder for the Stone and for Tumors, 307.
Tomson—Transactions of the Academy of Medicine in Ireland, 83.
Transactions of the Indiana State Medical Society, 115.

Transactions of the Pennsylvania State Medical Society, 181.
Transactions of the American Gynecological Society, 660.
Treves—A Manual of Surgery, 660.
Upshur—The Disorders of Menstruation, 532.
Valle—Lecons sur l' Etiologie et la Prophylaxie de la Fievre Jaune, 306.
Weisse—Practical Human Anatomy, 307.
Wilson—Drainage for Health, 723.
Wisconsin State Medical Society Transactions, 244.
Ziemssen's (von) Hand-book of General Therapeutics, 532.
Rheumatic affections of joints, 219; chronic arthritis, 663.
Rheumatism, stretching the sciatic nerve for, 38, 109; gonorrhœal, 89; quinsy as, 215, 365; acute, 202; and cider, 319; treatment of, 760.
Rheumatoid arthritis, 44.
Rhus; poisoning, 413, 603; treatment of, 508.
Ribs, resection, for tumor of chest wall, 57.
Right and left handedness, 81; to express your opinion, 534.
Rigor in epilepties, 531.
Riverside habitations, cancer in breast, its relation to, 50.
Roller skating, leucorrheal discharges from, 281.
Rotheln, 476.
Royal operation, 444.
Rupture; of the vagina, 20; hemorrhage from, 115; of spleen, 264; premature, of membranes, 299; of liver and kidney, 507; of sac, 535, 690; of kidney, 601.
Ruptured perineum, 9; ovarian cyst, 554.
Russian diuretics, 626.

Sac of spina bifida, hemorrhage from rupture of, 115.
Sacrum, an index of race, 156.
Salicylate of cocaine in neuralgia, 26; of sodium in pericarditis, 314.
Salt-water baths; in enteric fever, 186; stove, disinfection by, 286.
Sanitary legislation, 183; in amenorrhœa, 188; convention, 375, 382, 534, 598, 603, 759.
Sanitation of Naples, 350.
Sarcoma, 297; after injury, 15; of the kidney, 77; of liver, 174; spindle celled, 269; myxo- of testicle, 335; periosteal, of femur, 335; uteri, diffused, 458; of thigh encapsulated, 650.
Sassafras; oil for neuralgia, 156; poisonous effect of, 345; in neuralgia, 698.
Saving condemned limbs, 529.
Scarlatina, 476; in utero, 573, 695.
Scarlatinal nephritis, 461.
Scarlet fever, 726; eruption in, 410; and measles, 468.
Sciatica, nerve stretching of, 38, 109; treatment of, 57; cured by massage, 729.
Schultz's method of resuscitation, 154.
Science, martyr of, 470.
Sclerosis, spinal, and osteo arthritis, 601.
Scrofula, etiology of, 504.
Scrotum, breech presentation complicated by large, 346.
Scutellaria lateriflora in treatment of enuresis, 346.
Seat of life, 756.
Self-rightting, 59.
Semen, emission of, 348, 508, 698.
Seminales, vesiculæ, and Skene's tubes, 727.
Senile purpura, 298; endometritis, 321.
Sensibility of a decapitated head, 213.
Sepsis, puerperal, 40, 424.
Septum, nasal, abscess of, 616.
Sequelæ of sunstroke, 44; of an old ulcer, 56.
Sewage, disposal of, 325, 353.
Sewage of New Orleans, 351.
Sewer gas disease, diphtheria not, 656.
Sex of fœtus, to detect, 187, 789.
Sexual passion, 169; intercourse, tubercular infection by, 444.
Shields, vaccination, danger of, 191.
Shoes, weighted, in locomotor ataxia, 312.
Shortening of round ligaments, 413.
Shoulder-joint, dislocations of, 500; friction, 785.
Sick room, ice in, 415.
Sigmoid flexure, hair-pin in, 782.
Size of incision in ovariotomy, 538.
Skene's tubes, vesiculæ seminales and, 727.
Skin diseases, lanolin in, 419; colloid degeneration of, 498; diseases, resorcin in, 501; tuberculosis of, 506; multiple, myomata of, 539; artificial eruptions of, 722; disease of, 809.
Skull, fracture of, 103, 109, 252, 330, 630.
Slaughtering animals, methods of, 584, 590.
Sleep, prolonged, curative potency of, 218.
Small-pox in Montreal, 62; epidemic of, 446; diagnosis, 559.
Snake bites and rabies, 219.
Soap, Packer's tar, 95; weed, 758.
Sodium, salicylate, in pericarditis, 314; ethylate, in nævus, 285; sulphate of, 724.
Soldiers, primitive endocarditis, 444; hysteria in, 569.
Solution, Dover's, 347.
Sounds on hearing, 538.
Sour milk in atonic dyspepsia, 55.
Spain, vaccination service in, 63.
Spasm of sphincter ani, 248; or paralysis? 249.
Spasmodic croup complicating measles, 148; contraction of abdominal muscles, 473.
Special report, progress of otology, 120.
Speech; recovery of, 27; of the eyes, 117.
Spermatic cord, abscess in, 472.
Sphincter; ani, dilatation of, 17; subcutaneous division of, 180; spasm of, 248.
Spina bifida, treatment of, 567.
Spinal; curvature, 570; connection between affections of eye and, 119; tumors, diagnosis of, 552; cord, removal of, 554; cord, cervical, 588; sclerosis and osteo-arthritis, 601; cord, tubercular disease of, 619.
Spine; lateral curvature of, 72; Pott's disease of, 769.
Spleen; rupture of, 264; displaced and pregnancy, 242; probable floating, 360; removal of, 628.
Sponges in ovariotomy, 570.
Sprained joints, 505.
Squint; convergent, operation for, 219; intense, myopia with, 494.
Staining wood, 510.
Stammering; cure for, 95; of urinary organs, 216.
Stannous chloride, disinfectant value of, 447.
State Board of Health, 63.
Staufer's instruments, 318.
Stenosis; mitral, 621; in labor, 696.
Sterility, 170.
Still-birth, artificial respiration in, 663.
Stomach; diagnosis in ulcer of, 89; multiple myoma of, 175; tube, obstinate vomiting cured by, 243; chronic simple ulcers of, 311; sick, treat-

ment of, 346; perforating ulcer of, 408; prognosis of cancer of, 793.
Stomachic vertigo, 203.
Stone, sacculated, in the bladder, 751.
Stones, gall, passage of, 361.
Stramonium, datura, poisoning by, 25, 241, 594.
Strabismus, convergent, treatment of, 314.
Strangulated hernia, operations for, 400.
Stretching, nerves in sciatica, 38, 57, 109.
Stricture; of the ileum, 56; of rectum, 296; of certain gliomata, 586; impermeable, treatment of, 749; electrolysis for, 793.
Strictures, congenital of rectum, 720.
Strychnia in post-partum hemorrhage, 249; hypodermatically, 443.
Strychnine in dipsomania, 727.
Students; Edinburgh, and the academic robes, 191; a word to, 407.
Stunning by electric lamp, 338.
Stump, aneurism occurring in, 466.
Sublimate, corrosive, danger from, 475.
Subcutaneous division of sphincter ani, 180.
Submaxillary gland, retention cyst of, 335.
Substitute for gum senegal, 444.
Succession duties claimed on surgeon's fee, 317.
Sudden; origin of diabetes, 88; fatal cerebral hemorrhage, 257; blindness during labor, 572.
Suggestion on proper alternation of rest, 239.
Suicide by butting head, 633.
Suicides in great cities, 575.
Suit for malpraxis, 579.
Sulphate of thallin, 572; of sodium, 724.
Sulphur in gas, 309, 318.
Sulphuretted hydrogen, poisoning by, 274.
Sunstroke, sequel of, 44.
Super-fœtation, case of, 142.
Supernumerary fingers, 316; mamma, 336; breasts and nipples, 505.
Suppurative nephritis, acute primary, 493.
Supra-pubic operation of lithotomy, 249.
Surgeon's fee, succession duties claimed, 317; to Penna R. R. Co., 607.
Surgery; laryngeal, results of, 48; practical, contributions to, 240; ophthalmic, perfection of, 471; antiseptic, 511.
Surgical ethics, 177; treatment of cysts, 310; affections in insane, 791.
Suture of nerves in recent injuries, 475; catgut, of patella, 600.
Suturing median nerve, 618, 697.
Swallowing, painful and imperfect, treatment of, 56; a caterpillar, symptoms from, 247.
Sweats, night, treatment of, 728.
Symblepharon of lower lid, 649.
Symmetrical synovitis of knee, 435.
Symmetry, imperfect, 790.
Symptom in megrim and epilepsy, 311.
Symptoms from swallowing a caterpillar, 247; anomalous pleurisy with, 257; rare, in hemiplegia, 348; from laceration of cervix uteri, 455; reflex, in nasal affections, 493; of neurasthenia, 521; of chronic tetanus, 559; of stramonium poisoning, 594.
Synovitis, symmetrical, of knee, 435.
Syphilides, treatment of, 632.
Syphilis, diphtheria complicating, 79; relation of phthisis to, 87; micro-organism of, 116; non-venereal, 223; limitation, period of contagious, 223; abortive treatment of, 281; bichloride of mercury and urea for, 345; hereditary, 417, 435; transmittent of, 539; cerebral, 561; cerebral, treatment of, 632.
Syphilitic iritis, 40; ulceration of vocal cords, 56; phthisis, case of, 147; hemiplegia, 216; disease, 588.
Syringe for travelers, 189.

Tænia, treatment of, 377.
Tax on burials, 318.
Tapeworms in one person, 24.
Tea, poisoned by, 474.
Technic of thermometers, 87.
Teeth, transplantation of, 601; alum gargles on, 697.
Temperature on life of the fœtus, influence of, 94; curve, inversion of, 602.
Tendon, replacement of, 632.
Terebene in winter-cough, 499.
Tertiary syphilis, treatment of, 223.
Terpene in chronic bronchitis, 147; in pulmonary lesions, 434; preparation of, 791.
Test for human milk, 119; for sugar in urine, 497; for cocaine, 601.
Testimony in insanity cases, 29; expert, 703.
Testicle, tumor of, 75; partially descended, 335; absence of, 474.
Testes, tubercular, 176.
Tetanus, 193, 225; chronic, symptoms of, 559.
Thallin, 183, 503; sulphate of, 572.
Theine, 26.
Therapeutic; use of digestive ferments, 562; value of mineral springs, 670.
Therapeutics; bacterio, attempt at, 373; metallo, 725; of syphilis, 792.
Thermic fever, cases of, 49.
Thermo-cautery, a new, 618.
Thermometers; technic of, 87; clinical, 602.
Thigh, sarcoma of, 650.
Thoracic organs, massage of, 154.
Thrombosis of portal vein, 9, 632.
Thrush, treatment of, 184.
Thumb; dislocation of ungual phalanx of, 186; joints, dystrophy of, 443.
Tibia; caries of, 329; comminuted fracture of head of, 343; necrosis of, 769.
Tipple, the ladies', 158.
Tissues, pathogenic, lactic acid in, 495.
Tobacco, use of, 90.
Toe nail, inverted, 297, 476.
Tolu varnish in diphtheria, 185.
Tonic, a new heart, 155.
Tongue; abnormal mobility of, 159, 211; epithelioma of, 449.
Tonsillitis; cases of, 44; acute, treatment of, 411.
Tooth; curious position of, 444; growing in nose, 472.
Trachea, diverticula of, 685.
Tracheotomy, 73, 260; apparent death after, 663.
Training, manual, in United States, 447.
Transfusion, suggestions for, 188.
Transplantation; in recent wounds, 57; of eyeball, 221, 472; of teeth, 601.
Travelers, useful syringe for, 189.
Traumatic; epilepsy, trephining in, 432; atresia of cervix uteri, 522; inguinal aneurism, 535, 690; nephrosis, 629.
Treatment; of nasal polypus, 16; of hysteria, 29; of painful swallowing, 56; of sciatica, 57, 729; of pelvic abscess, 71; of albuminuria, 83; of Blackwater fever, 88; of habitual constipation, 113; of henteric diarrhœa in children, 119; of

vomiting, 129, 161; of catarrhal phthisis, 147; of Colles' fracture by new method, 152; of intertrigo, 184; of thrush, 184; of carbuncle, 188; of non-union fractures, 219; of aural polypi, 219; of hydrocele, 221, 475; of varicocele, 221; of diphtheria, 221, 471; of hemorrhoids in pregnancy, 223; of tertiary syphilis, 223; of bronchial and pulmonary diseases, 227; of labor, 270; abortive, of syphilis, 281; of membranous croup, 283; of cysts, 310; of lithæmia, 313; of tuberculosis of lungs, 314; of convergent strabismus, 314; of pelvic abscesses in women, 336; of gonorrhœa, germicidally, 337; of enuresis, 346; of sick stomach after ether, 346; of penetrating wounds, 369; of tænia, 377; of bronchitis, 377; of intestinal obstruction, 378, 663; of cholera infantum, 378; of empyema, 379; of endocarditis, 410; of acute tonsillitis, 411; of skin diseases, 419; of prolapse of rectum, 432, 443; of port-wine marks, 435; of morphine habit with cocaine, 439; antipyretic, 462; of chronic ulcers, 463; of quinsy, 465; of catarrhal icterus, 470; of winter cough, 499; of distended gall-bladder, 506; of neuralgia, 508; of rhus poisoning, 508; of pneumonia, 530; of neurasthenia, 550; for radical cure of hernia, 558; of spina-bifida, 567; of fractured clavicle, 567; of malpraxis, 579; of crusting syphilides, 632; of cerebral syphilis, 632; of uterine cancer, 695; of chronic nasal catarrh, 727; of night-sweats, 728; of impermeable stricture, 749; of vomiting during pregnancy, 759; of hernia, 760; of acute rheumatism, 760; for masturbation, 760; of ivy poisoning, 762; of inebriates, 771; of pruritus ani, 789; of club-foot, 790; of dysentery, 791.
Tremor, lead, 537.
Tremors, hereditary, 729.
Trephining? in traumatic epilepsy, 432; in hemorrhagic glaucoma, 696.
Trichinosis, 686.
Trigeminal paralysis, 681.
Triplets, human, 633.
Trusses in hernia, 410.
Tubal pregnancy, 657.
Tubercle; bacilli, 245; inoculation of, 443.
Tubercular; testis, 176; infection, 444; meningitis, 586, 591; disease of spinal cord, 619.
Tuberculosis; antipyrin in, 246; of lungs, treatment of, 314; general, 336; specimens of, 393; influence of operations on, 434; of skin, 506; pulmonary, inhalations in, 570; of buccal mucous membrane, 629; emphysema arresting, 641.
Tuberosities, fracture of, 785.
Tumor; of chest wall, resection of ribs for, 57; ovarian, probable, 73; of the testicle, 75; fibrous, of uterus, 111; of the orbit, 118; fibroid, intramural, 197, 203; vascular, of the meatus, 267; of uterus, 324; fibroid degeneration of, 334; ovarian, with twisted pedicle, 459; growth, Malthu's law, 571; of brain, 587; pelvic, complicating pregnancy, 595; fibro-cystic, diagnosis of, 651; ovarian, 716, 780.
Tumors; congenital of the antetragus, 176; cerebral, difficulties of diagnosis in, 240; hemorrhoidal, treatment of, 432; large bursal, 474; spinal, diagnosis of, 552.
Tuning-fork in diagnosis, 686.
Turpentine, injection of, 761.
Twins; diagnosis of, 429; equine, 633.
Twisted pedicle, ovarian tumor with, 459.
Tying the cord, 603.
Typical swell, 125.
Typho-malarial fever, 705.
Typhoid fever; complications of, 98, 143; baths in, 179; symptoms suggesting, 259; menstruation during, 276; quinine in, 348; Senator on, 379; ulcers in, 497; concurrence of, 645.

Ulceration; syphilitic, of vocal cords, 56; chronic, of face, 250.
Ulcerative endocarditis, 221.
Ulcer; gastric, 55; old, sequela of, 56; diagnosis in, 80; perforating, of stomach, 408; perforating of foot, 506.
Ulcers; chronic, 156; treatment of, 463; of stomach, 311; in typhoid fever, 497.
Umbilical; cord, ligating the, 157; arteries after birth, 171.
Umbilicus, disease of, 184.
Unconscious impregnation, 753.
Uneducated druggists, 317.
Ungual phalanx of thumb, dislocation of, 186.
Unilateral hallucinations, 6, 13; œdema, 249.
Unique; presentation, 428; case, 536.
Unpleasant effects of antipyrin, 246.
Unusual; effects of malaria, 242; cause of burns of face, 339.
Urea; daily, practical value of estimating amount of, 22; hepatic origin of, 569.
Uræmic paralysis in the aged, 54.
Urethan, 809.
Urethane, 399; new observations on, 760.
Urethral fever, 503.
Urinary; organs, stammering of, 216; genito-, surgery, 430.
Urine; bloody, in pregnancy, 168; chylous, 442; in chronic Bright's disease, 476; test for sugar in, 497; residual, removal of, 505; nocturnal incontinence of, 571; retention, cocaine in, 752.
Urticaria in infancy, 754.
Use; of ichthyol, 27; of tobacco, 90.
Useful formulæ, 412.
Utah, practice in, 478.
Uteri, prolapsus, 73; cervix, wound of, 154; cervix, laceration of, 455; sarcoma, diffused, 458; cervix, traumatic atresia of, 522.
Uterine; fibroids, 168; diagnosis of, 537; applicator, 267, 715; displacement, cause of, 527; sound, its use, 666; cancer, treatment of, 695; fibro myomas, 744; appendages, relation of hysteria to, 784.
Utero; scarlatina in, 573, 695; infection in, 761.
Uterus, fibroids of, 9, 39; epithelioma of uterus, 11; hypertrophy of neck, 11; placenta in, 247; retroversion of, 289; fibroid tumor, 324; amputation of, 651, 685; cancer of, 658; inversion of, 726; fibroid polypus of, 777.

Vaccine farm, Wyeth's, 62.
Vaccination; compulsory, 29; service in Spain, 63; for measles, 119; shields, danger of, 191.
Vagaries of English jury, 542.
Vagina; rupture of, 30; retention of broken glass in, 24.
Vaginal enterocele, 7; operations, cocaine in, 572; injections, antiseptic, 673, 679; hysterectomy, 778.
Vaginismus, cocaine in, 248.
Valerian in diabetes insipidus, 762.
Vanderbilt and the young doctor, 477; clinic, 541.

Varicocele, treatment of, 221.
Vascular tumor of meatus, 267.
Vaseline in pastry, 127.
Vaso-motor neuroses, 682.
Vermiform appendix, perforation of, 442.
Vermiformis, appendix, perforation of, 689.
Vertebral artery, wound of, 50.
Vesical calculus, case of, 112.
Vesico-vaginal fistula, 332, 527, 622.
Vesiculæ seminales, and Skene's tubes, 727.
Visceral injuries of abdomen, treatment of, 369.
Vitreous chamber, iris living in, 235; foreign bodies in, 427.
Vocal cords, syphilitic ulceration of, 56; fibroma of, 335.
Volatilized corrosive sublimate, disinfection with, 155.
Vomer, necroses of, 418.
Vomiting, treatment of, 129, 161; during pregnancy, 156, 759; obstinate, cured by stomach tube, 243.
Vulvar enterocele, 7.
Vulvo-vaginitis of childhood, 279; rectal fistula, 776.

Water supply of Boston, 64; observations on, 176; lead poisoning from, 273; protection of streams used as, 325, 353; wanted, 541; purification of, 783.
Weighing infants, a plea for, 440.
Weighted shoes in locomotor ataxia, 312.
Wen, 396.
Wheat-flour, preparation of, 733.
White of egg in obstinate diarrhœa, 728.
Whooping-cough, cocaine in, 91.
Wines, Reich's Hungarian, 95.
Winter cough, treatment of, 499.
Wiring fractured patella, 421, 425.
Womb, dilatation of the cervical canal of, 91.
Women, treatment of pelvic abscesses in, 336; physicians abroad, 574; in medicine, 702.
Wound of vertebral artery, 50; of cervix uteri, hemorrhage from, 154; gunshot, 236, 559, 685; of abdomen, 418.
Wounds, new dressing for, 57; recent, transplantation of, 57; penetrating, laparotomy in, 369; healing of, 545, 577.
Worms, round, death from, 187.

Yellow fever, inoculation of, 665.
Yellow oxide of mercury in dyspepsia due to chronic hepatitis, 89.

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